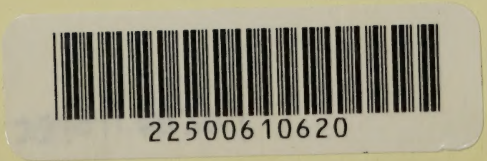

22500610620

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

EDITED FOR THE

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

BY

ROBERT J. N. STREETEN, M.D., F.L.S.,

SECRETARY TO THE ASSOCIATION.

The Foreign Department

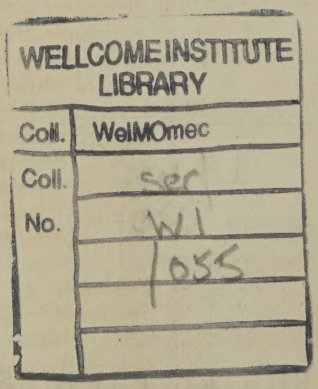
BY

WILLIAM H. RANKING, M.D.

1848.

LONDON: JOHN CHURCHILL, PRINCES STREET, SOHO.

WORCESTER: DEIGHTON AND CO., HIGH STREET.


WELLCOME INSTITUTE LIBRARY
Coll. WelMOmec
Coll. ser
No. W1
1055

INDEX FOR 1848.

A.

Abdominal Viscera, Malposition of, 585
Abortion, 592
Abscess of the Bladder, 187
..... of the Brain, 487
..... of the Liver, 47
..... between Liver and Diaphragm, 189
..... of the Pancreas, 20
..... Fæcal, Cases of, 478
..... Mammary, a point in the Treatment of, 161
..... Submammary, discharged through the Trachea, 163
..... Sub-peritoneal, 590
Absorption of Insoluble Substances, 555
Académie de Médecine, Paris, 21, 50, 240, 272, 302, 357, 414, 501, 582, 637
..... des Sciences, Paris, 21, 51, 241, 272, 302, 414, 501
Acetate of Lead, in Tympanites, 54
Actions against a Railway Company for Professional Services, 217, 276, 307, 712
Adams, Dr., On Burns, &c., 42
..... N., Tracheotomy in Laryngitis, 643
Address, Retrospective, delivered at the Seventh Anniversary of the Reading Pathological Society, 561, 589
Æther and Chloroform, Comparative Effects of, 241, 272
Ætherization, Influence of, on the Mortality of Surgical Operations, 642
Air-passages, Foreign Bodies in, 191, 529
Albuminuria, 505, 593
Allan, J., Observations on Hernia, 512
American Medical Association, Deputation from, 457, 460
Ammonia as an Antidote to Anæsthetic Agents, 401
..... Inhalation of, in Hiccup, 669
Amputation, Comparative Mortality from Phlebitis and Secondary Hæmorrhage, after the Flap and Circular Operations, 109
.... at the Hip-joint, 642
..... of Thigh, 606
..... under the Influence of Chloroform, 61
Amyot, T. E., Case Illustrative of the Effects of Overloaded Bowels, 232
Anæmia, 19
Anæsthesia, Local, Notes on its Artificial Production by Chloroform, &c., 365
Anæsthetic Agents, Ammonia as an Antidote to, 401
..... in Surgical Operations, Observations on, 425
Anæsthetic Midwifery in America, 669
Anasarca, with Albuminous Urine, in an Infant Ten Weeks old, 511
Ancell, H., Principles of Medical Legislation, Reply to Mr. Nunneley, 250
Anderton, C., Perforating Ulcer of the Colon; Mechanical Occlusion by Hardened Fæces, 288
Aneurism of the Aorta, 20, 48, 356, 664
..... of the Carotid Artery, 579
..... Capillary, Extirpation of, by Ligature, 276
..... Carotid, Tumour of the Neck simulating, 137
..... Dissecting, 304
..... Subclavian, 378, 516, 544
..... Varicose, 176
Angina, 589
..... Venesection of the Ranine Veins in, 442
Animal Heat, Experiments on, 218
Anniversary Meeting of the Provincial Medical and Surgical Association, 280, 336, 364, 449
Antimony, Sesqui-Chloride of, Poisoning by, 164
Anus, Fissure of, New Method of Treatment in, 585
Aorta, Aneurism of, 20, 48, 356, 664
..... Anomaly of, 161
..... Abdominal, Compression of, in Uterine Hæmorrhage, 188, 220
Aortic Valves, Diseased, 355, 505
Aphonia, curable by Inhalation of the Fumes of Benzoin, 161
Aphthæ, 304
Appointments, 28, 56, 84, 112, 140, 167, 196, 224, 252, 307, 335, 364, 392, 476, 419, 448, 532, 560, 587, 616, 644, 672, 700, 714
Arachnoid Membrane, Ganglionic Character of, 52
Arnott, Dr. J., On Indigestion: its Pathology; and Treatment by the Local Application of Uniform and Continuous Heat and Moisture,—(Review,) 128
Arsenic, Detection of, 51
..... Employment of, 459
..... Medicinal Action of, Inquiry into, 268
..... Paralysis produced by, 305, 459
..... Poisoning by 78, 347, 391, 418, 445
Arsenical Poisoning and Cholera, Diagnosis of, 669
Arsenite of Copper, Poisoning by, 374
Artery Carotid, Aneurism of, 579
..... Right Subclavian, Note on One of the Anomalies of, with Absence of the Recurrent Nerves of the Right Side, 584
Ascites, Intestinal Irritation a Cause of, 160
Asphyxia, Treatment of, 332
Asthenia, Death by, 215
Asthma, Chloroform in, 54
Astragalus, Compound Fracture and Dislocation of, 385

Astragalus, Dislocation of, 693
Atalectasis Pulmonum, 641
Atresia Ani, 580
Axilla, Tumour in, thought to be Carcinomatous, 400

B.

Bainbridge, F., Chloroform in Catalepsy, 205
Bakerian Lecture : Mr. Faraday's New Discovery, 711
Ball, S., An Account of the Cultivation and Manufacture of Tea in China,—(Review,) 183
Baptism of Sick Infants, 167, 195
Barham, Dr. C., Case of Permanently Slow Pulse, 431
..... On Burns, &c., in the Royal Cornwall Infirmary, 437
Barker, Dr. T. H., On Burns, &c., 76
Baron, M., Memoir on the Localization of Skin Diseases, 328, 387, 413, 441
Barrow, B., Effects of the Direct Application of Chloroform to a Decayed Tooth, 503
..... On Burns, &c., 209
Bath and Bristol Branch of the Provincial Medical and Surgical Association, 336, 405, 612, 644
Bebeerine, Sulphate of, in Strumous Ophthalmia, 568
Bell, Dr. C. W., Lectures on the Nature and Treatment of Cholera, considered with Reference to its Analogy with Congestive Agues of Quotidian Type, 645, 673, 701
Belladonna, Poisoning by, 470, 523, 531, 558, 628
Benevolent Fund, 105; Report of, 461
Benzoin, Fumes of in Aphonia, 161
Berncastle, Dr., and the Croydon Guardians, 139
..... Memorial to, 196
..... Testimonial to, 139, 223, 335, 392
Bilary Concretion, 710
Birmingham Pathological Society, 19, 47, 104, 186, 236, 298, 365, 549, 664, 710
Black, Dr. G., On Burns, &c., 78
..... Dr. J., Observations on the Pestilential Cholera of 1832-3, 29
Blackmore, Dr. E., Facts relative to Epidemic Cholera, detailed from Personal Observation of the Disease at Plymouth, in 1832, 482
Bladder, Abscess of, 187
..... Diseased, 19, 579
..... Irritable, from Tape-Worm, 190
..... Pessary introduced into, 214
..... Rupture of, from Injury; Recovery, 110
Blood, Arterial and Venous, Difference between, 218
..... Composition of, 241; in Scurvy, 272
..... Necessity of Facilitating the Descent of the Diaphragm in Diseases which impede Aeration of, 214
..... New Method of Detecting Sugar in, 669
..... Spots of, Method of Recognizing, 416
Bone, Nerves of, 23
..... Pains in, 583
..... Syphilitic and Scrofulous Affections of, Diagnosis between, 415
Boult, E., Observations on the Employment of the Alcholic Extract of Nux Vomica, 260
Bowels, Obstruction of, 92
..... Overloaded, Effects of, 232
Bowels, Overloaded, Head Symptoms from, 215
Bowman, J. E., An Introduction to Practical Chemistry, including Analysis,—(Review,) 663
..... W., Lectures on the Parts concerned in the Operations on the Globe, and on the Structure of the Retina,—(Review,) 709
Brain, Abscess of, 487
..... Fungoid Tumour in, 413
..... Fungus Hæmatodes in, 510
..... Inflammation, limited to the Serous Membranes of the Ventricles of, and its Termination in Chronic Hydrocephalus, 300
..... On the Two Movements of, 668
..... Softening of, 355
Breast, Pendulous Tumour of, 48
Bronchitis and Death in Consequence of Two Teeth being driven down the Larynx, 707
Bronchus, Impaction of a Tooth in, 163
..... Rupture of, 579
Bruit de Diable, Cause of, 189
Bryan, J. M., Case of Poisoning with Arsenite of Copper; with Remarks, 374
Buchu in Dropsy, 120
Budd, H. W., Two Cases of Delivery under the Influence of Chloroform, 62
Bullen, G., Case of Lithotomy, the Calculus weighing Seven Ounces, 150
Bulley, F. A., On Burns, &c., 155, 351
Burial Clubs, 587
Burn, Cicatrix from, 593
Burns, Application in, 163
..... Division of the Cicatrices in, 421
..... Treatment of, by Ice, 219, 301
..... and Scalds, Inquiry into the Treatment of, 16, 42, 73, 100, 129, 154, 184, 209, 269, 295, 324, 349, 382, 403, 435
..... by Fire, Protection from, 472
Busk, W., Foreign Body impacted in the Uterus, 347

C.

Cæsarean Section, 414
Calculi, 592, 694
..... Encysted Vesical, 386
Calculus, Mulberry, 47, 385
..... of Kidney, 412
..... Urethro-Perineal, 109
Camphor, New Vehicle for holding in Solution, 80
Cancer of the Tongue, 689
..... of the Upper Lip in the Female, 530
..... of the Uterus, simulated by the Irritation of a Sponge, 162
Cancerous Tumour from the Clitoris, 300
Cancrum Oris, 415
Carcinomatous Affections of the Spine, 275
Carlyon, Dr. C., On Nitre in Purpura Hæmorrhagica, 682
Carotid Artery, Aneurism of, 579
Carotids, Ligature of both Primitive, 530
Cartilages, Loose, 501,
Cases from Private Practice, 38, 63, 93, 262, 289, 378, 516, 544, 569
Castle, Dr. H. T., Case of Poisoning by Fowler's Solution: Abortion : Mortal Fainting, 347

Castle, Dr. H. T., Reply to Mr. Hunt on the Minimum Fatal Dose of Arsenic, 418
Catalepsy, Chloroform in, 205
Catheter, On the Introduction of, 493
Cauterization of Adherent Omentum in Strangulated Hernia, 530
Cautery, Actual, in Neuralgia, 54
Cerebellum, Clot in, 237
..... Partial Softening of, 236
Cerebral Inflammation, Treatment of, 53
..... Softening, 561
Chambers, Dr., Retirement of, 364
Chloroform, 51
..... Administration of, Request for Information on, 223
..... Death from, 83, 582
..... Direct Application of to a Decayed Tooth, 503
..... Extraction of a Needle from a Child under the Influence of, 320
..... in Amputation, 61
..... in Asthma, 54
..... in Catalepsy, 205
..... in Cholera, 586, 614, 615
..... in Cholera Infantum, 627
..... in Chorea, 414
..... in Diarrhœa, 655
..... in Dislocation, 232, 656
..... in Dysentery, 627
..... in Infantile Convulsions, 305
..... in Parturition, 62, 333
..... in Puerperal Convulsions, 192, 333
..... in Tetanus, 204, 300, 332
..... in Tooth-ache, 531
..... Local Effects of, 353, 365, 459
..... Necessity of Employing in a state of Purity, 656
..... New Method of Preparing, 445
..... Use of, 28
..... and Æther, Comparative Effects of, 241, 272
Cholera, Epidemic, 28, 252, 307, 335, 364, 419, 472, 504, 560, 587, 613, 616
..... Chloroform in, 586, 614, 615
..... considered with Reference to its Analogy with Congestive Agues of Quotidian Type, 645, 673, 701
..... Directions of the College of Physicians of London, relative to, 638
..... Inquiry into the Etiology of, 694
..... Observations on, 594, 681
..... Petroleum in, 390, 446, 471, 503
..... Phosphate of Soda in, 503
..... Report on, 617
..... Speedy Interment of Persons dying from, 532
..... of 1832-3, Observations on, 29
..... Epidemic, Facts relative to, at Plymouth, in 1832, 482
..... and Arsenical Poisoning, Diagnosis of, 669
..... Infantum, Chloroform in, 672
Chordæ Tendineæ, Rupture of, 304
Chorea, Chloroform in, 414
..... Clinical Lecture on, 169
..... Connection of, with Rheumatism, 24
..... and Rheumatic Endocarditis, 541
Cicatrix from a Burn, 593
Circulating System, Diseases of, 589
Cirrhosis of the Liver, 590, 666
Clavicle, Fracture of, 54, 55, 547, 583
..... Luxation of, 54
Clinical Medicine and Surgery in the Continental Hospitals, 214, 314, 356, 499, 552, 580
..... Notes from Private Practice, 206, 238, 263
Clitoris, Cancerous Tumour from, 300,
Clough, Mr., On Burns, &c., 158
Club-Foot, Gutta Percha in, 529
Cold Applications in Rheumatism, 25
Cole, H., Burns &c., treated in the Worcester Infirmary, 325
Collins, Dr. R., Memoir on Turning, as an Alternative for Craniotomy and the Long Forceps, 572
..... Cause of Mortality in Difficult Labours, 634
Collodion, 638
Colon and Cæcum, Intus-susception of, 238
..... Perforating Ulcer of, 288
..... Descending, Narrowing of, 299
Coma, from detained Biliary Secretion, 233
Compression, Cure of Hydrocele by, 585
Congenital Contraction of the Intestines, 590
Constipation, 189
Convulsions, Infantile, Chloroform in, 305
..... Puerperal, Chloroform in, 192, 333
Cookworthy, Dr., Testimonial to, 714
Cooper, Sir Astley, Letter to Mr. Sands Cox, on Fracture of the Neck of the Femur, 379
..... J., Baptism of Sick Infants, 167
Copeman, Dr. E., Case of Acute Hydrocephalus: Iodine; Cure, 600
Copper, Arsenite of, Poisoning with, 374
Coroner's Inquest, 502
Correspondents, Notices to, 28, 56, 84, 112, 140, 168, 196, 224, 252, 280, 308, 336, 364, 392, 420, 448, 476, 504, 532, 560, 588, 616, 644, 672, 700, 714
Cotton, C., Complicated Surgical Cases under the Care of, at the West Norfolk and Lynn Hospital, 291, 519, 606
Cough, A Cause of, 553
Council, Report of, 451
..... Prize Essay, 456
Cowan, Dr. C., Observations on Cholera, 594
..... S., Cases of Poisoning by Belladonna, 628
Cowdell, Dr. C., A Disquisition on Pestilential Cholera; being an Attempt to explain its Phenomena, Nature, Cause, Prevention, and Treatment, by Reference to an Extrinsic Fungous Origin,—(Review,) 208
Cox, W. S., Clinical Reports of Surgical Cases under the Treatment of, at the Queen's Hospital, Birmingham, 379, 432, 488, 546, 576, 610, 689
Coxo-Femoral Disarticulation, 50
Craniotomy, Turning a Substitute for, 1, 57, 85, 141, 172, 393, 533, 572, 601, 634
Cranium, Intra-Uterine Fracture of, 414
Crompton, S., Digest of Depositions before the Coroner of Manchester, 269, 295, 352, 382, 403
..... Inquiry into the Treatment of Burns and Scalds, 16, 42, 73, 100, 129, 154, 184, 209, 269, 295, 324, 349, 382, 403, 435
Crossley, Mr., Burns, &c., treated in the Derby Infirmary, 324

Croup, 589, 613
Croydon Inquest, 134
Creosote in Erysipelas, 555

D.

Daniell, E., Remarks on Mr. Newnham's "Present Aspect of Medicine," 360
..... Dr. J. B., History of a Case of Poisoning by Prussic Acid, 428
Davie, J. C., On Cotton-wool in Burns, &c., 184
Davies, Dr. W., On the Treatment of Rheumatic Paralysis by Electro-Magnetism, 622
Day, E. W., On the Non-Absorption of Narcotic Poisons by the Lymphatics, 285
Deafness, arising from Destruction of the Membrana Tympani, New Mode of Treating, 444
Death, Sudden, Obscure Case of: Enlarged Thymus, 5
..... Signs of, 527
Denton, Dr. S. B., Case of Bronchitis and Death in Consequence of Two Teeth being driven down the Larynx, 707
Diabetes, Clinical Lecture on, 113, 169, 337
..... Turpentine in, 136
Diarrhæa, Chloroform in, 655
Dickinson, Dr. J., On Medical Education: an Introductory Lecture, delivered at the Liverpool Infirmary School of Medicine, at the Opening of the Medical Session, 1847,—(Review,) 663
Digestive System, Diseases of, 590
Diseased Bladder, 19
Dislocated Shoulder, Reduction of, 359
Dislocation, Chloroform in, 232, 656
..... of the Astragalus, 693
..... of the Head of the Femur on the Dorsum Ilii, 386
..... of the Humerus, 529, 546
..... Mode of Reducing at the Bristol Infirmary, 401
..... of the Knee, 529
..... of the Patella, 585
..... of the Radius and Ulna backwards, 610
..... of the Spine, 593
..... of the Thumb, 584
..... of the Wrist, 576
Dispensaries, Self-Supporting, 82
Diuretics in Dropsical Effusion, 484
Dorning, D., On Burns, &c., 102
Dorset County Medical Association, 614
Dropsical Effusion, Diuretics in, 484
Dropsy, 505; Buchu in, 120
..... in Pregnant Women, 327, 440
Duncan, Dr. J., On Retroversion and Retroflexion of the Unimpregnated Uterus: its Discovery and Treatment, 51
..... Dr. P. M., Cases of Oxaluria, 564, 625
Dyer, S. S., Case of Varicose Aneurism, cured by Ligature of the Brachial Artery, 176
Dysentery, Chloroform in, 627
..... Infantile, Nitrate of Silver Enemata in, 415
Dysmenorrhœa, 50
Dyspepsia, Use of Stomachics in, 553

E.

Ear, Discharge of a Tooth from, 80
Eddows, W., On Burns, &c., 42
Edwards, G., On Burns, &c., 42
Elbow, Resection of: Subsequent Amputation of the Upper Arm, 291
Electricity, Treatment of Indolent Ulcers by, 31
Electro-Magnetism in Neuralgia, 206
..... in Rheumatic Paralysis, 622
Elephantiasis, 162
Emphysema, 356
Encanthus, Malignant, removed by Excision, 181
Endocarditis, 301
..... Rheumatic, and Chorea, 541
Epigastric Region, Certain Morbid Conditions of, 590
Epilepsy, 561
Erectile Tumours, 80, 444
Ergot of Rye, Action of, 272
..... in Retention of Urine, 501
Erichsen, J., On the Pathology of Burns, 73
Erysipelas, Creosote in, 555
..... Malignant, after Parturition, 408
..... Mode in which Nitrate of Silver checks the Extension of, 711
Ethyle, Effects of the Acetate of the Oxide of, 401
Evans, E., On the Influence of Insufficient Food on the Growth of the Fœtus, 446
..... W. H., On Burns, &c., 42
Evolution, Spontaneous, 192
Exhausting Diseases, Ice in, 54

F.

Fæcal Abscess, Cases of, 478
Fallopian Tubes, Rupture of, 104
Fascia lata, Division of the Falciform Border of, for Varix of the Saphena Vein, 399
Femur, Dislocation of the Head of, on the Dorsum Ilii, 386
..... Fracture of, within the Capsule, 556
..... Neck of, Diagnosis of Fracture of, 190, 379
Fernie, T. P., Opium in Strangulated Hernia, 139
..... Supply of Vaccine Matter, 139
Fever, Laryngotomy in, 219
..... Puerperal; in what Way it may originate from Erysipelas, and how communicable, 117
..... Typhoid, Urine in, 50, 275
..... Typhus, 593
Fibrinous Concretion of the Heart, 589
Fife, Dr. G., On the Speedy Interment of Persons dying from Cholera, 532
Financial Statement, 456
Fistula in Ano, 81
..... Traumatic, of Steno's Duct, 628
..... Vesico-Vaginal, 51
Fits during Labour, 289
Fluids, Acidity and Alkalinity of, 501
Fœtation, Extra-Uterine, 360
Fœtus, Growth of, Influence of Insufficient Food on, 416, 446

Forbes, Dr. J., The British and Foreign Medical Review, or Quarterly Journal of Practical Medicine and Surgery. Vol. XXV., being a General Index to the Preceding Twenty-four Volumes,—(Review,) 492
..... Reply to Mr. Newnham on the "Present Aspect of Medicine," 371
..... Tribute to, 55
Fowler's Solution, Poisoning by, 347
Fownes, Dr. G., A Manual of Elementary Chemistry, Theoretical and Practical,—(Review), 41
Fracture of the Astragalus, 385
..... of the Clavicle, 54, 55, 547, 583
..... of the Maxilla superior, 149
..... of the Neck of the Femur, 379, 556; Diagnosis of, 190
..... of the Olecranon, 500
..... of the Radius, 577
..... of the Radius and Ulna, 488
..... of the Ribs, 47
..... of the Scapula, 610
..... of the Skull, 67
..... of the Sternum, from Muscular Action during Parturition, 192
..... Intra-Uterine, of the Cranium, 414
..... Compound, of the Leg, 606
..... Ununited, 432; Treatment of, 26
Fractured Vertebræ, 593
French National Assembly, 279
Frontal Sinuses, Headache from Inflammation of, 189
Fungoid Disease of the Pancreas, 654
..... Tumour, 551
.... of the Arm, 356
.... in the Brain, 413
Fungus Hæmatodes in the Brain, 510

G.

Gabb, J., Case of Severe Burn, 129
..... Case of Rheumatic Endocarditis and Chorea, with Observations, 541
Galactocele, Double, 614
Gall, A. C., On Burns, &c., 18
Gangrene, Dry, in the Lower Extremity, occuring in a Girl Ten Years of Age, 413
Gastro-duodenitis, 612
Giraud, F. F., Case of Fistulous Communication between the Rectum and the Urethra, 92
Glisson's Capsule, Use of, 53
Gloucestershire Medical and Surgical Association, 194, 447
Greenhow, T. M., Cases in Surgery admitted under the Care of, at the Newcastle-on-Tyne Infirmary, 67
..... On Burns, &c., 101
Gutta Percha in Club Foot, 529
..... in Wounds, 445

H.

Hæmoptysis, 500
Hæmorrhage, Intestinal, occurring during Fever, Treatment of, 135
Hair-cutting, Hygienic Influence of, 442
Hall, Dr. C. R., On the System of the Great Sympathetic Nerve,—(Review,) 70
..... On the Ganglionic System of Nerves. Part III.,—(Review,) 636
Hardwick, Dr. Alfred, Biographical Notice of, 22
Hare-Lip, Operation for, 585
Hawkins, Dr. F. B., The New Charter of the Royal College of Physicians, 192
Head-ache from Inflammation of the Frontal Sinuses, 189
Head-Symptoms from Overloaded Bowels, 215
Health, General Board of, 560
.... Recommendations of, 616. Report on, 617
..... Public, Bill for Promoting, 167, 364, 698
Heart, Fibrinous Concretion of, 589
..... Hypertrophy of, 299
.... with Dilatation, 355, 505
..... Steatosis of, 589
..... Wound of, 415
Heaton, Dr. J. D., A Clinical Lecture, delivered at the Leeds Public Dispensary, 505
Hemiplegia, 355
Hensley, Dr. F. J., On Retroflexion of the Uterus, 10, 34
Herapath, Dr. W. B., Case of General Anasarca, with Albuminous Urine, in an Infant Ten Weeks old, 511
..... On Division of the Falciform Border of the Fascia Lata, for Varix of the Saphena Vein, 399
Herard, Dr., On the Employment of Large Doses of Tartar Emetic in the Treatment of Pneumonia, especially in Children, 159
Hernia, 593
..... Congenital, Simple Truss in, 642
..... Frequency of, 137
..... Inguinal, Crural Neuralgia caused by, 13
..... Observations on, 512
..... Obturator, with Symptoms of Internal Obstruction, 530
..... of the Uterus, 444
..... through the Fundus Uteri, 81
..... Umbilical, in Children, 332
..... Strangulated, 81, 319, 543,
.... Cauterization of Omentum in, 530
.... Operation for, in an Infant, 530
.... Opium in, 139
.... Taxis in, 179
Hessler, Dr. F., Susrutas. Ayurvédas. Id est Medicinae Systema a venerabili D'Hanvantare demonstratum a Susruta Discipulo compositum. Nunc primum ex Sanskrita in Latinum Sermonem vertit, Introductionem, Annotationes et Rerum Indicem adjecit,—(Review,) 403
Hewlett, T., Chloroform in Cholera, 586
..... On the Internal Exhibition of Chloroform in Cholera Infantum, and Dysentery, 627
Hiccup, Intention of, 641
..... treated by Inhalation of Ammonia, 669
Higginbottom, J., On Burns, &c., 102, 158
Hilton, — On Burns, &c., 154
Hodgson, Joseph, Esq., of Birmingham, Testimonial to, 362

Holland, P. H., Case of Burn, &c., 17
Homœopathy, On the Doctrines of, 215, 330
Hope, Dr. J., A Treatise on Diseases of the Heart and Great Vessels, &c. &c.—(Review,) 709
Hoskins, E., Buchu in Dropsy, 120
Hospital, Queen's, Birmingham, 379, 432, 488, 546, 576, 610, 689
..... West Norfolk and Lynn, 291, 519, 606
Hospitals, Continental, Clinical Medicine and Surgery, in, 214, 314, 356, 499, 552, 580
..... Proposal to Change the Form of, 699
Humerus, Dislocations of, 529; Mode of Reducing at the Bristol Infirmary, 401
Humphry, G. M., Case of Tumour in the Axilla, thought to be Carcinomatous, 400
..... Observations on Anæsthetic Agents in Surgical Operations, 425
Hunt, T., On Burns, &c., 18
..... On Dr. Castle's Case of Supposed Poisoning by Fowler's Solution, 391, 445
..... On the Medical and General Treatment of Local Diseases, in Preference to the Treatment by Operation, 319
..... On the Taxis, 60
..... Strangulated Hernia: Reduction by the Taxis, 179
Hunterian Oration, 56
Hydatid Tumours of the Liver, 665
Hydrarthrosis of the Knee, 501
..... of the Shoulder-Joint, 238
Hydriodate of Iron and Quinine, 493
Hydrocele, Cure of by Compression, 585
..... of the Spermatic Cord, 181
Hydrocephalus, Acute, 600
..... Chronic, On Inflammation, limited to the Serous Membranes of the Ventricles of the Brain, and its Termination, 300
Hydropericardium, 589
Hydrophobia, 561
..... Treatment of, 528; in the last Century, 302

I.

Ice in Exhausting Diseases, 54
Icthyosis, 551
Imlach, Dr. H., On the Necessity of Employing the Chloroform in a state of Purity, 656
Income Tax, 194
India Rubber, Liquid, as Sticking Plaster, 445
Infant Mortality from Burns, 349
Infanticide, 38, 63, 93, 262
Infirmary, Cumberland, 96
..... Lowestoft, 181
..... Newcastle-on-Tyne, 67
Inflammation, Nitrate of Silver in, 215
..... only of one Kind, 584
Influenza, 419
Inquest on a case of Alleged Poisoning by Belladonna, 523
Insane, Responsibility of, 408
Intestines, Congenital Contraction of, 590
..... Large Intus-susception of, into the Rectum, 238
Intestines, Perforating Ulcers of, 665
..... Tubercles of, 666
Intus-susception, 49, 238
Iodide of Potassium, New Process for, 333
Iodine in Acute Hydrocephalus, 600
..... Method of Removing the Stains of, from the Skin, 80
Iodized Oil, 334
Iris, Action of Light on, 21
..... Hernia of, New Method of Reducing, 26
Iron, Sulphate of, in Prolapsus Ani, 55
..... and Quinine, Hydriodate of 493
Isopathy, 224

J.

Jackson, W., Poisoning by Belladonna—Case of Thos. Greaves, 558
Jaundice, 47
Johnston, R. O., On the Effects of the Acetate of the Oxide of Ethyle; and on Ammonia, as an Antidote to Anæsthetic Agents, 401

K.

Kendrick, Dr., of Warrington, Memoir of, 439
Kennion, Dr. G., Case of Ovarian Disease, 119
Kidney, Absence of, 592
Kidneys, Calculus of, 412
..... Diseased, 412, 579
..... Granular, 236, 237, 299
..... Malignant Disease of, 412
..... Pathological Anatomy of, 528
King, G., On Burns, &c., 42
..... On the Report of the National Institute of Medicine, Surgery, and Midwifery, 615
Knee, Dislocation of, 529
..... Hydrarthrosis of, 501

L.

Labour, Duration of, a Cause of Danger and Mortality to the Mother and Infant, 601, 683
Labours, Difficult, Cause of Mortality in, 634
Lane, Dr. B., On Functional Disesaes of the Liver, associated with Uterine Derangement, &c.,—(Review,) 549
Laryngeal Muscles, Spasm of, 398
Laryngitis, 186, 298
..... Acute, 144, 237
..... Tracheotomy in, 643
Laryngotomy in Fever, 219
Larynx, New Muscle of, 248
..... Ossification of the Cartilages of, 24
Laws and Regulations, Report of Committee on, 458
Leach, J., On Burns, &c., 42
Leaders.—The Last and Present Volumes, 15.—The Dorset County Friendly Society: Medical Regulations, 40.—Ill-Treatment of Union Medical Officers:

The Croydon Case, 68.—Testimonials to Mr. P. N. Scott, 69.—Poor-Law Medical Relief: Lord Ashley's Resolutions, 97.—Medical Legislation: Provincial Physicians and the New Charter of the Royal College of Physicians of England, 126.—Medical Legislation: Principles agreed to by the Joint Committee of the London Corporations and the National Institute of Medicine, 150.—Lord Ashley's Resolutions: Poor-Law Medical Relief, 182.—Memorial of the Council of the Provincial Medical and Surgical Association to the Royal College of Physicians, on the Clauses 4 and 5 of the New Charter, 207.—Medicine and Republicanism, 233.—Liability of Railway Companies: Actions for Professional Services rendered, 265.—Mortality Returns for the Quarter ending March 31st, 1848, 293.—The Public Health Bill, 294.—Judgment of Mr. Justice Coleridge on the Croydon Inquest, 294.—Poor-Law Medical Relief: Salaries of the Medical Officers, 321.—Advantages of Sound Preliminary Education to the Student of Medicine, 348.—Provincial Medical and Surgical Association: The Anniversary Meeting, 349.—Report on Poor-Law Medical Relief: Claims of Dr. Berncastle, 381.—On the Minimum Quantity of Arsenic which has proved Fatal in Cases of Arsenical Poisoning, 402.—Poor-Law Medical Relief: Report of the Committee of the Convention of Poor-Law Medical Officers, 434.—The Upton Union: Position of Union Medical Officers, 489.—Report on the Present State of the Medical Reform Question, 520.—Removal of Nuisances: Abstract of the Act to Amend the Former Act passed in the Fourth Year of Her present Majesty, 548.—Instructions of the Board of Health in reference to Cholera, 578.—Instructions of the Edinburgh Board of Health, 611.—State of the Public Health: the Registrar General's Quarterly Return of Mortality, 634.—Appointments under the Public Health Bill: Controversial Discussions, 663.—Constitution of the Sanitary Board: Appointments under the Public Health Act, 690.—The Conclusion of the Volume for 1848, 708

Lecture, Clinical, on Diabetes and Chorea, 113, 169, 337; on Diseased Heart, 505

Leg, Compound Fracture of, 606

Life Asssurance Certificates, 193, 334

Ligatures, Animal, 110

Light, Action of, on Iris, 21

Lip, Upper, Cancer of, in the Female, 530

Lips, New mode of Restoring, 21

.... Operations on, 289

Lipoma, Sub-cutaneous Section in, 669

Lithotomy, 21, 50, 150

Lithotrity, 21, 50

Liver, Abscess of, 47

..... Cirrhosis of, 590, 666

..... Hydatid Tumours of, 665

..... Malignant Disease of, 412

..... Nerves of, 442,

..... Nutmeg Disease of, 47

..... Scirrhus of, 593

..... Structure and Development of, 246

Liver, Tumour of, 590

Lloyd, J., Case of Poisoning by Yew Berries, 661

Local Diseases, On the Medical and General Treatment of, 319, 543

London and Provincial Medical Directory, 1848,—(Review,) 42

Lunacy, Law of, 695.

Lung, Right, Inflammation of Upper Lobe of, 444, 499

Lungs, Artificial Inflation of, in New-born Children, 641

..... Congested, 666

..... Minute Structure of, 53

..... Pearly Deposit in, 551

..... Tubercles in, 665

Lymphatic Gland, Scirrhous, 386

Lymphatics, Non-absorption of Narcotic Poisons by, 285

..... of the Lower Extremity, Inflammation of, 432

Lyttelton, Sir Thomas, The Appearances on opening the Body of, 448

M.

Mace, Symptoms of Poisoning after eating, 37

Mackness, Dr. J., Dysphonia Clericorum, or Clergyman's Sore-Throat: its Pathology, Treatment, and Prevention,—(Review,) 129

Malar Bone, Displacement of, 149

Mamma, Scirrhous, in the Male, 467

Mammæ, Quadruple, Case of, 189

Mammary Abscess, Treatment of, 161

Manchester Medical Society, 616

..... Medico-Ethical Association, 27, 110, 193

..... School of Medicine, 697

Mania, Acute, 561

..... Baths in, 272

Markwick, A., On the Impermeable Piline in Burns, 17, 46

Massy, Dr. T., Traumatic Fistula of Steno's Duct: Cure completed during a Continued Fever, 628

Maxilla, Superior, Fracture of, 149

Mayd, Dr., Notice of, 671

Mediastinum, Posterior, Tumour in, 593

Medical Assistant, 643

..... Attendance, Action for in the County Courts, 559

..... Clubs, 411

..... Directory, 643

..... Ethics, 111

..... Intelligence, 28, 55, 83, 112, 140, 168, 196, 224, 252, 279, 307, 335, 364, 392, 476, 419, 448, 504, 532, 560, 587, 616, 644, 672, 699, 714

..... Legislation, 133, 195, 220, 222, 250, 277, 278, 447

..... Portraits,—(Review,) 154

..... Practitioners in Ireland, Mortality of, from Fever, 83

..... Reform, 447, 587

..... Registration, 112

..... Topography, 467

..... and Clerical Widows' and Orphans' Annuity Society and Benevolent Fund, 670

Medicine, Remarks on the Present Aspect of, 197, 225, 253, 281, 309, 360, 371, 417
Medullary Sarcoma in an Infant, 669
Members, Notices to, 56, 268, 280, 308, 336, 420, 532, 588
Mercurial Ointment, New Method of preparing, 164
Mercury, Fractional Doses of, 356
Metritis, Puerperal, 592
Metropolitan Grave Yards, 27
..... Sanitary Commission. Second Report of the Commissioners appointed to enquire whether any, and what, Special Means may be requisite for the Improvement of the Health of the Metropolis,—(Review,) 152
Midwifery, Anæsthetic, in America, 669
Miscarriage, 592
Mitral Valve, Diseased, 187, 301, 505
.... Vegetations on, 549
Monster, Double, 414
Moore, G., Extraction of a Needle from a Child under the Influence of Chloroform, 320
..... J., On the Sanitary State of Rural Districts, 110
Morbus Cæruleus, 412
Morgan, W. F., Mode of Reducing Dislocations of the Humerus at the Bristol Infirmary, 401
Mouth, Gangrene of, 472

N.

Nævus, treated by Seton, 557
Naphtha in Phthisis, 136
Narcotic Poisons, Non-absorption of by the Lymphatics, 285
National Institute of Medicine, Surgery, and Midwifery: Memorial to Sir George Grey, 22
..... Report of, 615
Necrosis of the Tibia, 299
Needle, Extraction of from a Child, under the Influence of Chloroform, 320
Neil, H., On the Cure of Cataract, with a Practical Summary of the Best Modes of Operating, Continental and British,—(Review,) 490, 522,
Nerves of Bone, 23
..... of the Liver, 442
Nervous Depression, 561
Neuralgia, The Actual Cautery in, 54
..... Electro-Magnetism in, 206
..... Crural, caused by Inguinal Hernia, 137
..... Facial, Indian Hemp in, 556,
Newnham, W., Dislocation of the Humerus reduced under the Influence of Chloroform, 232
..... On Burns, &c., 77
..... On the Benevolent Fund, 105
..... Remarks on the Present Aspect of Medicine, 197, 225, 253, 281, 309, 371, 417
Newton Branch of the Provincial Medical and Surgical Association, 364, 438, 475
Nipples, Sore, New Shield for, 248
Nitrate of Silver in Inflammation, 215
.... Enemata in Infantile Dysentery, 415
.... Mode in whichit checks Erysipelas, 711
Nitre in Purpura Hæmorrhagica, 682
Norman, G., Case of Fungoid Disease of the Pancreas, 654
..... On Burns, &c., in the Bath United Hospital, 435
Norwich Pathological Society, 412, 579, 693
Notes from a Practitioners Day-Book, 160, 189, 214, 553, 583, 640, 711
Nunneley T., Principles of Medical Legislation, 220, 277.—Reply to, by Mr. Ancell, 250
Nux-vomica, Employment of the Alcoholic Extract of, 260

O.

Obituary, 28, 56, 84, 112, 140, 168, 196, 224, 252, 280, 308, 336, 364, 392, 420, 448, 476, 504, 532, 560, 588, 616, 672, 700, 714
Oke, Dr. W. S., Short Notes of the Opinions and Practice of the late John Pearson, Esq., F.R.S., on Syphilitic Disease, 8, 32, 89, 121, 146, 201, 229, 257, 344, 513, 565, 658
Œsophagus, Extracting a Fish-hook from, 248
..... Inflammation and Ulceration of, 554
..... Scirrhus of, 593
.... Stricture of, 49; from Swallowing Sulphuric Acid, 68
Olecranon, Fracture of, 500
Omentum, Cauterization of, in Strangulated Hernia, 530
Omo-Hyoideus, Action of, 527
Ophthalmia, Blenorrhagic, Treatment of, 163
..... Strumous, Sulphate of Beeberine in, 568
.... Treatment of, by Cauterizing the Nostril, 276
Opium, An Effect of, not hitherto sufficiently noted, 640
..... Consumption of, 476
..... in Rheumatism, 25
..... in Strangulated Hernia, 139
..... Tolerance of, 613
Optic Thalami, 24
Ossification of the Cartilages of the Larynx, 24
Ovarian Disease, 119
..... Cyst, Large, 592
Oxaluria, Cases of, 564, 625

P.

Page, W. B., Cumberland Infirmary: Surgical Cases under the Care of, 96
Paget, T., Operations on the Lips, 289
Palasciano, Docteur F., Du Muscle Rotateur Externe de la Jambe, et de la Luxation consecutive du Genou en dehors et en arriére. Nouvelle Methode de Traitement des Ankyloses Angulaires du Genou,—(Review,) 99
Pancreas, Abscess of, 20
..... Fungoid Disease of, 654
Paracentesis Thoracis, 666
Paralysis of the Tongue from Passion, 414
..... produced by Arsenic, 305, 459

Paralysis, Rheumatic, Treatment of by Electro-Magnetism, 622
Parkes, Dr. E. A., Researches into the Pathology and Treatment of the Asiatic or Algide Cholera,—(Review,) 208
Patella, Vertical Dislocation of, 585
Paxton, Dr. J., On the Taxis, 124
Pearson, J., Opinions and Practice of, on Syphilitic Disease, 8, 32, 89, 121, 146, 201, 229, 257, 344, 513, 565, 658
Pelvis, &c. Turning, as an Alternative for Craniotomy and the Long Forceps, in Deformity of, 1, 57, 85, 141, 172, 393, 533, 572, 601, 634
Peritoneum, Tuberculated, 666, 667
Peritonitis, Intra-Uterine, 445
..... Tubercular, 665
Perspiration, Discovery of Urea in, 108
Pessaries, Medicated, 416
Petroleum in Asiatic Cholera, 390, 446, 471, 503
Pharyngeal Pouches, 443
Phimosis, Ricord's Operation for, 27
Phlebitis, 612
..... and Secondary Hœmorrhage, after the Flap and Circular Operation, Comparative Mortality from, 109
Phosphatic Deposit in the Urine of Children, 136
Photuria, 556
Phthisis, Condition of the Gums in, 275
..... Naphtha in, 136
..... New Method of Treatment in, 219
Pistol-shot Wound, 593, 710
Placenta, Adherent, 550
..... Deposit of Earthy Matters in, 238
..... Fibrinous Tumours of, 300
..... Induration of, 187
..... Morbid, with Dead Fœtus, 592
..... Prævia, 124
Pleura, Tubercles of, 666
Pleuritis, 667
Pneumonia, Tartar Emetic in, 159
..... Double, 263
..... and Chronic Ulcers, 301
Poisoning by Arsenic, 78
..... by Arsenite of Copper, 374
..... by Belladonna, 470, 523, 531, 558, 628
..... by Fowler's Solution, 347, 391, 418
..... by Mace, 37
..... by Prussic Acid, 428; Evidences of, 586
..... by Sesqui-Chloride of Antimony, 164
..... by Strychnia, 165
..... by Yew Berries, 613, 661, 708
..... Suspected, Exhumation in, 569
Polydipsia, 301
Polypi, New Method of Applying Ligatures to, 220
Pons Varolii, Clot in, 236
Poor-Law Medical Committee, Interview of, with Mr. Buller, 248; Deputation to Sir George Grey, 329; Upton Union, 639
.... Convention, 502
.... Officers, Conference of, with the College of Physicians, 82.—Conference with the College of Surgeons, 139
Poor-Law Medical Relief, 134, 139, 389, 465
Pope, T., On Burns, &c., 18
..... The Taxis, 180
Potass, Bi-tartrate of, in Uterine Hæmorrhage, 494
Poyser, T., Contagiousness of Cholera: Professor Owen and the Sanitary Commission, 699
Practical Man, 307
Prankerd, J., Case of Fungus Hæmatodes in the Brain, 510
President's Address, 450
Prichard, A., Coroners' Inquests, 502
Prolapsus Ani, Solution of Sulphate of Iron in, 55
Prophylaxis, General, 500
Prostate, Enlarged, 579
Protection and Repair, Function of, 583
Prout, Dr. W., On the Nature and Treatment of Stomach and Renal Diseases; being an Inquiry into the Connexion of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion,—(Review,) 323
Provincial Medical and Surgical Association, Anniversary Meeting of, 280, 336, 364, 449
.... Memorial of, to the Royal College of Physicians, 241; Reply to do., 242
.... Transactions of, 588, 644
.... Bath and Bristol Branch of, 336, 405, 612, 644
.... Newton Branch of, 364, 438, 475
.... South-Eastern Branch of, 134, 336, 409, 493
.... South-Western Branch of, 496
.... Suffolk Branch of, 308, 336, 383
.... Taunton and Somerset Branch of, 336
.... Yorkshire Branch of, 308, 353
..... Medical Schools, 463
Prussic Acid, Poisoning by, 428
Puberty, Age of, in Ireland, 83
..... Period of, 52
Puerperal Convulsions, Chloroform in, 192
..... Fever; in what Way it may originate from Erysipelas, and how communicable, 117
..... Metritis, 592
Pulse, Permanently Slow, 431
Purpura Hæmorrhagica, 599, 682

Q.

Queen's College, Birmingham, 165, 357, 557, 642
Quinine in Rheumatism, 25
..... and Iron, Hydriodate of, 493

R.

Radius, Fracture of, 577
..... and Ulna, Dislocation of, backwards, 610
.... Fracture of, 488
Ranford, Dr., Testimonial to, 364
Ranking, Dr. W. H., Clinical Notes from Private Practice, 206, 283, 263

Ray, E., Cases of Placenta Prævia, with Observations, 124
Reading Pathological Society. Retrospective Address delivered at the Seventeenth Anniversary of, 561, 589
Rectum, Foreign Body impacted in, 300
..... Stricture of, 666
..... terminating in a Cul-de-Sac, 710
..... and Urethra, Fistulous Communication between, 92
Republican Liberty, 335
Respiration, Mechanism of, 383
Respiratory Organs, Diseases of, 589
Rheumatic Endocarditis and Chorea, 541
..... Paralysis, Treatment of, by Electro-Magnetism, 622
Rheumatism, Acute, Cold Applications in, 25
..... Connection of, with Chorea, 24
Rhonchus Crepitans Redux, 321
Rilliet, M., On Inflammation, limited to the Serous Membranes of the Ventricles of the Brain, and its Termination in Chronic Hydrocephalus, 300
Robertson, Dr. W. H., A Treatise on Diet and Regimen,—(Review,) 266
Roe, Dr. E. T., Case of Purpura Hæmorrhagica, 599
..... Observations on Cholera, 681
Roux, Dr. J., Hydrarthrosis of the Shoulder-Joint, successfully treated by the Injection of Iodine, 238
Royal College of Physicians, 335, 392, 582
..... Directions of, relative to the Prevention and Treatment of Cholera, 638
..... New Charter of, 166, 168, 192, 241, 243, 272
..... Surgeons, 56, 84, 112, 168, 196, 224, 252, 280, 308 335, 364, 392, 420, 476, 448, 588, 644, 700
..... Charter of, 473
..... Medico-Chirurgical Society, 168
..... Society, 307, 672, 700, 711
Rump, H. R., Case of Fracture of the Superior Maxilla, with Displacement of the Malar Bone, 149

S.

St. George's School of Medicine, 279
Sanitary Commission, Extracts from a Report on, 617
Sanitary State of Rural Districts, 110
Scald Head, Ointment in, 80
Scapula, Fracture of, 610
..... Resection of, 444
Scarlet Fever, 279
.... and Small-Pox, Coexistence of, 304
Scirrhous Lymphatic Gland, 387
..... Mamma in the Male, 467
Scirrhus of the Liver, 593
..... of the Œsophagus, 593
..... Uteri, 47
Scott, Mr. P. N., of Norwich, Notice of, 306
Scrofulous Affections of Bone, Diagnosis of, 415
Scudamore, Sir C., On Pulmonary Consumption, and on Bronchial and Laryngeal Disease, &c.,—(Review,) 15
Scurvy, Composition of the Blood in, 272
Seddon, Dr. J., Case of Retroversion of the Uterus at the Sixth Month of Pregnancy, 205
Seton, Interrupted, 164
Seutin, M., Memoir on Compression of the Abdominal Aorta in Uterine Hæmorrhage, 188
Sheffield Medical Society, 49
Shoulder, Dislocation of, forwards, 546
Shoulder-joint, Hydrarthrosis of, successfully treated by Injection of Iodine, 238
Sibson, F., Mechanism of Respiration, 383
Simpson, Dr. J. Y., Answer to the Religious Objections advanced against the Employment of Anæsthetic Agents in Midwifery and Surgery,—(Review,) 16
..... Letter in Reply to Dr. Collins, on the Duration of Labour as a Cause of Danger and Mortality to the Mother and Infant, 601, 683
..... Local Anæsthesia: Notes on its Artificial Production by Chloroform, &c., in the Lower Animals, and in Man, 365
..... Memoir on Turning, as an Alternative for Craniotomy and the Long Forceps in Deformity of the Brim of the Pelvis, &c., &c.. 1, 57, 85, 141, 172, 393
Skevington, J., Action for Medical Attendance in the County Courts, 559
Skin Diseases, Memoir on the Localization of, 328, 387, 413, 441
Skull, Fractured, 67
Sloman, S. G., Internal Use of Chloroform in Diarrhœa, 655
..... On Burns, &c., 103
Small-Pox and Scarlatina, Co-existence of, 304
Smith, Dr. W. T., The Periodoscope: with its Application to Obstetric Calculations, and the Periodicities of the Sex,—(Review,) 636
Snowden, G. S., Private Baptism of Infants, 195
Society of Apothecaries, 28, 56, 84, 112, 140, 168, 224, 252, 280, 308, 336, 364, 392, 420, 448, 476, 504, 532, 588, 616, 644, 672, 700, 714
Soda, Phosphate of, Probable Advantages of, in Asiatic Cholera, 503
Soulby, Dr. G., Petroleum in Asiatic Cholera, 446
South Eastern Branch of the Provincial Medical and Surgical Association, 134, 336, 409, 493
..... Western Branch of the Provincial Medical and Surgical Association, 496
Spasma Glottidis, 144, 310, 485, 630, 671
Specifics, 494
Spermatic Cord, Hydrocele of, 181
..... Ducts, Obliteration of, 162
Spina Bifida, Successful Removal of, 136
Spinal Cord, Softening of, 299
..... Disease of, 472
..... Irritation of, 561
Spine, Carcinomatous Affections of, 275
..... Dislocation of, 593
..... Injury of, 359
Spleen, Enlarged, 590
..... Spontaneous Rupture of, in Fever, 80
..... and Vena Portæ, Function of, 241
Spooner, E. O., Extracts from a Report on the Sanitary Commission, the Board of Health, and the Asiatic Cholera, 617
..... Professor Owen and the Sanitary Commission, 698, 712
Steatosis of the Heart, 589

Steel, C. W., Testimonial to Dr. Berncastle, 139
Steno's Duct, Traumatic Fistula of, 628
Sterility and Dysmenorrhœa, 50
Sternum, Fracture of, from Muscular Action, during Parturition, 192
Sticking Plaster, Liquid India Rubber as, 445
Stomach, Ulcer of, and Perforation, 104, 301
Strange, Dr. W., On Burns, &c., 132
Stricture of the Œsophagus, 49; from swallowing Sulphuric Acid, 68
..... of the Rectum, 666
..... of the Urethra, New Mode of Dilating, 642
Strychnia, Recovery from a Poisonous Dose of, 165
Stubbs, H., An Introductory Lecture to Clinical Surgery, delivered at the Liverpool Northern Hospital, at the Opening of the Session, October 4th, 1848,—(Review,) 663
Stylo-Hyoideus, Deficiency of, 135
Subclavian Aneurism, 378, 516, 544
..... Artery, Note on one of the Anomalies of, with Absence of the Recurrent Nerve of the Right Side, 584
Sub-peritoneal Abscess, 590
Suffolk Branch of the Provincial Medical and Surgical Association, 308, 336, 383
Sulphuric Acid, Stricture of Œsophagus from, 68
Sweeting, W., On Burns, &c., 18
Symonds, Dr. J. A., New Charter of the Royal College of Physicians, 166
Syphilis, Hereditary, 711
Syphilitic Affections of Bone, Diagnosis of, 415
..... Disease, Opinions and Practice of the late J. Pearson on, 8, 32, 89, 121, 146, 201, 229, 257, 344, 513, 569, 658

T.

Tapeworm, Irritable Bladder from, 190
Tartar Emetic in Pneumonia, 159
Taunton and Somerset Branch of the Provincial Medical and Surgical Association, 336
Taxis, On the, 60, 124, 179, 180, 587
Taylor, A. S., On Poisons, in Relation to Medical Jurisprudence and Medicine,—(Review,) 182
..... Medical Jurisprudence,—(Review,) 709
..... Dr. J., Case of Poisoning by the Berries of the Taxus baccata, 708
Tendons, Sheaths of, Inflammation and Sloughing of, 432
Terry, H., Chloroform in Dislocations, 656
Tetanus, 561, 641
..... Chloroform in, 204, 300, 332
..... Pathology and Treatment of, 556
Thigh, Amputation of, 606; at Hip-joint, 642
Thumb, Dislocation of, 584
Thurnham, Dr. J., Cases of Fæcal Abscess, 478
Thymus, Enlarged, 5
Thyroid Cartilage, Ulcers Perforating the, 298
Tibia, Necrosis of, 299
Todd, Dr. R. B., Clinical Lectures on Diabetes and Chorea, 113, 169, 337
Tongue, Cancer of, 689
..... Paralysis of, from Passion, 414
..... Removal of a Portion of, by Ligature, 181
Toogood, Dr. J., Illustrations of the Fraud and Folly of Homœopathy,—(Review,) 692
.... On the Administration of Diuretics in some Cases of Dropsical Effusion, 484
..... The Taxis, 587
Tooth, Decayed, Direct Application of Chloroform to, 503
Toothache, New remedy for, 531
Torr, T. B., Case of Amputation performed under the Influence of Chloroform, 61
Tracheotomy in Laryngitis, 643
..... New Instrument for, 585
Transactions of the American Medical Association, Vol. I.,—(Review,) 690
Tubercles, 214
..... in the Lungs, 665
..... of the Pleura, Peritoneum, and Intestines, 666
Tubercular Peritonitis, 665
Tuberculated Peritoneum, 667
Tumour in the Axilla, thought to be Carcinomatous, 400
..... in the Posterior Mediastinum, 593
..... of the Liver, 590
..... of the Neck, simulating Carotid Aneurism, 137
..... Cancerous, from the Clitoris, 300
..... Encysted, Excision of, 181
..... Fatty, 47
..... Fibrous, of the Uterus, 186
..... Fungoid, 551
.... in the Brain, 413
.... of the Arm, 356
..... Pendulous, of the Breast, 48
Tumours, New Method of applying Ligatures to, 26
..... Cystic, Subcutaneous Incision of, 138
..... Erectile, 80, 444
..... Fibrinous, of the Placenta, 300
..... Hydatid, of the Liver, 665
..... Pendulous, Treatment of, 191
Turpentine in Diabetes, 136
Turning, an Alternative for Craniotomy, in Deformity of the Pelvis, &c., 1, 57, 85, 141, 172, 393, 533, 572, 601, 634
Twining, Dr., Notice of, 671
..... E., Remarks on the Use of Petroleum in Asiatic Cholera, and the probable Advantages of Phosphate of Soda as a Remedy, 503
Twins, Singular Case of, 105
Tympani, Membrana, New Mode of treating Deafness arising from Destruction of, 444
Tympanites, Acetate of Lead in, 54
Typhus Fever, 593

U.

Ulcer, Corroding, of the Ano-Vulvar Region, 272
..... Perforating, of the Colon, 288
.... of the Stomach, 104, 301
Ulcers, Callous, of the Extremities, Mr. Symes' Treatment of, 219
..... Indolent, Treatment of, by Electricity, 81
..... Perforating, of the Intestines, 665
.... the Thyroid Cartilage, 298
Ulna and Radius, Dislocation of, backwards, 610
..... Fracture of, 488

Umbilical Cord, Hæmorrhage from, 531
University of Cambridge, 392, 587, 714
..... of London, 224, 308, 587, 672
Upton Union, 639, 644,
Urea, Discovery of, in Perspiration, 108
Urethra, Stricture of, New Mode of Dilating, 642
..... and Rectum, Fistulous Communication between, 92
Urethro-Perineal Calculus, 109
Urinary Apparatus, Abnormal Condition of, 135
..... System, Diseases of, 592
Urine, Alkaline, 305
..... Incontinence of, 25
..... Luminous, 556
..... Method of discovering Iodine in, 109
..... Retention of, 543
.... Ergot in, 501
.... Use of the Cupping Glass in, 192
..... in Typhoid Fever, 50, 275
..... of Children, Phosphatic Deposits in, 136
Uteri, Scirrhus, 47
Uterine Hæmorrhage, Bi-tartrate of Potass in, 494
.... Compression of the Abdominal Aorta in, 188, 220
Uterus, Cancer of, similated by the Irritation of a Sponge, 162
..... Fatal Wound of, with tearing away of the Intestines, 305
..... Fibrous Tumour of, 186
..... Foreign Body impacted in, 347
.. .. Hernia of, 444
..... Retroflexion of, 10, 34
..... Retroversion of, at the Sixth Month of Pregnancy, 205
..... Rupture of, 138, 693
..... Unimpregnated, Rupture of, 416

V.

Vaccine Matter, Supply of, 139
Varicose Aneurism, 176
Varix of the Saphena Vein, Division of the Fascia lata for, 399
Vein, Death from the Admission of Air into, 217
Velum Palati, Extirpation of, 501
Vertebræ, Fractured, 593
Vessication, Rapid Mode of producing, 26
Vesico-Vaginal Fistula, Pessary introduced into the Bladder through, 51, 214
Vines, C., Retrospective Address, delivered at the Seventh Anniversary of the Reading Pathological Society, June 21st, 1848, 561, 589
Voice, On the, 272
Volvulus, 214

W.

Walker, Dr. E. D., Case of Spasm of the Laryngeal Muscles, 398
Wallace, E., Case of Obstruction of the Bowels, 92
Ward, Dr. T. O., Case of Acute Laryngitis, with Remarks on Dr. Wardell's Cases of Spasma Glottidis, 144, 485, 671
..... Inquiry into the Etiology of Cholera, 694
..... Obscure Case of Sudden Death: Enlarged Thymus, 5
..... On Burns, &c., 131
Wardell, Dr. J. R., Cases from Private Practice, 38, 63, 93, 262, 289, 378, 516, 544, 569
..... Reply to Dr. Ogier Ward, relative to the Disease, Spasma Glottidis, 310, 630
Watkins, R. W., Medical Assistant, 643
Watson, Dr. G. C., Symptoms of Poisoning after eating a Quanttty of Mace, 37
Wells, Dr. Horace, U.S., Suicide of, 305
West, R. U., Puerperal Fever; in what Way it may originate from Erysipelas, and how communicable, 117
Whitehead J., On Division of the Cicatrices consequent upon Severe Burns, 421
..... On the Period of Puberty, 52
Williams, Dr. C. J. B., Principles of Medicine: comprising General Pathology and Therapeutics, and a brief View of Etiology, Nosology, Semeiology, Diagnosis, Prognosis, and Hygienics,—(Review,) 322
..... Dr. H. L., On the Efficacy of the Sulphate of Bebeerine in Strumous Ophthalmia, 568
Wills, G. F., On Burns, &c., 104
Wilkinson, H., On Burns, &c., 185
Wilson, E., Portraits of Diseases of the Skin,—(Review,) 236
Winslow, Dr. F., On the Law of Lunacy, 695
Wonders Displayed by the Human Body in its Endurance of Injury,--(Review,) 663
Wood, A., On Burns, &c., 100
Worthington, W. C., Employment of Chloroform in Acute Traumatic Tetanus, 204
..... Surgical Cases under the Care of, at the Lowestoft Infirmary, 181
Wound, Pistol-shot, 593, 710
Wounds, Gutta Percha in, 445
..... of June, 1848, 552, 580, 637
..... Gun-shot, of the Head and Wrist, 519
Wrist, Dislocation of, 576

Y.

Yearsley, J., Deafness practically illustrated: being an Exposition of Original Views as to the Causes and Treatment of Diseases of the Ear,—(Review,) 234
Yew Berries, Poisoning by, 613, 661, 708
Yorkshire Branch of the Provincial Medical and Surgical Association, 308, 353

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

MEMOIR ON TURNING, AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS, IN DEFORMITY OF THE BRIM OF THE PELVIS, &c. &c.*

By J. Y. Simpson, M.D., F.R.S.E.,
Professor of Midwifery in the University of Edinburgh, &c., &c,

Part II.

Sect. III.—Theory or Principles of the Proposed Practice.

The form of the infant at birth, has often and justly been compared to that of a cone; the feet serving as the apex, and the arch or biparietal diameter of the head forming the basis of the cone, and there being a gradual tapering and increase of size from the former to the latter point. Consequently, when in cephalic presentations, the head or broad end of the cone once dilates and passes a given point, the narrow remainder of the cone, viz., the trunk and extremities, afterwards pass it without impediment. In fact, both in cranial and in footling presentations,—even in instances of contracted pelvis,—the transit of the body is usually attended with no special difficulty or delay. The obstruction is referrible to the child's head alone; and hence the necessity of accurately studying the obstetric configuration and relations of the fœtal head, in order to be able to overcome the obstruction offered by this part.

Now, besides that the whole infant is, as I have just stated, of a conical figure, the head taken alone, presents more imperfectly the same configuration; for the basis of the skull is considerably narrower than the arch; or, in other words, its bimastoid diameter, (*b b, fig.* 1,) is less than its biparietal diameter, (*a a,*) so that the cranium increases gradually in breadth and size, like the whole body, from below upwards.

The biparietal diameter of the head or vertex is, in this way, the *basis* both of the cone of the whole body and of the cone of the head taken singly.

Fig. I.—Vertical section of a fœtal skull, shewing its conical form.

To understand thoroughly, however, the subject of our present enquiries, it is necessary to have some more precise and definite ideas of the degree of tapering of the cranium from its broad arch to its narrow basis; or, in other words, it is requisite to fix more accurately the degrees of difference between the biparietal and bimastoid diameters of the head. With this view, I some months ago, made upon the heads of several new-born infants a variety of measurements relative to these two points. I arrived at nearly the same conclusions as those which I afterwards found Mr. Tomlinson had previously obtained, when admeasuring the fœtal head for the purpose of assisting Dr. Hull in his enquiries as to the smallest dimensions the skull could be possibly reduced to, by the operation of craniotomy. And to prevent all cavil I will here take Mr. Tomlinson's measurements as standard and correct, and the more valuable on this account, that they were made and published without any view to such a question as the present.

Mr. Tomlinson gives among other measurements of the head, the breadths of the biparietal and bimastoid diameters in six infants at birth. I shall throw them into a tabular form, and add a column, shewing the difference between these two diameters in each case.

* Continued from page 676 of last volume.

TABLE I.

Measurements of the Biparietal and Bimastoid Diameters of the heads of six Infants at Birth.

Number of Case.	Biparietal Diameters.		Bimastoid Diameters.		Difference between the two.	
	In.	8ths.	In.	8ths.	In.	8ths.
I.	3	— 4	2	— 7	—	5
II.	3	— 6	3	— 2	—	4
III.(a twin)	3	— 1	2	— 6	—	3
IV.	3	— 2	2	— 6	—	4
V.	3	— 3	2	— 6	—	5
VI.	3	— 4	2	— 6	—	6

We thus find a difference between the bimastoid and biparietal diameters of the head, varying from three-eighths to six-eighths of an inch; or from four and a half to nine lines. Or, if we exclude, (as in fact should properly be done,) the third case, as being a twin infant, and consequently having the head and body smaller and less remarkable than in a single and full-sized child,—then we have in the remainder a difference between the biparietal and bimastoid diameters, varying from six to nine lines; that is, from four to six-eighths of an inch; or, in other words, *from half an inch to three quarters of an inch.** And in artificially extracting an infant through a narrow pelvis as a footling instead of a head presentation, we may gain, I believe, when necessary, this great difference between the size of the body to be extracted, by varying the method of the extraction itself. For it must be further held in view that at its base, (or bimastoid diameter,) the cranium of the infant is so strong, and its bones so firmly and densly united as to render it quite incompressible. On the other hand, in its arch (or biparietal diameter,) the cranium at birth is, in general, so thin, and its bones so loosely and imperfectly united, as to permit of the head being much flattened and compressed, or even depressed and indented at some point, without necessarily destroying life.

Now, when the brim of the pelvis is morbidly contracted at one part,—let us imagine, for instance, its conjugate diameter to measure only three inches instead of four,—then the child, upon being forced down upon it as a head-presentation, meets with difficulties which, probably, no uterine effort could possibly surmount. A round body, the diameter of which is some lines *above* three inches, is attempted to be pushed through an opening measuring *only* three inches. But, turn the child, extract it footling, and let the head pass through the contracted brim by engaging in it, first the base or bimastoid diameter of the cranium, and the difficulty may possibly be overcome; for then we have the head entering the contracted brim of three inches as a body *less* in its diameter than three inches, and capable of having its broader upper portion flattened, and reduced to the size necessary for its complete transit, by the force which we can apply to the already protruded body of the infant, producing the requisite degree of lateral compression of the cranium against the opposed sides of the contracted pelvic brim.

Or, let us take another and perhaps simpler view of the subject. Suppose, in want of a better wood-cut, we take the letter **A** as a round cone simulating the figure of the infant, the apex of the letter corresponding to the feet of the infant, the base of it corresponding to the biparietal diameter of the head, and the cross-bar of the letter representing the incompressible floor or basis of the skull, and the two divergent feet of it representing the elastic and compressible arch of the cranium. Now, if we desired to pass this round cone **A** through an oblong aperture **O**, the diameter of which was somewhat *less* than the diameter of the basis of the cone, would we succeed best by pushing it through the oval opening with its basis foremost, or by dragging it through it with its apex foremost? If we extract the cone through the aperture by bringing its narrow end foremost,—or, in other words, if we bring the child by the feet instead of the head,—then two objects are gained; for, first, we have the power of using any justifiable degree of force that may be required, by the command we thus obtain of the protruded and narrow end of the cone; and, secondly, the elastic sides of the base of the cone situated above the cross-bar,—or, in other words, the sides of the cranium itself above its basis,—will yield and become compressed together to such an extent as to enable the collapsed body to pass through the supposed opening. If, on the other hand, we attempt to make the broad basis of the cone, (or the vertex of the head,) to pass first through an aperture less than its own diameters, then we are apt, the more we press, to increase rather than diminish the difficulty attendant upon its transit; for the more force we apply we are liable to render that part which is already too broad still broader, by flattening it against the sides of the aperture, and making its limbs or parietes at one point or another diverge and widen, instead of converge and contract. It is true that if we can insinuate *obliquely* or otherwise, the basis of the compressible cone (or the arch of the head,) into the contracted aperture, so as to get *its* sides compressed between the sides of the opening, and consequently its biparietal diameter lessened by the force with which the body of the cone is pushed downwards, a similar object would be gained, but in a more uncertain and imperfect degree. Besides, there is always in this way the chance of making the two sides of the cranial arch, (2 2, *fig.* 2,)

* "From the one parietal protuberance to the other, a transverse line measures from three inches and a quarter, (3¼.) to three inches and a half, (3½.) From one mastoid process to the other along the base is about two inches, (2.) From the one temple to the other is two inches and a half, (2½.)"—*Dr. Burns' Principles of Midwifery*, 10th Edition, p. 25.

spur out, and diverge lower down at *their* basis, in proportion to the amount of force applied to the upper surface of the arch itself, (*c c, fig.* 2,) so that while we contract the sides of the arch above by the kind of pressure applied to it, the direction of that pressure may

Fig. II.—Illustrating the effect of pressure upon the top of the arch of the fœtal cranium, as happens when the head presents.

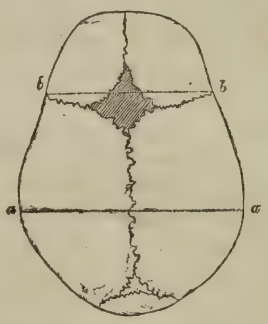
Description of Fig. II.—The dotted line *c b b c* is the vertical section of a normal fœtal skull, as seen in *Fig. I.* The outline 1, 2, 2, shews the disadvantageous alteration in form produced by the presentation of the head to a contracted pelvis.

possibly widen and open the limbs of the arch below, and so far increase, for the time being, the difficulty accompanying the transit of that part.

But this transverse or lateral form of flattening and compression of the cranium is very far indeed from being always obtained when the vertex is allowed to present at the brim of a distorted pelvis; for frequently the whole, or the greater mass at least, of the head remains obstinately above the brim, despite the action of the propelling efforts upon it of labour-pains, both dangerous in the amount of their duration, and dangerous in the amount of their force. By bringing, however, the *apex* of our cone, or the narrow diameters of the cranium foremost, we not only improve and simplify the mechanism of the labour by so far converting the entrance and passage of the child's head into the contracted pelvic brim, from a matter of comparative chance into a matter of comparative certainty; but further, we effect, thus, in the course of minutes by turning, what it might require the course of hours or days to accomplish, provided the transit of the fœtal head were left as a head-presentation to nature alone, or to nature assisted at last artificially by the long forceps or crotchet.

But other advantages are obtained by turning, as compared with embryulcio and the long forceps, in the class of cases which we are considering. We not only bring the tapering or cone-shaped fœtal head through the distorted brim, by making its narrow extremity enter first into the contracted aperture, and *afterwards* using the sides of that aperture to compress the elastic parietes of the broader and higher part of the cranium, but in some cases we in this way, I believe, eschew altogether engaging the broadest part of the head (*a a, fig.* 3,) in the narrowest part of the contracted pelvic opening,—a circumstance and adjustment that, in a head-presentation, would be otherwise quite unavoidable. For besides being found of a conical form when looked at vertically, the infantile head shews the same configuration also when viewed antero-posteriorly. The accompanying outline, for instance, of the fœtal head, as seen from above, is an exact copy of that given in

Fig. III.—Outline of the fœtal head as seen from above.—(From Chailly.)

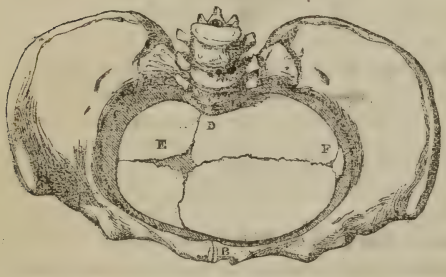


Chailly's late work on Midwifery, and shews that while the head is very broad behind in its biparietal diameter, (*a a, fig.* 3,) it gradually tapers and diminishes in breadth as we proceed forward to its bitemporal and bifrontal, (*b b, fig.* 3,) diameters; and its bitemporal diameter is in general fully half an inch less than its biparietal. But, in the mechanism of head cases, the neck, as is well known, becomes early flexed in the labour, so that the chin is brought towards the top of the sternum, and the vertex or upper and back portion of the head first becomes pushed downwards into the pelvic aperture, and thus constitutes the presenting part,—in other words, the broadest part of the cone of the whole child, because the broadest part of the head, or its biparietal diameter, is thus naturally first driven downwards into the pelvic cavity, and is first directed against the contracted brim. The same head, when extracted as a footling presentation through the same distorted pelvis, will in some instances entirely escape, having this, its broadest part, placed and engaged in the narrowest part of the pelvic aperture; for, as the extremities and the body of the child are gradually extracted in the operation of turning, the head, in ultimately adapting itself to the shape of the pelvis, comes to have its bitemporal, and not its biparietal, diameter implicated in the narrowest or conjugate diameter, the parietal protuberances passing into the wider lateral space opposite the sacro-iliac synchondrosis. That such is the fact, the position of the mark or indentation upon the skull, produced by compression against the protruding promontory of the sacrum in Case I, and in other instances which I shall afterwards quote, amply proves.* The injury and depression of

* See, for example, the figures of indented fœtal skulls given by Professor Sandifort, in pl. xxxiv. of Vol. II. of his *Museum Anatomicum*.

the cranium, if any, seems always situated before the ear, and consequently much before the parietal protuberance; or, in other words, it is, as I have said, in the temporal region. The anterior edge of the parietal bone, or the anterior edge of it and the corresponding posterior edge of the frontal, are generally the osseous points that are depressed and indented, as represented in the accompanying diagram.

Fig. IV.—The form in which the bones of the fœtal cranium are compressed in passing through a contracted brim.

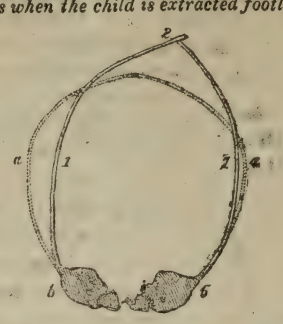


Description of Fig. IV.—A. Promontory of sacrum. B. Symphisis pubis. C. Unoccupied space between the ilium and forehead of the child. D. Depression in child's head corresponding to the promontory of the sacrum. E. Anterior fontanelle. F. Posterior fontanelle.

Now, the child's head narrows greatly from behind forwards, from the occiput towards the forehead as seen in *fig.* 3; and in the temporal region its diameter is generally from three to five-eighths of an inch, or from four and a half to seven and a half lines *less* than between the two parietal protuberances.* Hence it is evident that a great gain is affected by the head passing through the narrowest part of the brim, with a diameter at least several lines less than it otherwise would offer, provided it happened that the vertex of the head had been kept and retained as the presenting part.

In order that the full-sized fœtal head may pass through a contracted pelvic brim we require to have the head flattened laterally, and its sides at its anterior parietal or temporal region collapsed and compressed. The outline *a b b a, fig.* 5, is the outline of the vertical section of the infants skull that I have already given in *fig.* 1. The line 1, 2, 1, *fig.* 5, marks what we may presume, for the sake of illustration, to be the shape and degree of compression to which the head would require to be reduced in order to pass the contracted pelvic aperture.

Fig. V.—Illustrating the effect of lateral compression upon the sides of the arch of the fœtal cranium, as happens when the child is extracted footling.



Description of Fig. V.—The dotted line, *a b b a*, is the vertical section of a normal fœtal skull, as seen in *fig.* 1. The outline 1, 2, 1, shews the advantageous alteration in form produced upon the fœtal cranium by extracting the child footling through a contracted pelvis.

Would this necessary degree of compression be effected more easily and by less amount of force if the head were drawn through the narrow pelvis as a footling presentation, than if it were driven into it as a cephalic presentation? I certainly believe that less power would be required to produce the same degree of lateral compression and collapse in the cranial arch, provided the compressing force were applied, (as in cases is which the child is extracted footling,) directly to the two sides or lateral surfaces (1, 1, *fig.* 5,) of the arch itself, than under the alternative condition supposed. For if the child descended into the pelvic brim as a head presentation, the uterine contractions would drive it against the narrow points of the pelvic brim, so that the reacting compressing power of these points would be applied either to the two upper surfaces of the arch, (*c c, fig.* 2,) or partly to one of them (c), and partly to one of its opposite lateral surfaces, (*a a, fig.* 5.) In such circumstances the compressing powers would be acting much more indirectly and far more at a disadvantage in effecting the required compression, than if they were applied, as in extracting the child footling, directly and immediately to the sides themselves, (*a a, fig.* 5,) that are to be compressed.

"Does the head, (asks Dr. Radford,) elongate more readily upwards than downwards? If only (he answers,) the same degree of extractile force is used, it does not." But what I have stated shews that the same degree of extractile force will produce the desired effect more easily, and as we shall afterwards see, more safely also, when the child passes with the pelvis, than when it passes with the head first. And this I believe, affords us another advantage in the mechanism of footling as compared with cephalic presentations in instances of diminished pelvic brim. We are enabled to produce by it the same amount of compression of the fœtal head by a less expenditure of compressing force, for we apply it to the lateral surfaces or piers of the cranial arch, (*a a, fig.* 5,) and not to its pedentures

* See preceding note from *Dr. Burn's Midwifery.* Chailly gives the biparietal diameter as three inches and a quarter ($3\frac{1}{4}$) to three inches and a half, ($3\frac{1}{2}$); and the bi-temporal diameter as two inches and a half ($2\frac{1}{2}$) to three inches, (3.) —See his *Treatise on Midwifery*, 1844, translated by Dr. Bedford, p. 62.

or upper surfaces, (*c c, fig.* 2.) We effect a saving of force by the *direction* in which we apply the force.

I am well aware both that it is exceedingly difficult to state accurately and intelligibly the opinions one may happen to entertain on such a subject as we have been discussing in the present section, and that I am far from having succeeded in making the demonstration so simple as I could wish. It may assist, however, our comprehension of the matter if, before concluding it, we try to re-capitulate and sum up the advantages which, in regard to the mechanism of labour, are, in the contracted states of the pelvic brim, obtained by the child passing as a footling instead of as a cephalic presentation. These advantages, as far as I have hitherto attempted to trace them in the preceding remarks, (for we shall trace out more of them afterwards,) amount to the following:—

1. The fœtal cranium is of a conical form, enlarging from below upwards, and when the child passes as a footling presentation, the lower and narrower part of the cone-shaped head is generally quite small enough to enter and engage in the contracted pelvic brim.

2. The hold which we have of the protruded body of the child, after its extremities and trunk are born, gives us the power of employing so much extractive force and traction at the engaged fœtal head, as to make the elastic sides of the upper and broader portion of the cone, (viz., the biparietal diameter of the cranium,) become compressed, and, if necessary, indented, between the opposite parts of the contracted pelvic brim, to such a degree as to allow the transit of the entire volume of the head.

3. The head in being dragged downwards into the distorted pelvis, generally arranges itself, or may be artificially adjusted, so that its narrow bi-temporal, instead of its broad bi-parietal, diameter, becomes engaged in the most contracted diameter of the pelvic brim.

4. The arch of the cranium or head is more readily compressed to the flattened form and size required for its passage through a contracted brim, by having the compressing power applied, as in footling presentations and extraction, directly to its sides or lateral surfaces, than by having it applied, as in cephalic presentations, partly to the lateral and partly to the upper surfaces of the arch.

Lastly, I may add, as a result of the whole mechanism, that the *duration* of the efforts and sufferings of the mother is greatly abridged by turning, when used as an alternative for craniotomy and the long forceps, and that thereby her chances of recovery and safety are increased. But as this is in itself a matter of the highest moment, in reference to the whole question of the proposed practice, we shall devote a special section to the consideration of it.

(To be continued.)

OBSCURE CASE OF SUDDEN DEATH: ENLARGED THYMUS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I venture to send you the following case for publication in the *Provincial Journal*, being quite unable to satisfy myself as to its nature, and hoping that some one of your readers may do me the favour to assist in enlightening me,

I am, Sir,
Your obedient servant,
T. OGIER WARD, M.D., OXON.

Kensington, Dec. 13, 1847.

September 28th, 1847. A. B——, aged seventeen months, a male child, of delicate constitution, was taken out by his mother into Kensington when the air was cold, and scarlatina was prevalent. On her return she laid him down to sleep, from which he awoke crying and shivering, and would not be pacified until she took him down stairs into the shop, (a blacksmith's,) where his father was at work. After this he ate a good dinner of apple-pudding, but as he became feverish, and seemed to have a sore throat, she procured a powder from the druggist's, and gave it to him at night. It opened his bowels, but the fever continuing the next day and the day following, she sent to me in the evening. I found the child hot and a little flushed, and restless, and I was told he had had frequent startings of the body and limbs, but I observed none, nor had he any cough or difficulty of breathing, nor any head symptoms; his bowels had not been opened for two days, and though his mother said he was teething, she was averse to my lancing his gums then, as he was quieter than he had been for some hours. I could not detect any external enlargement of the tonsils, and I prescribed a warm bath, and a saline aperient mixture.

The next day, October 1st, he was so much better, and his bowels had been so well relieved by the mixture, that I ordered it to be continued at longer intervals, and lanced one of his eye-teeth that seemed to be most prominent under the gum. He was much better when I saw him the following day, about eleven a.m., and I ordered him a saline mixture, with nitric æther, (more as a placebo than because he really seemed in want of any medicine,) to remove the remains of the fever.

At one p.m., at his parents' dinner, he took a bit of finger-biscuit, which his father dipped in his beer for him, his appetite having been very bad previously. About half-past three p.m. he grew worse, and his breathing became difficult, and at half-past six p.m. I was sent for, and found him with a rapid pulse; a warm, damp, but not livid, skin; rapid breathing, interrupted by occasional gasps, and making a weak moaning cry every four or five breaths. The breathing seemed to be performed almost entirely by the diaphragm, and on applying my ear to the chest, there was no vesicular murmur, but harsh bronchial respiration. Percussion also was not clear, as usual, indicating the entrance of very little air into the

chest. There was no enlargement of the tonsils, though his mother still persisted in saying his throat was sore; nor any cough, nor more difficulty in taking the breast, than is usual in the chest affections of infants. The eyes were natural. I observed no spasms, nor any retraction of the thumbs into the palm of the hand, nor any indication of cerebral disturbance. I ordered a mustard poultice to the throat as a preliminary to a blister, and then gave an emetic of ipecacuanha, which was swallowed without difficulty, but brought nothing back with it when it operated, which it did in about half an hour. The mustard caused no redness of skin, nor the blister any irritation apparent during life. I also used a hot bath, and as the child became colder, I put him into bed to his mother. In fact the child seemed to be struck with death, similar to what I have observed in the asphyxia of new-born infants, or in cases of half-drowned children, the breathing, the moaning, and occasional gasping, being precisely the same, but in this case, with no lividity till just at the close. Finding the above remedies of no use, I gave brandy and beef tea, which were swallowed with ease, and apparently relished, and seemed to revive the child for a moment, but only for him to fall back into a weaker state. Having exhausted every means of treatment I thought of use, I sent for Mr. Merriman, who very kindly came to my assistance, but by this time nothing but stimulants had any effect, and shortly afterwards the little patient was unable to take even these, and died at half-past one a.m., without a struggle, and with no tracheal rattles till just at the last.

Post-mortem examination sixty hours after death. With great difficulty I obtained permission to examine the chest alone. Body pale, slightly livid on its under surface; skin of throat horny where the blister had been applied; no swelling of tonsils; larynx, trachea, and bronchi pale, and unobstructed by mucus; lower lobes of lungs condensed and congested, the venous black blood flowing out unmixed with froth when they were incised; upper lobes also condensed, scarcely crepitant, and congested at their back part; the whole lungs hardly floated with a third of their bulk above the surface of the water; no fluid in the pleura, and but little in the pericardium; right cavities of heart gorged with black fluid blood; walls, cavities, and valves, normal. Decomposition had scarcely begun, though the body was in a warm room, and the weather also was warm. The liver was dark with congestion, but there was no general venous congestion of the internal organs, as in cases of asphyxia, though a good deal of black fluid blood flowed from the jugulars when they were divided. The thymus gland was about four inches long, one and a half or two inches broad, and about three quarters of an inch thick; but except being irregularly lobulated at its upper part, presented no appearance of disease, unless its pink colour were a sign of inflammation.

My first impression upon seeing this patient was that he was affected with scarlatina in the first stage, before the appearance of the eruption, and this opinion was not changed by anything that occurred until my last visit, for, according to the mother's account the child complained frequently of his throat, or at least, made her believe that he did, as he could not speak, being only seventeen months old. I therefore carefully examined him at each visit to see if the eruption had come out, and if the tonsils were enlarged, but I could perceive nothing of the kind.

My next idea, when I found him gasping and hoarsely moaning, was, that the preliminary fever had been that of croup, and that the formation of a membranous exudation in the trachea had just commenced.

Again, I thought it might be spasm of the glottis; but as the disease advanced, and the dyspnœa increased, all that I could ascertain was that the child was dying from inability to respire freely; though I was quite unable to decide whether the respiratory nerves or muscles were in fault, or whether there was any mechanical obstacle in the respiration,

Let us now examine which, or whether any of these ideas were correct:—First, the extreme prevalence of scarlatina in Kensington at the time, and the suddenness of the attack, together with the complaint the child is said to have made of his throat, though the tonsils were not swelled so as to be felt outwardly, support the notion that the case was one of scarlatina; but as the eruption never showed itself in the slightest degree, and there appeared to be no change in the solids or fluids of the body that could be referred to intense zymotic influence,—in other words, no symptoms of malignancy,—I think we must lay aside this idea; at least, my own experience affords me no instance of death from an infectious disease, or from its retrocession, or want of development, without some evidence of its effects, local or general. Still, I would submit for consideration, whether the poisonous element might not have been in the system, and that it was the cause of death, as in asiatic cholera we observe infants, and even adults, turn blue and cold, and die, with every outward appearance of the disease, except the active symptoms of vomiting and purging. In the only two cases of undeveloped and retrocedent eruption (measles,) that I have examined after death, in the one, (the retrocedent,) the blood was evidently decomposed, every organ, as well as the skin, being marked with purpuric spots, and the thymus gland much enlarged; in the other, (the undeveloped,) the child died asphyxiated, but in a more lingering manner, and the blood was partially coagulated; there was congestion of the liver and thoracic viscera, and the thymus was so folded upon itself, as, with the enlarged bronchial glands, to form a mass of considerable thickness in front of the trachea at its bifurcation. In the present case the blood was black, and fluid, as might have been expected from the kind of death, but the various organs, except the lower lobes of the lungs, the right side of the heart, and the liver, were free from anything like congestion or effusion of blood.

Again, if the complaint had been croup, there would have been earlier proof of its local action, either in the cough, or dyspnœa, or pain in the throat of a more decided character than was present in this case previously to the close; besides that, it would have left

some *post-mortem* appearances of its effects; whereas, the larynx, trachea, and bronchi were pale and free from all obstruction.

With regard to the third idea that presented itself,—viz., that the child laboured under an attack of spasm of the glottis, even if it were so, it would not explain the preliminary affection of four days' duration, which exhibits no one symptom of this disease, if we except the sudden awakening from sleep at the onset; and this symptom can have but little weight in establishing the diagnosis of a disease, for every medical man who has a family, or has been much in the nursery, must be well aware how frequently children awake suddenly, and with a cry, without any disorder following; in fact many children never awake without giving this evidence of their having done so.

But it may be said that the antecedent febrile state belonged to scarlatina, or some other disease, and that spasm of the glottis was excited by it, and caused the fatal result. To this I would reply, that the spasm, being a sudden disease, more or less complete, of the glottis, could not admit of alternations and remissions occurring every three or four inspirations, and causing no more proof of suffocation for nine hours than an occasional gasp, without any corresponding expression of distress in the countenance till the tracheal rattle supervened. There were neither struggles for breath, crowing inspiration, nor any signs of suspended respiration; the air evidently entered the larynx, though it did not penetrate completely into the lungs, neither was there any mucus in the trachea, (so common an exciting cause of spasm in the glottis, in those who are subject to it,) nor any difficulty of swallowing, though there was of sucking. Not satisfied, however, with my own experience in this complaint, I have carefully examined the history of every case of spasm of the glottis that I have been able to meet with, without finding a single instance analogous to this in its uninterrupted course. There are indeed some cases recently published under this title, by Dr. Wardell and others, in the *Provincial Journal*, the claims of which, however, to this name I purpose to discuss hereafter, as I think them by no means entitled to this appellation.* But, with the exception of these cases, every writer concurs in describing the symptoms of the complaint now generally known under this name, as equally sudden in their access and remission, whether they terminate in the death or recovery of the patient.

But to return to our immediate subject—the cause of death in this case. Though I could not trace the affection back to its source, yet it was evident,—first, that the respiratory organs were in fault. The chest did not properly expand to admit the air, and the lungs seemed (by their state after death,) not to have filled the cavity of the chest, if such a thing were possible; yet the diaphragm contracted freely, and hence there could have been no defect in *its* nervous supply whatever might have been the case with regard to the respiratory muscles that raise and expand the ribs. These could not have had their proper energy, otherwise the air must have penetrated into the lungs; for if the trachea only were obstructed, there would have been a stronger evidence of such an obstacle than was exhibited by the symptoms. The same reasoning will suffice to prove that the laryngeal nerves were not in fault. From the nerves we must refer backwards to the medulla oblongata and the brain; but although I was not permitted to examine the head, yet there was such a perfect absence of any indication of head affection throughout the course of the disease, neither sickness, strabismus, contraction, nor dilatation of the pupils, clenched hands, convulsions, stertorous breathing,—nothing in short, except one rigor and occasional starting at the outset of the attack, that I can hardly persuade myself that the brain was in fault, as the source of the disease. Secondly, if neither the medulla nor the respiratory nerves of the larynx nor of the diaphragm were paralysed, and yet the ribs did not move, we must look to the source of this motivity, if not for the cause of death, at least for the reason of the want of action in the intercostal muscles, &c. Now, both anatomy and pathology informs us that they are supplied from the brain through the medium of the spinal nerves, though authors are not agreed upon the exact source of the nervous influence. Analogy, however, from the similarity of the symptoms in this case to those of drowning and asphyxia, and the moribund state, support the idea that a general depression of the nervous system was the cause that the deep-drawn inspirations in this case, were almost confined to the action of the diaphragm; and the beneficial effect of the stimulant remedies serve to confirm this view, and to lead us to consider the struggle of the last hours the result of depression induced by previous disease.

From a careful consideration of the cases of spasm of the glottis that have been published, I have been led to divide them into two classes, the acute and chronic, the former being fatal at the first attack, and the second recurring frequently, and being either fatal or curable. The latter class I should refer to the pressure and irritation of the respiratory apparatus, by tumours of various kinds, both in infants and adults; and the former as being the effect of pure spasm, excited by some transient cause that leaves no traces after death. It is remarkable that spasm of the glottis is a disease of infancy, when the thymus is still unabsorbed, and while there exists the greatest tendency to the formation of glandular and scrofulous swellings; and though we often have similar swellings in the adult without the coincidence of spasm, yet this difference in the results may be explained by the greater mobility of the nervous system of the infant inducing spasmodic action from very slight causes of irritation.

I have reserved till last, the consideration of the effect the enlarged thymus might have had in the production of the complaint, because in all the cases of this condition of the gland that I have been able to meet with, the symptoms partook of the sudden character of spasm of the glottis,—so much so, that the reviewer of Dr.

* Since I wrote the foregoing remarks, a case has occurred to me fully bearing them out, but which I must reserve for a future communication.

Hirsch's work on this subject, in Vol. 2 of the *British and Foreign Medical Review*, scarcely notices the account of the German author, except to state that it is not his discovery, but that it belongs to Mr. Hood, of Kilmarnock, (who published several cases of diseased thymus, in Vol. 3 of the *Edinburgh Medical Journal*, under the head of "Cases of Sudden Death,") and he refers the symptoms of all the cases observed both by the German and British authors, to spasm of the glottis or laryngismus stridulus. In the only other case I have witnessed, where the thymus was enlarged, the death occurred rather suddenly and unexpectedly, apparently from the retrocession of measles, but as I was not present, I cannot say what symptoms were exhibited at the close. Still it is worth notice, that in the present case also the early symptoms, combined with the extreme prevalence of the epidemic, led me to refer the complaint to undeveloped scarlatina. Hence I have some diffidence in proposing to account for the symptoms of the present case, by the results of a dissection confined to the respiratory organs, particularly as similar but more extensive morbid appearances have not been attended with exactly similar symptoms; though this perhaps might arise from the less amount of disease in the thymus in this case, exciting symptoms of a less urgent character than in the published cases. It is, however, not impropable that the pain in the throat and other symptoms, might have been occasioned by a pure inflammation of the thymus, and that this organ being swelled, so as to press upon the trachea and the laryngeal nerves, might interfere with the functions of respiration to such a degree as to produce a slowly increasing asphyxia, in a child which had before been the subject of a pneumonic attack, and was far from being strong and hearty.

In conclusion, as my object in publishing this case is to gain, rather than to impart, information as to the nature of the disease, I would ask any of the members of the Association, who have examined fatal cases of retrocedent erruptive disease in youug children, what were the lesions found after death?—and what was the condition of the thymus?

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Primary Effects of the Syphilitic Poison on the Absorbent System.—The venereal virus having eroded some part of the surface to which it has been applied, and being absorbed, the glands of the groin and of the pubic region become contaminated. If applied to the nipple, the glands of the axilla may be affected and enlarge, though not so frequently. Syphilitic sores on the lips or tongue seldom affect the submaxillary glands.

[This would appear somewhat singular, but the assertion is borne out by what we observe in cancerous diseases of the lips, in which the submaxillary glands are by no means commonly contaminated.]

The tonsil glands are not primarily affected, as some imagine them to be, and for this reason, because they are mucus glands, and, therefore, can only be contaminated through the medium of the constitution. Absorption may take place from the surface of the urethra, and the inguinal glands become enlarged and suppurate; but this action is not to be considered as venereal, except there be urethral chancre.

It would sometimes appear that the poison is absorbed into the glandular system, from a surface not having any erosion; but this must be taken as a very rare occurrence, indeed it is a question whether there must not have been some slight abrasion which was not perceived. It is to be doubted whether adventitious matter can be absorbed in an unchanged state, and carried in that state to an absorbent gland.

Mercury fails to reduce enlarged inguinal glands, which are not venereal; on the contrary, it appears to exasperate the complaint. When the poison is taken up from a true syphilitic sore, it not unfrequently produces inflammation and enlargement of the absorbent vessel that conveys it; and a red line can be sometimes perceived, feeling like a knotted cord, and leading to the gland; but this result cannot be perceived or traced when absorption has taken place from an unabraded surface.

The period at which absorption takes place is uncertain, it is seldom earlier than a week, and sometimes not until five or six weeks.

When the sore discharges copiously, and when no particular application has been used to check it, a considerable time may intervene; but if it be soon healed, or be situated on a part where a scab has formed, absorption is likely to take place much sooner.

[This observation ought not to legislate against the application of the nitrate of silver in primary sores, as by this means the disease is sometimes at once got rid of.]

On Syphilitic Bubo.—When a venereal sore has been imperfectly healed, or when it has healed without the extermination of the virus, an enlargement of the glands in the groin takes place, and the constitution becomes affected; this, however, is not the usual progress of the disease, for more commonly the constitution becomes involved without the intervention of inguinal swelling.

When the virus has been carried into an absorbent gland, tenderness and enlargement are produced; but it does not follow that suppuration will take place, even though secondary symptoms shall arise. The virus, when it has once gained admission into the system, is probably never eradicated without a course of mercury; and it is probable, also, that a contaminated part can

* Continued from page 682 of last volume.

never entirely free itself from the poison by its own natural powers. When the virus has produced a morbid alteration in one or more lymphatic glands, the change is by no means uniform: it may assume the appearance of a true phlegmonous, of an indurated, or of a scrofulous enlargement; for although the cause is in either case the same,—viz., the venereal virus, yet the form in which the swelling appears will very much depend upon the constitution and the former condition of the system.

The phlegmonous bubo is that which proceeds according to the common laws of inflammation; it is usually produced from an ulcer, and is frequently excited by the use of strong applications to the sore. It is generally confined to one gland, is very tender from the beginning, soon grows red, and suppurates; and when it bursts, and forms a sore, it heals more kindly than the other two species.

The indolent bubo is seen in the groin, regio pubis, and upper part of the thigh, and is of a more stationary character. It will proceed without much pain, and there will be two or three indurated glands at the same time. The glands are occasionally soft and pulpy, but with no discolouration of the superincumbent skin. When these are met with in the female, they are situated more commonly in the groin, than in the pubic region or thigh. In this kind of bubo the structure of the gland is not always injured, but if the affection has existed a long time, and has ulcerated, the morbid granulations take on a spongy diseased state, projecting like a fungous matter from the bottom of the sore, which must be either extirpated or destroyed by caustic.

The scrofulous bubo is not easily distinguished from the indolent; perhaps the indolent often degenerates into the scrofulous bubo. It has a large diseased appearance, with the skin of a purplish-red hue, and seldom terminates by resolution.

It is not uncommon for the inguinal glands to become enlarged under a course of mercury. This is often seen after the local symptoms have been cured. Sometimes in a single night they will have acquired a considerable increase in size; they rarely, if ever, come to suppuration, and ought never to be considered as the effect of syphilitic poison.

Treatment of the Phlegmonous Bubo.—It has been proposed by many surgeons to treat this case as a simple glandular inflammation, tending to suppuration, by leeches, saturnine applications, rest, &c., but it must be obvious that this plan is derived from a mistaken notion; the antiphlogistic treatment promises little success unless accompanied by the antidote. Leeches may relieve pain, but their bites do as much harm as the loss of blood does good; and when the swelling has existed for several days, they will not prevent suppuration.

When suppuration has taken place, the patient is less liable to secondary symptoms than when the swelling has been discussed—not that much importance is to be attached to evacuation of the morbid matter, but there is more certainty of all the parts being freed from the disease; for an enlarged gland, which has not been brought to suppurate, may be so altered in structure by the virus, as to prevent the antidote from having its full effect upon it. Nevertheless, the syphilitic bubo ought, if possible, to be repelled, as great inconvenience is frequently produced by ulceration; besides, even in this species, the process of suppuration is sometimes tedious, and always painful.

The consequence of repelling a bubo need not be dreaded if it be discussed under the influence of the antidote; for how can matter be absorbed from a gland if the antidote be properly applied?

The best mode of discussing an incipient bubo is by rubbing into the thigh a drachm, or a drachm and a half, of the strong mercurial ointment for five or six nights consecutively. If it should not yield to this, a larger quantity is to be used; and it will be found, that almost as soon as the salivary effects become visible, the inguinal swelling will begin to disappear; it often remains stationary when only a moderate quantity of the ointment has been used, but disperses rapidly when more fully employed.

No advantage arises from rubbing in the ointment on the diseased side, it ought rather to be rubbed into the contrary side, or into the arms, if both groins are affected. Plasters are of no service during the inflammatory stage; they are more likely to aggravate than discuss the swell. When, however, the gland is in an indurated state, they may be applied with advantage.

Emetics have no effect in causing absorption of enlarged inguinal glands; and if they had, they would be prejudicial in promoting the introduction of the virus into the system.

An incipient bubo must be considered as containing a morbiferous poison; and as high living and stimulants tend to promote suppurative inflammation, without having any curative influence whatever upon the virus, such treatment is to be considered prejudicial; it is therefore best to prescribe a low diet when an attempt is made to discuss an incipient bubo.

On the other hand, as in some habits low living produces great debility, and as the quick introduction of mercury into the system in such cases is apt to increase the inflammation, it will be right to advance the diet and withdraw the mercury, or it may be moderately rubbed into the opposite thigh, or into the arms.

With a view to eradicate the virus, it has been recommended by Mr. Freake to remove the enlarged glands by excision; but this mode of treatment is more plausible than eligible, and has arisen from an imperfect knowledge of the theory of absorption. The

objections are—1st. It is not certain that the contaminated gland contains all the virus. 2nd. It cannot be reduced to general practice, as the glands are frequently so situated as to render their extirpation impracticable or dangerous. 3rd. A bubo is so frequently discussed, that the risk of suppuration does not justify the pain and danger of the operation; in short, it is a plan which cannot be relied upon, nor attended with any possible advantage.

If, on being first consulted, the surgeon find that suppuration has commenced, it will be proper, notwithstanding, to recommend mercurial friction immediately; for this will often so diminish the size of the swell as to leave it when it bursts no larger than a common boil. No advantage will be gained by waiting till complete suppuration takes place; on the contrary, the ulcer will not heal so well without the adhibition of mercury.

The same external remedies may be employed to promote suppuration in this case as in any other phlegmonous tumour; linseed-meal poultices will be the best, and the abscess ought not to be opened till it is near to breaking.

Various modes of opening these abscesses have been recommended; some open them by puncture; some by caustic; whilst others leave them to time. Some propose a large, and others a small, opening. The truth is that no precise rule can be given on this point. In the purely plegmonous bubo, where only one gland is affected, and where the skin is quite sound, it may be opened by making a small puncture in the most prominent and dependiug part; and when the matter has been squeezed out, compresses moistened with Goulard's wash should be applied, and maintained in their position by a flannel roller. In this way the part will sometimes heal in six or seven days.

Should this mode of treatment be considered as likely to prove inconvenient, the abscess may be allowed to rupture spontaneously, and be subsequently treated by poultices or soap cerate.

The result of these abscesses most to be dreaded is an extensive ulcerated surface; this seldom occurs where the skin is sound; but when it is in a morbid condition, the ulcer may not heal for six or eight months.

[Had Mr. Pearson been acquainted with the curative power of that extraordinary medicine, the iodide of potassium, in such a case, his prognosis would have been very different.]

When the superincumbent skin, the absorbent glands, and parts below, are found to be diseased, the bottom of the abscess ought to be exposed by removing the skin with a double-edged knife, carried in a circular direction around the morbid surface; dry lint may be applied to the cut edges, and the following day a linseed-meal poultice, after which the ulcer may be treated with green digestive ointment till it granulates. If after a fortnight the sore assume a marbled appearance, it should be sprinkled with red precipitate powder, dressed with red ointment, and a pretty tight bandage applied.

Particular attention is to be paid to the edges of the sore; they are to be kept soft and even by lunar caustic; and if this should not succeed, a plaster should be applied every day in which there is a small quantity of corrosive sublimate.

(To be continued.)

ON RETROFLEXION OF THE UTERUS.

A Paper read before the Medical Society of King's College, London, Nov. 18, 1847.

By Frederick John Hensley, M.B., Lond., Vice-President of the Society.

Mr. President and Gentlemen,—

The subject which I have the honour of bringing under your notice this evening is one of considerable interest and importance. The diseases of the uterus have been hitherto much neglected by the profession, and are in general but little studied by the student of medicine in this country, and consequently, the profession, as a body, are to a great extent ignorant of their diagnosis and treatment; yet, without a knowledge of uterine disease, both functional and organic, it is impossible satisfactorily to treat the numerous disorders to which the female sex is liable. It may be well then to consider the causes of this general neglect, and the means best adapted to remedy it in future.

At the root of this evil I place the want of clinical instruction in uterine diseases, a want dependent partly on the nature of the diseases themselves, which must ever render their demonstration to numerous students difficult, and in part on the natural and laudable repugnance of the sufferers to indiscriminate examination and exposure, and the delicacy with which it is the duty of every physician to conduct such investigations. It is true that the English student may find an ample field for such investigations and studies in the Continental schools, but few, comparatively, can avail themselves of such advantages; and many of those who do, and who are ill-prepared by their previous studies to make the best use of them, are apt, on their return, with a short sighted policy, to sneer at those who would rationally investigate uterine disease by the employment of such means as aid the senses,—I mean the speculum uteri, and the sound. Shocked as their English feelings are by the indelicate and indiscriminate exposure of the person in the Parisian Hospitals, and the roughness of the treatment adopted, they should distinguish the use from the abuse, and consider that such unwarrantable proceedings are not necessary concomitants of the

practice. But so long as clinical wards, devoted exclusively to the diseases of women, and under the arrangement and complete control of the professor of midwifery and physician accoucheur, are not thought necessary, or not established, clinical instruction in uterine disease cannot be efficiently given. In vain does the professor give the most lucid and natural descriptions of the diseases of the female in the lecture room,—in vain does the student ransack libraries and museums for descriptions and specimens of uterine and ovarian disease, if he has not the opportunity of investigating for himself, under the guidance of his professor, those difficult diseases—difficult I say, for whilst physiology and pathology have thrown a flood of light on diseases of the brain and nervous system; whilst auscultation and percussion have rendered the diagnosis of diseases of the chest comparatively certain, and the microscope, in revealing the minute structure of the liver and kidneys, and enabling us to distinguish the most minute changes in their excretions, has vastly improved our knowledge of hepatic and renal maladies, our knowledge of the nature, diagnosis, and treatment of uterine diseases remained till within the last few years almost stationary.

The last few years, indeed, have witnessed the establishment of clinical wards, devoted exclusively to diseases of women, in several of the larger hospitals, and a hospital has been established expressly for this purpose, which, though small in its beginning, may hereafter rival the great Continental hospitals, and has already contributed not a little to advance our knowledge of these obscure diseases. In these institutions the more advanced students have the opportunity of tracing the course, and watching the treatment of uterine diseases, far more satisfactorily than they can do in the care of out-patients, where both women and children are seen together, and where their numbers almost preclude the physican from giving that individual attention and examination which he would wish.

I trust that, though under present circumstances it is hardly possible any such plan as I have alluded to would be adopted, yet we may hope that in the plan for the new hospital connected with this College, the importance of such an arrangement will not be overlooked; then will the school of King's College, perfect in its arrangements for practical instruction, as well as eminent for the learning and eloquence of its professors, and the noble spirit which animates them, reach that eminence which, but for the deficiency of its hospital, it would long since have attained, as the first of the metropolitan medical schools.

Having myself enjoyed the advantage of holding the appointment of House Surgeon to the Hospital for Women for nine months, and subsequently that of House Physician to King's College Hospital, I have had unusual opportunities of studying uterine diseases, and have for this reason selected one of the many forms of displacement of the uterus for consideration this evening, not only on account of its intrinsic importance, but because it enables me to introduce to the notice of the Society some great improvements in the diagnosis and treatment of the maladies of this organ.

Till within the last few years very little was known of the displacement of the womb, denominated *retroflexion*. We find in authors very vague notices of it, as a pure and interesting affection. Dr. Denman is the first author who speaks of it in his treatise on Midwifery and Diseases of Women. After more particularly describing retroversion of the uterus, as it occurs in the pregnant state, which is a perfectly distinct affection from that under consideration, he says,—"The retroversion of the uterus has generally occurred about the third month of pregnancy, and sometimes after delivery; it may likewise happen when the uterus is from any cause enlarged to the size it acquires about the third month of pregnancy, but not with such facility as in the pregnant state, because the enlargement is then chiefly at the fundus. If the uterus is but little enlarged, or if it is enlarged beyond a certain size, it cannot well be retroverted; for in the first case, should the cause of a retroversion exist, the weight at the fundus would be wanting to produce it, and in the latter the uterus would be raised above the projection of the sacrum, supported by the same. Another complaint similar to that which we have been describing, and which has been called a *retroflexion*, has occurred in practice. By this term is implied such an alteration in the position of the parts of the uterus, that the fundus is turned downwards and backwards between the rectum and vagina, whilst the os uteri remains in its natural situation, an alteration which can only be produced by the curvature or bending of the uterus in the middle, and in one particular state,—*i.e.*, before it is properly contracted after delivery. A retention of urine existing at the time of delivery, and continuing unrelieved afterwards, was the cause of the retroflexion in the single case of that kind of which I have been informed by Dr. Thomas Cooper, and the symptoms were like those occasioned by the retroversion. When the urine was drawn off by the catheter, which was introduced without difficulty, the fundus of the uterus was easily replaced by raising it above the projection of the sacrum, in the manner advised in the retroversion, and it occasioned no further trouble."

The following historical notice was published by Madame Boivin, in her "Traité Pratique des Maladies de l'Uterus et de ses Annexes." "Dr. Denman's case was nearly forgotten, when an observation, forwarded by Madame Boivin to M. Ameline, and published by that gentleman in his thesis on 'Anteversion,' fixed the attention of practitioners of midwifery; since that time incurvations of the unimpregnated uterus have been often recognized, and rationally treated. We here purposely make use of the epithet unimpregnated, to distinguish deflexions of the uterus in that state from an inclination of the same organ during advanced pregnancy, which was known before. Baudelocque had correctly observed, that in certain obliquities of the

uterus, the neck deviated from the natural axis of the entire organ, in the same direction as the fundus. The same fact has been observed by Madame Lachapelle, Velpeau, and others."

Dr. Moreau, of Paris, is the only observer who notices the fact of retroflexion occurring more frequently in the unimpregnated state, than during pregnancy. Professor Tiedemann, of Heidelberg, published in 1840, some researches on what he designated the *congenital obliquity of the uterus*, an obliquity depending on an inequality of the broad ligaments by which its fundus is bound down to one side of the pelvis.

Seeing this displacement was but little known, we shall not wonder when we find the records of its detection after death to be few.

Saxtorph, in his "Animadversiones de correctione Uteri et Fœtus, in partu," says, "In a body which I opened some time ago, in the presence of the first medical men of this place, I found a virgin uterus, the fundus of which, as a congenital formation, was completely bent backwards, and which if it had even been impregnated, would on account of its faulty structure, have probably been unequally distended, and have become oblique." Dr. Rigby observes, in reference to this quotation, "The fact is interesting, but the inference about the obliquity of the uterus is wrong, the old theory on this subject, promulgated by Deventer at the beginning of the last century, having been long since proved to be incorrect."

Jahn, a German physician, in examining the body of a girl aged 14, in whom the hymen was uninjured, found the uterus bent to the right side, in the shape of a retort; the cervix uteri, which rose straight from the vagina, took a sharp turn to the right, so that the obliquely-formed fundus lay in the upper and right part of the pelvic cavity; at the point where the curvature took place, the os uteri internum, viz., the upper part of the canal of the cervix uteri, was so contracted that it would not even admit the finest probe. The os uteri externum was of the natural shape, and formed a transverse fissure.

Schreger gives the case of a young woman, aged 20, who died of consumption, and in whom the uterus was found retroflected, the fundus being turned back to the hollow of the sacrum, and to the right. The direction of the urethra was natural, and the patient had never complained of any difficulty in passing her water; she had also menstruated regularly up to the last stage of her illness.

Dr. Simpson, of Edinburgh, has for some years been carrying on his researches on this subject.* In 1844 Dr. Protheroe Smith first made out the existence of this displacement in a patient at the Hospital for Women; and since that time, both Dr. Protheroe Smith and Dr. Rigby have met with numerous cases in practice, and have proved that the disease is of far more frequent occurrence than is generally supposed, and much more frequent in the unimpregnated state, than retroversion in the pregnant.

How is it then, we may inquire, that a disease so frequent in occurrence, and so important in its consequences, has been so long overlooked or unrecognized? It arises from the defective means of diagnosis. Even in 1836, Dr. Davis, in his elaborate work on "Obstetric Medicine," very truly asks in reference to the diagnosis of deflexion of the uterus:—

"Does the supposed palpable doubling of the angle of flexion by the finger furnish sufficient evidence to the practitioner of the continuousness and identity of the tissues forming its two sides? If not, it should of course follow that the tumour, supposed to be the fundus of the deflected uterus, might really prove to be one of morbid growth, either from the body of that viscus itself, or from any other part or organ in the neighbourhood. Hence the diagnosis of these deflexions, when of long standing, and become actually chronic in their essential character, must always, in the author's apprehension, present a subject of considerable doubt and difficulty." Dr. Davis having no other means of diagnosis, it is no wonder that he should arrive at the very erroneous conclusion that retroflexion of the uterus was a very rare occurrence.

Dr. Simpson, in introducing his instrument (the uterine sound,) laid down the four following propositions, the truth of which is so obvious, that I deem it unnecesssary to enter into further proofs respecting them.

"1. The general and local functional symptoms of disease of the uterus are such as enable us to localize, without enabling us to specialize, the exact existing affection of the organ.

"2. In almost all instances of diseases of the uterus, it is only by the physical examination of the organ itself, that we can distinguish the precise nature of the existing affection, and fix its character, extent, &c.

"3. The physical examination as formerly practised, seldom enables us to ascertain accurately the organic condition of more than the cervix and lower part of the body of the uterus.

"4. It is possible, by the use of a rod or bougie, introduced into the uterine cavity, to ascertain the exact position and direction of the body and fundus of the organ, to bring these higher parts of the uterus in most instances within the reach of tactile examination, and to ascertain various important circumstances regarding the os, cavity, lining membrane, and wall of the uterus."

The bougie proposed by Professor Simpson, and called by him the *Uterine Sound*, is an instrument provided with a flat handle, having one surface roughened,—that corresponding to the concavity of the instrument. Its shaft is about nine inches long, and terminated by a roundish bulb, about one-eighth of an inch in diameter; the shaft is composed of flexible metal, to enable us to alter its curvatures; it gradually tapers in its thickest part; it is about one-fifth of an inch in diameter, corresponding in size to No. 8 silver catheter; in its thinnest about one-tenth of an inch,

* Dr. Rigby has also published some papers on this subject in the 13th Vol. of the *Medical Times*.

in size, corresponding to No. 3 catheter. This instrument is graduated and marked at two and a half inches from the bulb, by a projection on the convex surface of the curve, to enable the finger to judge of its having passed to its full extent. The natural length of the cavity of the uterus is two and a half inches, and it forms a slight curvature forwards and upwards. The sound is passed with greater ease than the catheter, and produces less uneasiness than that instrument, certainly much less than the passage of a catheter in the male subject. The mode of passing it is as follows:—The patient is placed on the left side, with the knees drawn up; the forefinger of the left hand is then introduced to find the os uteri; having done so, the sound is passed, held lightly between the finger and thumb of the right hand, along the forefinger, and guided by it, is insinuated into the os, and gradually and gently pushed along the cervix into the cavity of the uterus; in some cases the canal of the cervix or the os internum is so small as not to allow it to pass, it must then be first dilated.

The application of the uterine sound has opened a new era in the history of uterine diseases; by its means, cases before imagined to be malignant affections of the os and cervix uteri have been proved to be nothing more than extreme congestion, produced by retroflexion of the fundus,—long standing affections pronounced by eminent men to be incurable; fibrous tumours have been demonstrated to be retroflexions, and removed by restoring the fundus to its natural situation; whilst other tumours, of whose connections it was difficult if not impossible to be certain, have been shewn to be ovarian and unconnected with the uterus. But time will not permit me to enter into the numerous applications and uses of the uterine sound.

We must now proceed to inquire what are the symptoms produced by this displacement, and the causes which lead to it?

In some cases no appreciable symptoms are produced, except perhaps a greater flow of the menses, and a greater tendency to abortion in the married female, whilst in others the symptoms are exceedingly distressing and complicated. It is in most cases difficult to trace the first origin of the affection, but in some instances in which diligent enquiry has succeeded in doing so, the patient would appear to have been cognizant of some depresssion or falling down of the body of the womb, sometimes occurring suddenly, in other instances more gradually progressing, in the former producing alarming sympathetic affections, as nausea and vomiting, and actual syncope, together with more or less pain referred to the groin or sacrum. The retroflexion increasing or becoming permanent, produces some pain and difficulty, or frequency in micturition, though it never leads mechanically to retention of urine. The patients complain likewise of a dull aching constant pain in the sacral region, probably arising from the pressure of the fundus on the sacral nerves, since it is often immediately removed on raising the fundus; the pain often shoots down one of the thighs, there is also a sense of weight and bearing down towards the rectum, much increased by the act of defœcation. Advice not being sought at this period, or the deplacement being overlooked, other more serious symptoms manifest themselves; menstruation becomes highly painful, the discharge is generally increased in quantity, and clots and shreds denoting irritation are voided,—in short, dysmenorrhœa is set up. In the intervals an abundant leucorrhœal discharge is usually present.* These symptoms cannot exist without the patient's general health suffering more or less; the stomach, which has an intimate sympathy with the womb, becomes disordered, the appetite is capricious and irregular, the tongue loaded, the bowels constipated, the patient's spirits are depressed and irritable, and a variety of nervous hysterical affections are apt to occur. Such symptoms as these, though they do not prove the existence of a displacement of the womb, yet evidently localize the affection there, and warrant further examination per vaginam, which alone can enable us to determine with certainty the existence of this displacement, and to rectify it.

In examining a case of retroflexion of the uterus during life, the finger can frequently reach a firm globular mass, situated behind the cervix uteri, between the rectum and vagina; this is the fundus uteri, which is bent downwards and backwards, the os uteri instead of being forcibly dragged upwards and forwards behind the symphysis pubis as in retroversion, is little, if at all, removed from its natural situation. At first we may not be able to determine this globular mass to be connected with the uterus at all; it may appear to be merely a scybalous collection in the rectum, hence we should always if possible, before examining a patient, prescribe an aperient or an enema to remove this source of error. In other cases the tumour may be too high up to allow the finger to trace its continuity with the cervix, whilst in others again, the point of curvature being low down, the fundus is much below the os uteri, and its continuity is easily traced by the experienced finger.

The exact position of the retroflexion varies considerably in different individuals, and even in the same individual, at different times; the point of curvature may be so high up that a very small portion of the fundus is all that is bent down. On examination per rectum we feel the same globular mass through the anterior wall of the intestine, and being able to reach much higher up in this direction than per vaginam, we can frequently verify or correct our first impression.

* In cases immediately following abortion, reproduced by a too early recurrence to ordinary occupations or undue exertions, I have observed the hæmorrhage to continue a longer time than usual, and even become constant.

It is, however, by the use of the uterine sound, that we can obtain sure and valuable information of the displacement of the womb. In a case of retroflexion, on passing the instrument in the natural direction upwards and forwards, it becomes almost immediately arrested; but on turning its point in the contrary direction, backwards and downwards, it will pass readily along the cervix uteri, and then glide downwards and backwards to its full extent of two inches and a half. The point can now be felt distinctly in the centre of the tumour, through the posterior wall of the vagina, or the anterior of the rectum, thus proving it to be the fundus uteri in this unnatural position. Nor is this all, by turning the instrument gradually and gently round, so as to bring the point upwards and forwards, at the same time assisting the elevation of the fundus with the forefinger of the left hand, we shall find that the tumour disappears, it can no longer be felt, the fundus is restored to its natural situation, and retained there by the sound without it; the patient will often be immediately relieved from the constant pain and uneasiness from which she has previously suffered in the sacral region.

In some instances the mere restoration of the fundus to its position is sufficient; it remains there permanently, even after the withdrawal of the sound; in others for a short time only; but in many cases, especially in those of old standing, the disposition of the fundus to return to its unnatural position is so great, that it requires the handle of the sound to be held pretty firmly to prevent its turning it round, and as soon as the sound is withdrawn, the fundus again retroflects, and we can again trace the tumour as before.

The examination and passage of the sound produces in many instances little or no pain, until we elevate the fundus, when the instrument, pressing on the ovary, which we shall afterward see is extremely apt to become congested and inflamed in consequence of the displacement, occasions severe pain, which, however, immediately ceases on our completing the restoration. In the examination per rectum the pressure of the finger on the fundus above occasions no pain, but if we elevate it, the patient immediately complains, and by passing the finger beyond the depressed fundus, we can discover the exact seat of pain to be the posterior and upper part of the fundus, in the situation of the ovary, which we can often feel as an oval body. These last symptoms are dependent on the inflammation of the ovary, and cannot, therefore, be regarded as essential to retroflexion of the uterus, but as the consequence of a complication. It occurs, however, sufficiently often, to render it advisable in all cases of oophoritis of long standing, to examine carefully into the position of the uterus.

In some cases the canal of the cervix is so small as to prevent the passage of the sound: in such a case the dilator must first be employed, until a sufficient passage has been obtained. Dr. Rigby is of opinion that this extreme narrowness of the cervix is rather owing to a congenital formation than to the bent state of the fundus, which last, however, he regards as sufficient not only to obstruct the free discharge of the catamenia, but to prevent conception.

I will here introduce to the notice of the Society the dilator which I am in the habit of employing, and which I believe to be the most efficient; it is that invented by Dr. Protheroe Smith. The power of the screw is the moving power, and it is capable of being regulated at the pleasure of the operator. After one or two dilatations we shall be able to pass the sound through the cervix, and ascertain the state of the fundus.

If any of you are still sceptical of the benefits to be derived from the employment of the sound, let me quote a passage from a paper read by Professor Simpson before the Dublin Obstetrical Society, shortly after he proposed his instrument to the profession,—he says, "In one of the first cases in which I recognized by the uterine bougie, the existence of retroflexion of the unimpregnated uterus, the patient had some years previously been doomed by the highest obstetric and pathological authorities in England, as suffering under the first stage of scirrhus uteri, the displaced fundus having been mistaken for a carcinomatous tumour. The uterine displacement was easily rectified by the use of a wire pessary, worn for some months in the uterine cavity, and the patient is now in the enjoyment of the best of health. I have seen other cases of the same mistake with the same curious but common form of uterine displacement."

It was only the other day that my friend, Dr. Protheroe Smith, informed me, that several cases, which had been sent to him as cases of fibrous tumour of the womb, had proved on examination, nothing more than retroflexions. The celebrated case of Miss Martineau, which attracted so much attention in the literary world, and which was afterwards published by her medical attendant, Mr. Greenhow, of Newcastle, was an instance of retroflexion of the womb, complicated with a small polypus growing from the interior, and inflammation of the left ovary; the enlargement of the body and fundus was the effect of the displacement. Had the true nature of the malady been detected in the first instance, and the fundus restored to its position by the sound after the removal of the polypus, the talented sufferer would have been spared many years of suffering and useless drugging. The ultimate and gradual restoration of the organ to its normal situation, which took place after the bowels had been unloaded, and the general health improved by purgatives, and which occasioned the patient's restoration to health and to society, would not then have been attributed to the Mesmeric influence.

(To be continued.)

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JANUARY 12, 1848.

In commencing a new volume of the Journal of the Provincial Association, we would express the hope that the recommendations of the Publications' Committee have, during the past year, been carried out so as to meet with the approbation of the members generally.

As far as the character of the original communications is concerned, we feel confident that, without disparagement to the papers published in former volumes by many valued contributors, the increase in the size of the Journal has been most beneficial. Very many of the papers and cases inserted in the pages of the volume just completed are of the highest interest and value, and will bear comparison both in number and importance, with those published by any of our contemporaries. We claim no merit for ourselves on this account, but it is a duty which we owe to the energy and ability displayed by the members of the Association, and others, by whom the papers have been furnished, to record how much the *Provincial Journal* owes to their continued and zealous support.

The position which one of our valued correspondents has occupied since the month of September last, forbids us to say more than that we hope the information selected from various sources for the General Retrospect during the past year, has been acceptable and useful to the members of the Association; but we cannot let this opportunity pass, without expressing to Dr. Ranking, of Norwich, the obligations under which the Journal is placed, for the valuable matter furnished to that department previously to his official appointment as Foreign Editor.

The excellent reports of cases treated at the Birmingham Queen's Hospital, the West Norfolk and Lynn Hospital, the St. Pancras Dispensary, &c., render it a source of regret that similar reports have not been more extensively obtained from other similar institutions. We earnestly request that such of our readers as are attached to hospitals and dispensaries, more especially those situated in the provinces, will from time to time contribute the records of their cases, and thus enable us to give to this department of the Journal that prominence during the present year, which is requisite to make it a faithful record of provincial practice.

The volume just concluded contains the proceedings of several admirable Provincial Medical Societies. Among others those of the Branch Associations;—the Bath, the Birmingham, and the Reading Pathological Societies;—the Sheffield Medical Society, &c., in addition to papers and cases read at other Societies, inserted among the original communications, There are other institutions in the provinces, the record of whose proceedings we should be glad to see preserved in the pages of the *Provincial Journal.*

To these points we beg to direct the attention of the members of the Association; they will bear in mind that every addition of this kind will tend to advance the reputation and to promote the welfare of the Association; to render its Journal of more extended usefulness; and by developing and making known the resources of our provincial institutions, to prove, that however highly our metropolitan brethren may stand in public estimation, and however some of them may be disposed to undervalue the professional knowledge and ability to be found in the country, we have yet among us physicians and surgeons whose attainments are in no way inferior, although, perhaps, their opportunities for the public display of them in Halls and Colleges may be less frequent.

Reviews.

On Pulmonary Consumption, and on Bronchial and Laryngeal Disease, &c. By Sir Charles Scudamore, M.D., F.R.S., &c. &c., London: 8vo. pp. 259.

Although some parts of this volume are written in language so simple as to be intelligible to the general reader, there are so many other parts that may fairly be regarded as intended for the profession, that it would be very unjust to stigmatize the whole as a popular dissertation. There is, it is true, an occasional

explanation of terms which clearly indicate that the author had no wish to limit his observations to the perusal of his Æsculapian brethren. In fact, he candidly expresses his "hope that a summary of anatomical and physiological description of the organs and textures chiefly concerned may not be unacceptable, *even to his professional reader.*" It is to be lamented that a titled physician, a Fellow of the London College, and a F.R.S., should have pursued the course of thus addressing the public, where the motives by which he may be influenced are so liable to misconstruction. The *suspicion* of being a popular writer upon a strictly professional subject should be sedulously avoided by every right-minded practitioner. Still there is, in our opinion, a degree of honest feeling and truthful investigation pervading the book, that legitimately entitles the author to attention.

The first division of the treatise consists of an outline of the nature, symptoms, and treatment of pulmonary phthisis. The second division (which has been previously published,) consists chiefly of a history of the writer's experience with regard to the beneficial effects of "inhalation" in certain diseased conditions of the lungs. The cases by which the curative influence is sought to be established are explicitly related; there does not appear to be any anxiety to *magnify* the favourable results. The circumstances under which the inhalation has been tried, the mode of its application, and the consequences produced, are all plainly specified. The treatment, combined with the inhalation, is also faithfully recorded, and, we think, may be read with advantage by every member of the profession. The medicinal agents especially recommended for inhalation, are iodine and conium. In some instances of extreme irritability, hydrocyanic acid is stated to have been substituted for the iodine with decided advantage.

It is unquestionably the duty of every practitioner to avail himself of all authentic information that may enable him to mitigate the urgent sufferings of consumptive patients, however hopeless his efforts may be with regard to *permanent* restoration. We have no right to doubt that Sir Charles Scudamore has carefully tried the practice which he advocates, and that it has, on many occasions, been eminently successful. He has, it is true, placed himself in a false position, and thus weakened the force which his observations might otherwise have had with his professional brethren, but we will charitably hope that the error has been simply one of judgment, and give such credit to his investigations as they may otherwise seem to merit. If the latter part only of his volume had been published, it would, probably, have been more agreeable to the medical inquirer, inasmuch as the former part is principally a summary of what is already known. With this remark we conclude our notice of a book, many pages of which, we think, will well repay perusal.

Answer to the Religious Objections advanced against the Employment of Anæsthetic Agents in Midwifery and Surgery. By J. Y. Simpson, M.D., F.R.S.E., Professor of Midwifery in the University of Edinburgh, and Physician Accoucheur to her Majesty in Scotland. Edinburgh, 1847. 8vo, pp. 23.

This excellent pamphlet contains a reply,—in our opinion unanswerable,—to certain religious objections advanced against the use of æther and chloroform in obstetric practice. These objections are chiefly based on an erroneous view of some passages of scripture, and Professor Simpson has ably and learnedly set forth the source of the misconception by which many estimable persons appear to have been influenced. We would earnestly recommend the perusal of his observations to all who may entertain objections to the employment of anæsthetic agents on religious grounds. Their general administration on other grounds,—physological or pathological,—rests on evidence of an entirely different description, and must be ultimately established or rejected by the accumulated experience of many competent observers.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

[In order that the newly admitted members of the Association may become acquainted with the main objects of this inquiry, and at the same time be enabled more readily to contribute towards their attainment, we here reprint the questions which have been specially proposed for consideration.]

1. Whether stimulants (spirits of turpentine, alcohol, ammonia, &c.,) are useful in cases of burns and scalds; and if so, in what cases, and in what manner?
2. What is the value of cold applications in burns and scalds? Are they admissible in burns of great extent? In burns of small extent is cold water better than any other application?
3. What is the experience of members as to the value of cotton and flour as a dressing for burns and scalds?
4. What internal remedies are best immediately after extensive burns and scalds?
5. How far do situation and extent affect the cure of burns and scalds?
6. What are the best methods of preventing cicatrices after burns and scalds?
7. What are the *post-mortem* appearances after burns?
8. What is the prognosis in burns and scalds?
9. What is the best method of remedying cicatrices after burns and scalds?
10. What directions ought to be given to the public for the prevention of burns, and for their treatment in the interim between their occurrence and the arrival of a practitioner?

11. Enumerate any practical rules for the management of extensive burns, as regards the healing of the wound, the repression of granulatiohs, and the preservation of the strength of the patient.
12. Give cases of death during apparent recovery from burns.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—During the few days which have elapsed since the last number of the Journal was published, I have had the satisfaction of receiving several communications on burns, and promises of many others. Hence I am led to hope, that as soon as this busy season has passed over, there will be numerous contributions from the profession respecting their experience in the treatment of burns. I beg to repeat that every contribution will be acceptable, and will serve to promote the inquiry. If a practitioner states that he has confidence in flour or cotton, and that he uses them constantly in his practice, the information is worth recording; for though many would not be disposed to attach much importance to individual experience in burns, or in any disease, yet every one will admit that the *collective* testimony of a body of observers on any particular remedy or question, is highly deserving of consideration. But if it should be found that a large body of practitioners treat burns successfully by those means which simply exclude the air, then, I apprehend, this *fact* becomes a strong presumption in favour of a mild and unirritating treatment, and against the use of strong stimulants. On the other hand, if it should appear that the employment of stimulants (on Kentish's plan,) is adopted by many hospital surgeons, as well as by those residing in neighbourhoods where there are explosions in the collieries, then it is a presumption that this plan of treatment is valuable. If, however, it should hereafter appear that burns get well nearly as rapidly under one plan as under another, provided the air be excluded from the burnt surface, then the disclosure of this *fact*, by numerous returns from the provincial practitioners, will tend greatly to the amelioration of the treatment, by making observers try different plans, and keep notes of their success. During the remainder of the winter there will be a great many cases of burns under the care of the readers of your Journal, who if they were to make brief memoranda of them, stating the age, sex, whether a burn or a scald, and with what;—part injured, extent of injury, and amount of surface injured;—treatment, continuance of the pain, and duration of the cure, would by this means be procuring data for a careful estimate of the relative merits of different methods of treatment. Where corresponding parts of the body are burnt to an equal extent, it is highly desirable to treat them by opposite methods, and thus ascertain which is the best plan. The following example of the latter mode is a highly interesting one; it was communicated to me by Mr. P. H. Holland, of Manchester, a gentleman whose name is widely known from his devotion to sanitary inquiries:—

"The cook of P—, Esq., barrister-at-law, on the 17th of November, 1847, scalded both her feet with equal severity, by upsetting a pan of boiling water. She applied a rag dipped in *cold* spirit of turpentine to the right foot, covering it with a poultice of cow-dung. She had not turpentine enough in the house to apply to the other foot, she therefore covered it with a poultice of cow-dung only. Mr. Holland saw her about three hours after the accident, when she complained of severe burning pain in both feet, especially in the right. On examination, he found the right foot *not* vesicated, while the left was vesicated nearly over the whole instep. At this time the cow-dung was ordered to be removed, and flour applied to both feet. The feet were then enveloped in cotton wool, and both the cotton wool and flour kept applied for two days, at the end of which time the right foot (the one to which the turpentine had been applied,) was quite well, but the vesications on the left foot had been followed by a suppurating surface, which was very painful, and did not heal for three days."

The above case is particularly interesting. It is common to hear persons say that it is no proof of the superior efficacy of one plan of treatment over another, when cases are mentioned of great success, obtained by different or opposite remedies. But no objection can surely be taken to an experiment like the above. The two feet were scalded equally severely, at the same moment, and under precisely similar circumstances. Both were treated alike, except that the first had been previously washed with *cold* turpentine. The one so washed healed much sooner than the other, and probably with less pain. If the feet of two *different* persons had been so scalded,—those of one person being treated *with* turpentine, and those of the other *without* it,—it would have been said that the difference in the habits of the persons' bodies, or in the severity of the scalds, was the cause of the difference in the results. With a view to the clearing up of the more disputed points in burns, I intend to perform some experiments on my own person. It appears to me that a few simple experiments may do away with a great deal of the diversity of opinion which prevails on many points in their treatment.

In my last letter I omitted to allude to the use of the "impermeable piline" in burns. Mr. Markwick, the inventor of this substance, wrote to me on the 20th of October, as follows:—

"A few cases of burns and scalds, of the first and second degree, have lately come under my notice, in which the "impermeable piline" has answered admirably well in relieving pain, and effecting a speedy restoration of the parts to their natural and healthy condition. Indeed, from the experience I have as yet had, I believe it will be found far preferable in every respect to the old remedies,—flour and cotton wadding." Mr. Markwick forwarded some of the material to be experimented with. I have put it into the hands of Mr. Bowring, House Surgeon to the Manchester Royal Infirmary, and lately House Surgeon to King's College Hospital, London, who will be able to report upon the efficacy of the material recommended by Mr. Markwick.

The next communication is from Mr. Sweeting, of Abbotsbury, Dorset, who observes that,—"An experience of forty years has led to my conviction that the best possible method of treating burns and scalds, is to carry out, *to its full extent*, the plan originally suggested by Dr. Kentish, which is not only valuable in practice, but founded on pure philosophical principles; all others I believe to be, at best, empirical."

The next letter is from Mr. Pope, of Cleobury Mortimer. The numbers refer to the queries in a late number of the Journal :—

Cleobury Mortimer, December 15th, 1847.

Dear Sir,—I hasten to lay before you the result of my practice in burns and scalds.

1. I have long disused stimulants.
2. Cannot say.
3. Flour applied so as effectually to exclude the air, mixed with a small quantity of Calamina præparata, I have found of the greatest service.
4. Mild opiates.
5. Cannot say.
6. Answered under third question.
7. Cannot say.
8. The absence of thirst; for when insatiable thirst appears it is the precursor of death.
9. The best method to prevent them is to treat as in third question.
10. To cover the burns with flour.
11. If the atmospheric air has been carefully excluded, granulations requiring repression seldom take place. If debility require it, bark and wine may be requisite.
12. I have seen instances of death, particularly in young children, from slight burns,—I should think from nervous excitement.

I am, yours respectfully,

THOMAS POPE.

S. Crompton, Esq.

Mr. Pope having stated in his reply to the first question that he had long disused stimulants, I thought it probable that he would be able to give some interesting facts respecting the circumstances under which he was led to use flour instead of stimulants, I accordingly wrote to him to make the enquiry, and he very obligingly sent me a second letter, from which I make the following interesting extract :—

"I was determined to give it (flour,) a fair trial in the first case that occurred, and this, fortunately, was soon. The subject was a fine boy, of about four years old, and most extensively burned on the back, nates, penis, scrotum, hypogastrium, arms, and hands, so much so that under any other mode of treatment death must have been inevitable; but the poor little fellow's sufferings were wonderfully assuaged by the flour-treatment, which was so applied as effectually to exclude the atmospheric air; the healing process went on so admirably that the cure took place without the use of caustic, and without occasioning the usual peculiar cicatrices of burns. This, I think, is a happy contrast to Kentish's plan, for had the latter, or any of the others then in use, been adopted here, death would have soon ensued; and where they are used in extensive burns, and recovery follows, the latter is tedious, harassing, and painful, requiring frequent cauterization, and leaving unseemly and annoying cicatrices."

The next communication, from Mr. Gall, of Ripley, in Surrey, an advocate of the use of cotton, will be read with interest :—

Ripley, Surrey, Dec. 16th, 1847.

Sir,—I trust your appeal to the members of the Provincial Medical and Surgical Association will meet with the attention it deserves, and hasten to contribute my humble mite to the amount of information you will doubtless receive, on the important subject of burns and scalds. I shall take the questions in the rotation of your letter.

1. I have no experience of the use of stimulants.
2. Nor of cold applications; but should say they are not safe in burns of great extent.
3. I have only recently used cotton, but from two cases which have lately occurred, am so much pleased with its effects, that I shall always keep a supply ready for use. They were cases of severe burns of the arm and hand of children, from falling into the fire. The arms were enveloped in cotton and healed very rapidly: With flour I have had reason to be very little satisfied.
4. I think laudanum in full doses frequently administered, the best remedy for the state of collapse caused by severe burns.
5. Burns and scalds are dangerous in proportion to the extent of surface affected, more than in proportion to the severity of the burn with respect to depth. Burns of the thoracic and abdominal regions are more dangerous than of the extremities.
6. Cicatrices *will* occur if the whole thickness of the skin is destroyed.
7. I do not know.
8. Unfavourable if affecting a large portion of the thoracic or abdominal regions, or the anterior part of the neck and face. The danger is greater, the younger the subject.
9. I have no experience on this point.
10. To clothe children in the winter in outer garments of cloth or woollen stuff. To do nothing to the burn or scald when it occurs, until they have procured medical aid. The danger of delay is much less than what would result from injudicious meddling. The less a burnt surface is meddled with or exposed, the better.
11. The treatment I have hitherto adopted in extensive burns, since giving up flour, has been to cover the surface with lint, saturated with linseed oil and lime-water soap. If the burn is extensive and the patient is collapsed, this should be warmed. Once applied it should be allowed to remain as long as possible, until suppuration has taken place, and the discharge has become offensive. I have seen extensive burns do very well under this treatment. The strength should be supported by a generous diet, as soon as the first febrile action has passed off. Great care should be taken not to exhaust the strength by purgative medicines. The bowels are usually constipated at first, but it is better not to be too hasty in removing this, which seems rather a curative effort of nature than a disease. The Liquor Ammoniæ Acetatis, with a slight excess of ammonia, is a useful medicine in the febrile stage. When suppuration is established, Infusum Cinchonæ, or quinine. Where there is an extensive granulating surface I have seen the water-dressing of great service,—pieces of lint dipped in warm water, applied to the part, and covered with oiled silk. This dressing should not be frequently changed. It may be left on two, or even three days with advantage. When, however, there is a large surface of newly-formed cuticle, I have found it necessary to discontinue the water-dressing, and have used the calamine cerate with good effect. Poultices are decidedly objectionable, at each removal I have seen them bring off portions of newly-formed granulations, and the surface of the sore covered with blood. Changing the dressings is at all times in these cases a very painful process, and I have no doubt that much mischief is often done by the too frequent renewal of them. Having the dressings on two or three days has the appearance of neglect, but in this case it is a "most tender mercy," and contributes much to the comfort and recovery of the

patient. Under this mode of treatment the granulations will seldom be excessive. It has appeared to me that exuberant granulations are the result of want of power in the system and are best remedied by means calculated to improve the strength.

12. I do not recollect having met with any such cases.

Trusting and believing that much good will result from collecttng the experience of the profession on this and other snbjects,

I remain, Sir, your obedient servant,

A. C. GALL.

S. Crompton, Esq.

Mr. John E. Erichsen, of London, Lecturer on General Anatomy and Physiology at the Westminster Hospital, has forwarded to me a pamphlet containing important remarks on "The Pathology of Burns," an abstract of which I will prepare for publication in the next number of the Journal. Much light may be thrown upon the treatment of burns, by a closer attention to the morbid anatomy of persons who have died of them. I would suggest that it is desirable that no opportunity be allowed to pass by of obtaining a *post-mortem* examination of cases of death from burns and scalds.

I will conclude this long communication with the following extract from a letter which I have received from Mr. Hunt, of Herne Bay, a practical observer:—

"My experience in burns and scalds has been very limited; I always use flour, and have never lost a patient by such an accident. My *rationale* is to prevent the access of air to the raw surface, and to supply a convenient dressing for extensive sores. Both of these indications are carried out by the flour dredger. Internal remedies, of course, I administer, as circumstances require, bearing in mind the shock the nervous system has received by the accident, and the loss of cutaneous exhalation from the surface where a large area of skin is destroyed."

Mr. Hunt adds, that his remarks are not worthy of publication. In this I differ from him; I think that these brief declarations of their methods of treatment, by provincial practitioners, are very desirable. Further, I cannot divest myself of the impression, that an accumulation of them, from fortnight to fortnight, in the pages of your Journal, will, in the course of six or nine months, constitute a mass of evidence which may be safely used for the purpose of induction. If it were possible to obtain *numerical* returns, such as we see in the works of Louis, I admit that they would be far preferable to general statements. But the world has produced *but one* Louis.

I am, Sir,

Your obedient servant,

SAMUEL CROMPTON.

71, Grosvenor Street, Manchester.
December 22, 1847.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY,

September 2nd, 1847.

Dr. MACKAY in the Chair.

Dr. Mackay exhibited a specimen of Bright's disease of the kidney, taken from a patient who died of puerperal mania.

ANÆMIA.

Dr. Mackay also brought before the Society a heart, presenting slight enlargement of the right auriculo-ventricular opening, the only morbid appearance observable in a patient who died of anæmia at 27 years of age. The principal features after death were extreme pallor of the tissues, particularly of the brain, and serous effusion into all the serous cavities in considerable quantity.

DISEASED BLADDER.

Dr. James Russell exhibited a case of diseased bladder in which the mucous membrane was nearly removed by ulceration, with great hypertrophy of the muscular tissue. The patient, a lady, 54 years of age, mother of seven children, was of delicate constitution, and liable to frequent febrile attacks. She had one of these attacks in April of the present year, which was attended on the fourth day with discharge of bloody water; there was no pain on micturition, but great prostration, and a dull pain in the loins. Mr. Palmer examined the urine, which was natural, except the presence of blood, but not in any large quantity. Calming medicines, uva ursi, and tonics, restored her health. July 23rd. She was again in bed, with hot skin, quick pulse, and every symptom of fever. Salines were followed by an improvement in her state, and on August 3rd she commenced mild tonics. She seemed progressing favourably till the 13th, when bloody urine again occurred, attended with great pain in passing. She was extremely feeble, had pain and tenderness about the loins, and her pulse was very quick and irregular; tongue red and chapped; the urine contained a very considerable quantity of dark-coloured blood, and she had difficulty in passing her water. For many years she had not perfectly retained her water, which escaped by night into the bed; this was dated to her first confinement. On the 16th the pain had greatly increased. On the 18th she was much worse, and was in great pain; nearly a pint of urine, resembling raspberry cream in colour, was drawn off by the catheter. By examination per vaginam by Mr. Hodgson and Mr. Russell, portions of the bladder were felt quite thick and hard, which gave the impression of the presence of a tumour, probably malignant; other portions of the bladder were distinguished to be thin and natural. The os uteri was normal. The catheter was subsequently used night and morning, with great relief. She sank and died early on the 21st.

Sectio cadaveris eighteen hours after death:—Body much emaciated; very small quantity of blood in the vessels. Abdomen alone examined, of which all the organs were healthy, with the following exceptions:—

The *kidneys* were large and flabby, and much injected, their pelves and calices much distended; the mucous membrane injected, but not softened; the pelves contained some turbid urine, very ammoniacal, and apparently mixed with pus; whitish yellow spots were scattered through the substances of the kidneys; in these spots the tissue was very soft, but no pus could be expressed, in one or two places the spots were collected to form a whitish mass of softened tissue, nearly the size of the end of the little finger; the ureters at their origin healthy. Bladder very much thickened; its muscular bundles very much developed, and projecting, to form a very coarse net work; the posterior wall, where the hypertrophy was greatest, was mostly stripped of its mucous membrane; in other parts of the inner wall were numerous prominent whitish spots, as of commencing sloughy ulceration; the entire inner surface was of a deep purple colour, from sanguineous injection.

ANEURISM OF THE AORTA.

Dr. Fletcher brought forward two specimens of aneurism, taken from the body of the same patient, one of the arch of the aorta, and arteria innominata, another of the aorta and cœliac artery.

Mrs. Humphries, aged about 48, became a dispensary patient under the care of Dr. Fletcher, on the 15th of January, 1847. She was thin, but stated that she had much emaciated lately; she had passed a very active life, and been much in the habit of lifting heavy weights. She began to suffer from symptoms of indigestion and pains about her bowels about eighteen months since, and about ten months since a small pulsating tumour was discovered in the situation of the epigastrium, which was capable of being moved from side to side. On examination the tumour was found hard, very uneven in its shape, moveable, and pulsating, and in whatever position it was placed the pulsations were equally general and intense. At the base of the neck there was another pulsatiug tumour, situated under the sternal attachment of the right sterno-mastoid muscle. The pains in the abdomen and chest which the patient suffered from were so continual and intense, that an anodyne treatment was demanded, and she obtained some relief by taking full doses of Battley's Liquor Opii; this, together with attending to the bowels and perfect rest, formed the general plan of treatment up to the time of death, which took place after very much suffering and emaciation, on the 22nd of June, 1847.

Post-mortem examination June 24th, about forty hours after death. The head was not examined. *Chest*:—Heart generally rather dilated and hypertrophied; the arch of the aorta and the arterior innominata dilated into a pyramidal-shaped aneurismal sac, which extended up into the neck an inch above the right sterno-clavicular articulation, giving off at its apex the right common carotid, and right subclavian arteries; the left carotid and left subclavian arteries were given off from the dilated arch; the artery had its usual diameter directly after giving off the left subclavian; lungs normal; numerous adhesions of both pleuræ. *Abdomen*:—Liver congested, and putting on the nutmeg appearance; spleen and pancreas healthy; stomach and intestines healthy. At the origin of the cœliac artery, the aorta, and the cœliac tract, were dilated into a circular aneurism, of the size of a large orange; its posterior portion corroded the bodies of the first, second, and third, lumbar vertebræ; anteriorly the aneurismal dilatation extended into the trunks of the gastric and splenic arteries; the hepatic was given off above the common trunk which divided into these two arteries, which were each dilated, so as to be able to contain a large walnut, and gave the very uneven surface to the anterior part of the aneurism; the arterial system was healthy in other respects. Viscera of the pelvis healthy.

Dr. Fletcher said that it appeared that these aneurisms had commenced, and grown by general dilation of the coats of the arteries, most probably first commencing from great exertion.

ABSCESS OF THE PANCREAS.

Dr. Fletcher brought before the society a specimen of abscess of the pancreas, which had been taken from the body of a gentleman who had been a patient of his since December, 1846. The appearance was that of a man much addicted to eating and drinking. He was very corpulent, yet he stated that he had been unwell some months, and had gradually lost flesh, which he substantiated by referring to the loose state of his clothes. He complained of great pains about the epigastrium, and distention after eating, and continual dull pain extended across the belly, between the epigastrium and the umbilicus, into each hypochondrium; he complained also of great and obstinate constipation, and that the only relief he experienced was from purgative medicines, which had the effect of affording him almost perfect ease from his distressing pains, whenever a full action of the bowels was obtained. The urgent symptoms were vomiting and pain in the situations above described, attended with constipation of the bowels, which led to the supposition that some obstruction existed in the course of the intestine. A careful examination of the abdomen was made, but the state of obesity was so great, that it was not probable that anything could be discovered, even if a large tumour had existed. This state of things continued without alteration, except the occasionally longer temporary relief produced by purgatives, and that now emaciation had gone on to a great extent, which had reduced the patient exceedingly, but yet examination of the abdomen detected no tumour as the cause of obstruction. The fæces and urine maintained a natural appearance. About the latter end of May the patient had become so feeble, that he was obliged to keep his house, and soon after this his room, the prominent and urgent symptoms of his case still continuing the same. About the end of June the constipation became less urgent, and the motions altered in character; they became very fœtid, and appeared as if mixed with bloody matter from far up in the course of the intestine. The sickness subsided, and he took abundantly of nourishment, but he became weaker, hectic fever set in, and he died on the 25th of August.

Post-mortem examination twenty-four hours after death. The head was not examined. Contents of chest healthy. *Abdomen:* Liver enlarged, much congested, and having the nutmeg appearance; spleen healthy. Pancreas large, and degenerated into a purulent mass, having none of its healthy structure left; the large extremity had ulcerated into the duodenum at its inferior curve, through which the pus must have passed into the intestines. The stomach was much distended; intestines healthy, except the perforation in the duodenum; contents of the pelvis healthy.

Dr. Fletcher said that the symptoms of obstruction of the intestine would be easily explained by the pressure of the pancreas upon the duodenum, previous to the bursting of the abscess situated in it into the cavity of that intestine.

Foreign Department.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS

LITHOTOMY AND LITHOTRITY.

The discussion of the comparative merits of lithotomy and lithotrity still continues to occupy attention. The long reply of M. Civiale, to the objections of Velpeau, Roux, &c, comprehends three distinct parts. In the first he endeavours to answer Velpeau, Blandin, and Malgaigne; in the second and third parts he treats of two very important questions,—those of the *explorations* and the *relapses*. The influence of the explorations of the bladder upon the economy are said by M. Civiale to be exaggerated, and that they are not worse when made with lithotrity instruments than with the ordinary sound. He denies that the preliminary examination renders the operation of lithotomy, if eventually necessary, at all more dangerous. Of twenty-eight of his patients operated upon under these circumstances, nineteen were cured and nine died; while of seventy-three cases operated upon in the hospitals under other circumstances, twenty-five died. M. Civiale also stated that, in the cases of Souberbielle, of eleven operated upon after the passage of lithotrity instruments, ten were cured.

Respecting the relapses, he endeavours to prove that the reproduction of stone is more frequent after lithotomy than after lithotrity. To shew this, he states that eighty-eight cases of lithotomy exhibited nine relapses, while out of 244 cases of lithotrity fourteen only recurred. He explains the fact by supposing that lithotomists pay less attention to the state of the bladder subsequent to the operation, than those do who perform lithotrity; and that as the secondary stones are generally phosphatic, their formation may be determined by the inflammation of the bladder, &c, thus neglected.

M. Civiale was replied to more particularly by M.M. Blandin and Velpeau, both of whom insisted upon the danger which frequently follows the explorations of lithotrity, more especially when, as was often the case, lithotomy was eventually resorted to.

M. Roux, who took part in the debate, was somewhat discursive in his remarks, alluding to the comparative merits of the perineal and the oblique section, the frequency and causes of stone among the children of the poor, &c. He stated it as his conviction, that in children lithotomy should be the rule and lithotrity the exception. In a subsequent part of his discourse, he exhibited the results of his stone operations in private practice. Of these, 54 in number, 6 were in children under ten years, in whom all were successful; 48 were in subjects above that age,—37 cures, 11 deaths. It follows, therefore, that the total mortality was 11 in 54 or 1 in 5. The contra-indications to lithotrity in his opinion, may be thus laid down. 1. In children under ten without exception. 2. When the stone exceeds a certain volume. 3. When there are several large stones. 4. When the stone is very hard. 5. When there is great irritability of the bladder.

The opinions of M. Roux were in the next place strongly opposed by M. Segalas, who maintained that children, so far from being bad subjects for lithotrity, were in reality the best; he denied also that hardness of the stone was a forcible objection to the operation.

Dr. Guerineau read a case of aneurism of the palmar arch, cured by electro-puncture.

M. Christophe introduced a new stethoscopic sign intermediate between bronchophony and ægophony, to which he gave the name *ægony*. The sound is said to be a short tremulous tone, elicited by the voice, and is considered to be indicative of effusion.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DES SCIENCES, PARIS.

NEW MODE OF RESTORING THE LIPS.

M. Sedillot, of Strasbourg, introduced a new method of *cheiloplasty*, which he had devised to remedy the deformity caused by extensive cancerous ulceration. The object of his operation was chiefly to supply the defect with integument, which from the freedom of its circulation should not be inclined to sphacelate. This he accomplished by dissecting a square portion from each cheek, and uniting them in the centre. The result was very satisfactory.

ACTION OF LIGHT ON THE IRIS.

M. Brown Seguard communicated his researches on the action of light upon the iris, in the different classes of vertebrate animals. He found that light causes the immediate action of the nervous and muscular fibres of the iris in batrachians and fish. If the eye of an eel or frog be removed and exposed to the action of the light, the pupil is seen to contract, and again to expand when the light is removed. When the light falls only upon the retina, the iris remains immoveable; in the living eye of the same animals the iris acts both by the infringement of light upon itself, and also by its action upon the retina. The pupil of a mammal or a bird, extracted from the orbit, contracts and dilates according to the degree of temperature.

M. Hamont exhibited the injurious effects of allowing public slaughter houses to be conducted in the immediate neighbourhood of dwelling houses.

THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

Memorial to Sir George Grey.

To the Right Honourable Sir George Grey, Bart., Her Majesty's Principal Secretary of State for the Home Department.

The Memorial of the President, Vice-Presidents, and Council of the National Institute of Medicine, Surgery, and Midwifery—

Sheweth:—

"That your memorialists were duly elected the representative Council of the National Institute, in August, 1847, and that they represent the opinions of above four thousand of the General Practitioners of England and Wales.

"That upon a former occasion, the previous Council of the National Institute had the honor of presenting a memorial, bearing date December 24, 1846, to Her Majesty's Principal Secretary of State for the Home Department, in which memorial, the opinions and sentiments of the class of medical practitioners whom your memorialists represent were carefully and deliberately stated. That the statements contained in the memorial were subsequently explained and confirmed by a deputation from the said Council of the Institute, in an interview with the Right Honorable Sir George Grey, Bart., at the Home Office, on Friday, February the 5th, 1847, and your memorialists fully believe that at that interview, the deputation were enabled so far to convince the Right Honorable the Secretary of State of their truth and importance, as to elicit the assurance that the Council should be admitted concurrent parties to any measure of Medical Reform that may be adopted by the Government.

"That your memorialists fully concur in the propriety of the recommendation conveyed to them, and to others of their medical brethren from the same influential quarter, to the effect, that it would be desirable that the members of the medical profession should themselves meet and agree upon some general plan prior to the Government undertaking to introduce a bill before Parliament for the revision of the laws affecting the medical profession. That your memorialists have ever been most anxious to promote the views contained in that recommendation, and have been willing and prepared to meet any authorized parties representing the existing medical institutions, and to discuss any plan that might be submitted in the most amicable spirit, and with the most sincere desire to obtain such a settlement of this highly important question, as may conduce to the public welfare and the peace and tranquility of the profession.

"That your memorialists deeply regret that the advice alluded to has not been acted upon, and that the benevolent intentions of the Government have not been reciprocated in those quarters from whence an immediate proposition for a conference should have emanated.

"That your memorialists are fully persuaded that daily increasing evils press upon the people of these realms in consequence of the laws by which the Medical Institutions of the country are governed, having been found by experience to be quite inadequate to the wants of the public, and from their charters having become in a great degree obsolete. That before any efficient measure affecting the public health, or sanitary improvement can be successfully carried into effect, medical reform appears to be an essential preliminary step; and your memorialists can never too strongly impress upon the Government and the Legislature, that the medical question is quite as important to the community as it is to the medical profession itself.

"That in the opinion of your memorialists the only way to arrive at a satisfactory settlement of the affairs of the medical profession, will be in the first instance, to incorporate by Royal Charter the general practitioners in a College of Medicine, Surgery, and Midwifery.

"That your memorialists respectfully beg it to be borne in mind that the general practitioners constitute at least nine-tenths of the medical profession; that the duties which devolve upon them are of vital importance to the public, and that no act of the Legislature or the Corporations can prevent by far the largest portion of the public from being entrusted to their exclusive professional care. That the attainments of the present race of general practitioners are of the highest order, and are highly honorable to the profession; but that their position is most grievous and anomalous from being excluded from the benefits and respectability of a legal incorporation.

"That your memorialists entertain a confident hope that they have succeeded in convincing the Right Honorable the Secretary of State, of the just claims of the highly meritorious body they represent, to a legally recognized position; and your memorialists fully trust that those arguments which were found successful with a former Government, and which were so far acted upon as to have induced a former Secretary of State to state in his place in Parliament his intention to incorporate by Royal Charter the general practitioners, may have lost none of their force, or be less conclusive than formerly of the justice of their claims, and of the paramount necessity of this preliminary measure being forthwith adopted.

"That, in conclusion, your memorialists beg respectfully, yet most emphatically, to reiterate their grave and deliberate opinion, that it would tend materially to the advancement of science, to the welfare of the community, and to the best interests of the medical profession, if the prayer of this memorial were graciously acceded to, by which the general practitioners would be duly recognized; and by a properly defined title be placed amongst the medical institutions of this enlightened country.

"(Signed),

"R. R. PENNINGTON, President.

"4, Hanover Square, Dec. 8th, 1847."

BIOGRAPHICAL NOTICE OF THE LATE ALFRED HARDWICK, M.D.

[We are indebted for the following notice of our late associate, Dr. Hardwick, of Kensington, to an esteemed member of the Association.]

On Friday, the 8th of October, 1847, after a lingering illness of several months' duration, died, Alfred Hardwick,

M.D., aged 59. Having been educated to the medical profession, he settled as a general practitioner at Epsom, where he continued to practise for several years with a high reputation and great success. He married a daughter of Captain Dundee, then residing at North Cheam. This happy alliance ended in Mrs. Hardwick's confinement, when he had the great, and at that time apparently irreparable, misfortune of losing both wife and child. This affliction was so keenly felt, that he was induced to relinquish practice; and to leave Epsom, in the hope that by foreign travel his highly sensitive mind might recover its tranquillity. In this hope he made the tour of France and Italy, with parts of Germany, Belgium, and Holland. Returning for a short period, he resumed his peregrinations, and travelled through the same countries by different routes, thus bringing objects of interest in natural scenery, in history, and in the fine arts, under his attention; which, by his previously cultivated and elegant mind, he was well qualified to appreciate and enjoy.

After this second continental tour, he went to Scotland, with the intention to graduate in medicine, taking his degree of M.D., at Glasgow, in 1832. For a time he fixed his residence in London, but without any view to medical practice: and marrying a second time, to Miss Charlotte Tatchell, of Paris, he finally took up his abode at Kensington, where he continued to reside during the remainder of his life, highly respected and beloved by all who had the pleasure of his acquaintance, and rendering essential services to the various parochial and local charities and institutions.

More than thirty years ago Dr. Hardwick assisted in the establishment of the Surrey Benevolent Medical Society, promoting to the utmost of his power the successful prosecution of its objects, and after he left practice, he attended the meetings whenever he possibly could. He was also a member of the Provincial Medical and Surgical Association. As one of the Council he took an active part in the proceedings, whenever he could be present at the annual meetings; and was one of the Committee appointed to prepare a plan for schools for the sons of medical men, with the view to afford them a first-rate classical and liberal education, whether they might be intended for the medical, or for any other profession, at a very moderate expense. To this subject Dr. Hardwick devoted much time and thought. The prospectus of this plan was issued by the Committee; but it not being duly responded to by the profession at that time, the scheme may be considered to be postponed for the present, but not, it is to be hoped, entirely abandoned.

When the subject of medical reform became a prominent feature in the profession, Dr. Hardwick took it up; and after due investigation, found himself compelled conscienciously and warmly to espouse the cause of the general practitioner. He felt assured of the important truth, that in a wise medical legislation for the rectification of the evils, of which the general practitioner had so justly to complain, it ought to be borne in mind, that the welfare of the whole population of the country as respects the invaluable blessing of health, and the real interests, usefulness, and respectability of those who are the medical advisers in ordinary of the great majority of the public, are identical; that the general practitioners are not only the medical attendants in ordinary of most of the higher and middle classes of society, and exclusively of the labouring classes, but also that a large majority of the medical appointments to public offices in the provinces are held by them, and that the entire medical staff of Her Majesty's army and navy are also, in the most complete and comprehensive sense, general practitioners; that therefore the standard of education and of qualification should be high, so as to render the general practitioner fully competent to treat all the extraordinary, as well as the ordinary emergencies of medical and surgical practice.

Taking the prominent part he did, Dr. Hardwick was elected, first of all, one of the Committee of the National Association; and since then, one of the Council of the Institute of Medicine, Surgery, and Midwifery, attending the sittings of that body with the greatest punctuality, until the state of his health rendered any further attendance at the meetings impossible. He saw and felt the great importance of the principles on which the Institute is founded; their truth and their value to the great body of the profession, as also to the health and well-being of the public at large. He was, at the same time, equally assured that the incorporation of the general practitioners, by Royal Charter, as a measure preliminary to other and more extended medical reform, was most desirable; and among the last of his thoughts and wishes as respects this world's affairs, his prayers were in favour of the success of the Institute.

His urbanity of manners and elegant and accomplished mind rendered his social intercourse most gratifying to all who had opportunities of enjoying his company and conversation. And his co-operation in those public undertakings, in which he took a part, merited the esteem and gratitude of those of his friends who acted with him.

General Retrospect.

ANATOMY.

NERVES OF BONE.

M. Gros has obtained some interesting particulars regarding the distribution of nerves to the long bones. Taking the femur of the horse as sufficiently typical of the ordinary plan, he finds at least three nerves to approach the nutrient foramen,—two of them in company with the branch of the femoral artery, called by M. Gros "diaphysial," and the third, occasionally double, by piercing the vastus internus muscle. All of these are branches of the crural nerve, but there is in man, it seems, a branch of the sciatic in addition. Arrived at the nutrient foramen, the nerves are disposed differently in some subjects, but commonly a ganglion is developed, which receives the nervous branch which came through the muscle at one end, and one of the satellites of the artery at an interval. One portion of the ganglion is somewhat distinct, and is situated within the foramen; it gives two branches which receive the other arterial satellite, (which is distinct from the ganglion,) and then penetrates the medullary canal. The rest of the ganglion lies beneath the periosteal artery, which it is to be noted is a branch

of the diaphysial, whose other branch is medullary, and supplies two satellite nerves to it. Variety occurs in the ganglion as to situation, it being near to or more remote from the foramen, and as to form, it being occasionally double. The branches, both medullary and periosteal, follow, and ramify with the arteries, forming a network correspondent to the vascular, and the purpose of the ganglia appears to be to assemble, previous to this distribution, the nerves from several sources.—*Archives Gén. de Médecine.*

PHYSIOLOGY.

THE OPTIC THALAMI.

In a series of experiments upon rabbits, made after the publication of his essay "De vi motoria baseos encephali," Dr. Schriff observed the following consequences of injury to the optic thalami, &c. 1st. The lower parts of the optic thalami, and the whole thickness of the crura cerebri are slightly sensitive. 2nd. If one thalamus or one crus cerebri be destroyed, a rotation around the transverse axis of the body takes place. This movement is not due to a hemiplegia of the opposite side, for it takes place even when the action of one of the extremities of the injured side is prevented. 3rd. The injury of any part of the hemisphere above the thalamus produces no such rolling movement. 4th. The change from the rotatory movement to the rolling movement is observed only when, in consequence of the operation, the lateral part of the pons is compressed. 5th. The rotatory movement depends on a deviation of the two forefeet towards the side opposite to the direction of the rotation, combined with a movement of the neck *towards* the direction of rotation. 6th. These deviations occur only in movements effected through the brain, they are never spasmodic. 7th. The anterior three-fourths of each thalamus unite in themselves the elements for the flexion of the body to the opposite side. When the portion of the thalamus included within this anterior portion is destroyed, the rotatory movement towards the injured side ensues in the way described above. 8th. But if the posterior fourth of a thalamus, or if a crus cerebri be destroyed, the deviation of the feet and of the neck will have the opposite direction, and the movement will be towards the side opposite the injured thalamus, in just the same manner as when the anterior part of the other thalamus is injured. 9th. There appears therefore to be a decussation of the fibres in relation with these movements, between the thalamus and the crus cerebri, which decussation probably takes place in a part lying above and behind the corpora albicantia, and reckoned as belonging to the substantia perforata media. 10th. The destruction of no azygos part of the brain above or before this portion of the middle line produces any paralysis of the extremities; but the median division of the floor of the fourth ventricle produces excitement of motion. 11th. If, in dividing the crus cerebri, the pons be injured, a partial paralysis of the hind foot, on the side opposite the injury, is added to the other deviations; and the movement takes the form of a rotation around the paralysed foot, the whole body moving as the radius. 12th. Immediately after the destruction of an optic thalamus, or a crus cerebri, a few rotations are made *towards* the injured side—the effect, probably, of the irritation—they soon give place to the ruling movement. 13th. The part, irritation of which makes rabbits snarl and dogs howl, is anterior to the thalamus, in the neighbourhood of the anterior crura of the fornix. 14th. The rotation takes place in animals blinded by the removal of the humours of the eyes.—*Schmidt. Jahrb. Heft.*, 7, 1847.

PATHOLOGY & PRACTICAL MEDICINE.

ON OSSIFICATION OF THE CARTILAGES OF THE LARYNX.

The following *resumé* embraces the chief points contained in a paper upon the above subject, by M. Segond:—

1. The epoch of life at which ossification of the laryngeal cartilages commences is variable.

2. When this change takes place, it commences constantly at particular points, which for the most part correspond to the insertions of the laryngeal muscles.

3. Ossification commences in the cricoid cartilages, and terminates with the arytenoid.

4. When the cricoid cartilage is entirely ossified, its form becomes altered, so that the anterior part of the cartilage cannot move under the thyroid cartilage, whence it happens that persons in whom the change has occurred, cannot utter the high notes of the voice.

5. The thyroid cartilage when ossified undergoes a notable transformation; the groove which is commonly seen in front of the superior tubercle is obliterated, and the inferior border of the cartilage is thickened, and interferes with the motions of the cricoid.

6. There is a change, independent of ossification, which may embarrass the movements of the cricoid cartilage,—viz., a prolongation of the inferior cornu of the thyroid.

7. Two portions of the arytenoid cartilages resist the process of ossification for a long period, these are the superior internal apophyses. The *corpora triticia*, when ossified, become amalgamated with the great cornu of the thyroid cartilage.—*Archives Générales*, Nov., 1847.

CONNECTION OF RHEUMATISM WITH CHOREA.

Mr. Peacock, of Darlington, records three cases of this complication, under the impression that he is advancing a novel observation. Without referring to the oft repeated connection of chorea with pericarditis, and of this latter disease again with rheumatism, which to our minds is much the same thing as noticing the immediate connection of chorea and rheumatism, we may remind him that the direct relationship of the two diseases has within the last few months been insisted upon by Dr. Begbie, (*Monthly Journal*, April, 1847.) Mr. Peacock's cases are as follows:—

The first case I have to mention is that of a girl, aged 12. When called in, the symptoms were simply those of febrile excitement, for which saline purgatives were given two days successively. On the third day there was decided chorea, with slight fever. I gave her a mixture, with Fowler's arsenical solution and Tinctura Opii, (three drops of the first and five of the latter for a dose,) every six hours. This she took regularly for two days; on the third day the chorea subsided, and well-marked rheumatic symptoms, swelling and pain of the joints, and increase of fever, came on. She had

then Dover's powder in sudorific doses every four hours, with occasional purges. In a week from that time the pain had nearly left her, and she soon recovered without any relapse.

Case 2.—A girl, about nine years of age. On March 7th, 1846, feverish symptoms, for which calomel purges and saline mixture, with Vin. Antim., were given. 8th, ditto. 9th, every symptom of acute rheumatism. Dover's powder, with a mixture containing Vin. Colchici, to the 26th, when the rheumatism subsided, and chorea immediately supervened. For this, pills, with bismuth and an arsenical mixture, to the 8th of April, when the chorea began to abate. Quinine was then given to April 14th, when, the chorea having disappeared, the rheumatism in a subacute form again came on; the joints swollen and very painful, but not much fever. The quinine was continued, and Dover's powder, twice or three times a day, added to the treatment. This was pursued without change to May 13th, when palpitation of the heart, soon followed by œdema of the extremities, became the prominent symptom, for which diuretics in various forms were given, but without effect, and the case was eventually removed from under my observation apparently in a hopeless condition.

Case 3.—I did not see this at the commencement: the subject was a farmer's boy, aged 14. From the account which his friends gave, it appears he had had acute rheumatism about two months before; it had now passed into the chronic form; there was no fever, but great pain in the joints, especially the ankles, which were not swollen; general debility, want of sleep, &c. A mixture with hydriodate of potash, and ten grains of Dover's powder at bed-time, gave immediate relief, and was continued for some weeks, when a a very urgent message came for me to visit him; he was some miles distant, and I was unable to attend immediately. On my arrival I found the boy's friends and neighbours in great alarm and perplexity about him, he having been, as they said, quite suddenly attacked in a most strange way, and, as it appeared to them, he was "going out of his head." On entering the house I found him in the most complete state of chorea I ever saw, both sides being apparently equally affected; he had an anxious and frightened expression, and gave short and confused answers. This, with the strange antics which the disease occasioned, had, no doubt, impressed the good people with the idea that he was deranged. I ordered him a pretty strong arsenical mixture every six hours, with a dose of calomel and opium at bed-time. On the following day I was glad to find the violence of the chorea had almost immediately subsided after beginning with the medicine. The disease, however, continued very obstinate, and had to be treated with arsenic and sometimes quinine for upwards of two months.—*Medical Times*, Nov. 27, 1847.

COLD APPLICATIONS, WITH OPIUM AND QUININE, IN ACUTE RHEUMATISM.

In a case of acute rheumatism, complicated with nodes on the shins, and syphilis, an ineffectual attempt to obtain the specific effects of mercury had been made in the commencement of the case. When in health the patient weighed 220 pounds. He had been confined to bed four months, and when admitted was unable to bend the knee, wrist, elbow, or finger-joints, without great pain. Cold water dressings were kept constantly applied to the painful joints, half diet was allowed, and he took at bed-time, every night, two pills, composed of four grains of opium, and four grains of sulphate of quinine. On the tenth day of treatment he left his bed. His weight was 136 pounds. At the expiration of twenty days the pain had disappeared; the quinine and opium were discontinued. There still remained thickening and stiffness about the joints. For this condition phosphoric acid in syrup of Prunus Virginiana was prescribed, as follows:—R. Sol. Acid. Phosphorici, dr. ij.; Syrup. Pruni Virg., q. s. ut. ft. oz. viij. M. Capt. oz. ss. in Aq. Font., oz. iv., quarta quaq. hora. Under this treatment the functions of the joints were perfectly restored, and the patient gained twenty pounds in weight in thirty days, and the nodes disappeared.

While taking the quinine and opium, the bowels, which had been previously constipated, were regularly moved once in twenty-four hours; but under the use of phosphoric acid, it was found necessary to occasionally prescribe castor oil and an anodyne at night.

Dr. Ruschenberger, of the U.S. Navy, who reports the case, has been in the habit of treating acute rheumatism, upwards of two years, by cold applications to the hot and swollen joints, and administering at night from three to six grains of opium, with an equal quantity of sulphate of quinine, regulating the quantity by the condition of the pupil alone. With a dilated pupil, he found patients to bear the largest dose without inconvenience, and he has not yet met a single case in which pain was not completely removed in from twenty-four to thirty-six hours, provided the attack were recent, or of not more than a week's duration. Large doses of opium, especially in combination with sulphate of quinine, do not tend to constipate, but rather to relax the bowels. After the pain is removed by the opium, he then resorts to the use of the iodide of potassium, in medium doses, say from five, increased gradually to ten grains, three or four times daily.

Passed Assistant-Surgeon S. Holmes, who witnessed the results of this practice in his hands, has made trial of it on the coast of Africa, and with entire satisfaction. —*Amer. Journ. Med. Sciences*, July.

REMEDIES FOR INCONTINENCE OF URINE.

1. Benzoic acid has been employed with success against this complaint; it is given in doses of twelve grains daily, half in the morning and half in the evening, and this dose may even be doubled. M. de Fraene, of Brussels, records a successful case in a girl between 13 and 14 years of age, who was attacked with nocturnal incontinence, after recovering from a second attack of acute rheumatism. The complaint was neglected for several months; there was no pain in the part, the appetite was good, and the bowels regular, but the face was pale. Various remedies were employed without success, after which, two drachms of benzoic acid were made into forty pills, four of which were taken night and morning, and the complaint was completely cured.

2. A woman, aged about forty years, was received into the Hôtel-Dieu, under M. Guerard, to be treated for

incontinence of urine and pulmonary emphysema. The first infirmity appeared to depend upon a phlogosis of the neck of the bladder. The urine passed involuntarily both night and day. The asthma was treated with acetate of ammonia. The emphysema was much ameliorated, the respiration became more easy, and the asthmatic attacks after a few days ceased. The incontinence of urine, however, continued, for which enemata were ordered, containing four grains of camphor dissolved in yolk of egg, and mixed in a little water, so that it might be retained in the rectum. This treatment alone sufficed to remove the incontinence for some time. In a few weeks, however, it returned, and was once more removed in the same manner. At present the enemata are continued as a prophylactic, the cure seems to be permanent.

RAPID MODE OF PRODUCING VESICATION.

Apply six drops of a mixture of one drachm of Liq. Ammoniæ Fortissimus, and two drachms of olive oil, to the woollen side of Markwick's spongio-piline, and press this gently against the skin. In the course of ten minutes a perfect blister is formed.—*Pharm. Journ.* Feb., 1847,

SURGERY.

TREATMENT OF UNUNITED FRACTURES.

Mr. Rynd, after alluding to the practices invariably adopted in the above cases, such as friction of the ununited fragments, cutting down and removing the extremities of the bones, and passing a seton between them, as recommended by Dr. Physick, of New York, suggests a modification of the latter, as exhibited in the following cases:—

1. Eliza Kavanagh, had fracture of both bones of the leg five inches above the ankle joint. Splints applied, but bony union not obtained. After eleven weeks, Mr. Rynd introduced a seton in the following manner:—A curved needle was passed into the inside of the leg opposite the fracture, through the integuments, so deeply as nearly to touch the posterior internal edge of the tibia; it was then directed in a semicircular course anteriorly, over and close to the permanent extremities of the fractured bones, and was brought out on the outside of the limb, so that the fracture lay between the parts of its entrance and exit; it did not touch or pass between the fractured extremities. Perfect rest was enjoined, and on the 21st day union was established.

2. John Reilly, aged 30, had ununited fracture of the left humerus, immediately above the condyles; fragments moveable, and produce pain by pressure on the brachial nerves, when the cervix is raised. On the 10th a seton was introduced with the same precaution as in the former case. The arm was released from the splints somewhat too soon, but the union was ultimately perfect.

3. William Archer, aged 13, had oblique fracture of the femur fifteen months since; motion perfect between the fragments, but no grating, shewing that there is ligamentous union. The boy is of a scrofulous habit. On the 14th, a seton was introduced posteriorly to the bones, and brought out in front. Dessault's apparatus was applied, and perfect rest enjoined. The seton was removed on the 28th. In a month's time the fractured portion appeared to be firm, and in another week the boy walked without a crutch.—*Dublin Quartely Journal*, 1847.

NEW METHOD OF APPLYING LIGATURES TO TUMOURS.

Professor Fergusson and Mr. Walne have both described this method. It consists in passing a double ligature through the base of the tumour, and then dividing it; a needle with the eye to the point is then threaded with one *tail* of the ligature, and passed also through the base of the tumour at right angles to the double thread; this tail is withdrawn from the needle, and the eye threaded with the other *tail* of the double ligature; the needle is then drawn backwards, bringing with it the second ligature, which then passes at right angles to the original double ligature, and through the same channel as the first tail. The end of the ligatures having been left long enough for tying, there are now two ligatures, forming two figures of 8, each embracing two opposite segments of the tumour, and the surgeon has only to tye the ends of each ligature once, in order to command the base of the tumour.—*Medical Gazette.*

NEW METHOD OF REDUCING HERNIA OF THE IRIS.

This consists simply in cauterizing a spot, at a distance from the hernia, with nitrate of silver; it is based on the following data:—1. Hernia of the iris through the cornea does not become disorganized for some days. 2. The protruded iris, irritated by the contact of the tears or the air, or by the friction of the superior eyelid, or even of the edges of the ulcerated cornea in which it is imprisoned, has a tendency to swell, and the irritation and swelling prevent mortification and *arrest cicatrization.* The progressive engagements of the iris is proved by observation: if a recent hernia be touched with an irritating body, it instantly acquires three times its original size; and if we watch the progress of cicatrization in the ulcer of the cornea, the hernia being unreduced, the pupil is found to diminish by degrees, and even to disappear. 3. Adhesions are established between the iris and the cornea before the iris is disorganized; for a few days these are very weak, and may be destroyed at once *by augmenting the vascular action of the parts which furnish them,* or by a new inflammation developing itself in another part of the eye. 4. The materials of adhesion are in the first instance furnished by the cornea; the cornea is in a morbid state at the point at which the healthy iris protrudes. 5. These materials are derived from the divided vessels of the ulcer, the origin or base of these vessels being at the circumference of the cornea. 6. By irritating the part in which the base of these vessels ramify the secretion at the edges of the ulceration is augmented; in this way a fluid secretion may be induced around the hernia, which will destroy the imperfect adhesions, and give freedom to the iris in the ulcer, which latter is augmented in size by the secretion. 7. By putting the iris under the influence of belladonna before producing such an irritation mechanically, we obtain a power, placed behind the cornea, acting from

before in a direction backwards, and capable of reducing the hernia.

After this beautiful chain of pathological reasoning Desmarres states:—A portion of the iris having projected through an ulcer of the cornea, and instillations of belladonna having been used for some days without any beneficial result, it may be inferred that the pupil has been rendered as large as possible by this agent, the operator proceeds thus:—

The upper eyelid being held by an assistant, and the lower eyelid depressed with the index finger of the left hand, he applies with the right hand the point of a pencil of nitrate of silver to the conjunctiva of the bulb, close to the cornea, and cauterizes it in three or four points as energetically as possible, without penetrating the mucous membrane too deeply. A very active irritation of the vessels which feed the ulceration of the cornea is thus provoked, and the secretion necessary to set the iris free is the result. Sometimes, instead of points, a line of cauterization is made in the neighbourhood of the hernia, and in some instances, where the first cauterization has failed, after an interval of two or three days, a second, third, or fourth even, on the cornea, but taking the greatest care that the caustic does not extend to the iris, otherwise the hernia would at once be increased. In a rare instance success was not obtained until after the eighth application; but the reduction is generally effected after the first, second, or third. Desmarres has succeeded in so many instances by this method, that he has ceased to count the operations.—*Mr. Ancell's Report on Ophthalmic Surgery, Half-Yearly Abstract*, Vol. VI.

RICORD'S OPERATION FOR PHIMOSIS.

His method is as follows:—The penis is allowed to remain in its natural position, and no traction is used: a circular mark is made with ink upon the prepuce, about two lines anterior to the base of the glans, and parallel to the corona: a long and strong needle, its point covered with a wax head, is then introduced between the glans and prepuce, and made to pierce the whole thickness of the latter, on the mesial line, and a little in front of the circular mark. The mucous membrane and skin of the prepuce are thus fixed, and the needle is allowed to remain. Behind it, and in a longitudinal direction, a fenestrated forceps, with notched edges, is then firmly applied. The fenestræ of the instrument correspond to the circular mark and the glans; at this stage of the operation the latter is to be pushed backwards. The next step is to pass sutures, five or six in number, through the fenestræ; and when all the threads are applied, the prepuce is shaved off with a bistoury made to glide between the needle and forceps. The latter is then withdrawn carefully, so as not to disturb the ligatures. The assistant should be desired to press the forceps very tightly when the prepuce is being shaved off; if this be neglected, the prepuce will yield, and the sutures will be cut. When the forceps is removed, the arteries which are noticed to bleed, should be tied or subjected to torsion; the threads which pass above and below the glans are then divided in their centre, and the respective ends of each half resulting from this section are tied, to bring the mucous membrane in contact with the skin. Of course there will be twice as many sutures as there were threads passed.

Treatment.—We should, after this operation, enforce rest, low diet, aspersions of cold water, and camphorated pills; union by first intention rarely takes place completely. The submucous cellular tissue will generally be found infiltrated with serosity on the next day, but it is gradually re-absorbed. The sutures ought to be removed on the fourth day; they might, if left longer, lacerate the tissues. The parts are usually healed up by the tenth or fifteenth day, excepting in those cases where the union by first intention takes place as early as the fourth or fifth.—*Lancet*, November 27. 1847.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I wish to make known to the profession, through the columns of your Journal, that the Committee of the Medico-Ethical Association are desirous of eliciting the current opinion of the profession on the merits of their bye-laws, and will be happy to acknowledge the favour of any suggestion or critical remarks that may assist in carrying out the objects of the Association. At the same time I beg to intimate that all communcations, whether in the nature of suggestions, corrections, or complaints, must be authenticated by the signature of the author. In future, therefore, anonymous communications cannot be responded to.

Your correspondent, H. B. B., either misapprehends the purport of the rules of which he complains, or by having, on his own admission, systematically violated the principles therein contained, throughout his professional career, and to which he vauntingly attributes his success, cannot be competent to judge impartially of the propriety of such rules.

Further than this, the practitioner, who for a series of years has, "in no instance," acted as an "officiating friend," can scarcely be qualified, from the relative position he holds towards his professional neighbours, to criticise rules of medical etiquette.

The Medico-Ethical Association has for its object the moral social elevation of the profession.

I am, Sir, yours respectfully,

RICHARD ALLEN,
Hon. Sec.

112, Oxford Road,
Manchester.

THE METROPOLITAN GRAVE-YARDS.

Accurate returns have been made of the superficial extent of the parochial and some other burial-grounds of the Metropolis, and of the numbers of bodies annually interred in each. The *annual* average number of burials per acre, for the seven descriptions of burying-places comprised in the intra-mural grounds, is stated by these official returns to be 2,271. Now, if we divide this by 7, we have the average for each, which gives 324 burials annually to the acre. From

the total, we may fairly abstract the burial-places of the Jews, and those of the Society of Friends, which are well conducted. This will give us five species of grounds, with an annual average of 2,130 burials to the acre, or an average of 426 for each. The proper number, you will remember, is 136 to the acre; in Germany, the average is only 110 burials per acre per annum. Thus, at the first glance, it is evident that our parish grave-yards are made to receive every year three times as many bodies as they ought, and four times as many as are permitted by the laws of well-regulated Continental states. The inevitable crowding of our grave-yards may be illustrated in another way. The annual mortality of the Metropolis, at a low computation, is 50,000. Now, supposing the burials to be renewed every ten years, (and this is the shortest period that should be allowed for the decomposition of the human body), 444 acres would be required, whereas we have only 209. But this is not all. There are 182 parochial grave-yards in London. Of these, only 48 are confined within the proper limit of 136 burials to the acre; the rest exhibit various degrees of saturation, from 200 up to 3,000 per acre *annually*. This is scarcely credible, but official returns confirm the truth of what I assert. In very many the annual average per acre exceeds 1,000.—*From Mr. G. A. Walker's Fourth Lecture on the Metropolitan Grave-Yards.*

USE OF CHLOROFORM.

A correspondent suggests the following queries on the use of this agent, to which he requests replies from gentlemen who have had practical experience of its effects :—

What is the best time for administering the chloroform in obstetric cases?

For how long a time may a patient be kept with safety under its influence?

At how early an age may it be administered for surgical purposes?

Medical Intelligence.

PROGRESS OF THE CHOLERA.

It is stated in the Union Médicale that the cholera has crossed the frontiers of Prussia, and made its appearance at Tilsit. The symptoms are, however, reported to be mild, and the occurrence of the disease altogether in this quarter seems to be of very questionable authority.

APPOINTMENTS.

James Syme, Esq., Regius Professor of Clinical Surgery in the University of Edinburgh, has been appointed Professor of Clinical Surgery at University College, London, in the room of Mr. Liston, deceased.

James Moncrieff Arnott, Esq., has been elected Examiner at the Royal College of Surgeons, in the room of Mr. Liston, deceased.

George Sayle, Esq., has been elected Surgeon to the West Norfolk and Lynn Hosptial, in the room of Mr. Whiting, resigned.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, December 23rd, 1847:—Frederick George Harcourt, Ipswich; Peter Knight; Augustus Grant, London; Osbert Fishlake Cundy, London; Benjamin Button, Hopton, Suffolk; Robert Stead Jones Stevens, Ely.

OBITUARY.

Died, December 18th, 1847, Abraham Jubb, Esq., F.R.C.S., Senior Surgeon to the Halifax Infirmary, and Member of the Council of the Provincial Medical and Surgical Association.

December 20th, at Mountmellick, of fever, Thomas Hipwell, Esq., Surgeon.

December 21st, at Douglas, Isle of Man, aged 56, Edward Smith Graham, M.D., late Surgeon of the 4th Light Dragoons.

December 21st, Edward Walker Esq., Surgeon, Kington.

December 23rd aged 56, Thomas Pitt, Esq., Surgeon, Walsall.

December 24th, of fever, Charles Donellan, M.D., Medical Attendant to the Armadown Dispensary.

December 25th, of fever, Francis Bodkin, Esq., Apothecary to the Clifden Poor House.

December 25th, aged 47, Frederick H. Parker, Esq., Surgeon, of Portugal-street, Grosvenor-square.

December 26th, at Pangbourn, Berks, from diseased lungs, James Craig Somerville, M.D., late Anatomical Inspector for England and Scotland, aged 48 years.

December 27th, at Oranmore, of fever, E. Lambert, M.D., F.R.C.S.I.

December 27th, aged 72, Swinton M'Leod, Esq., Deputy Inspector-General of Hospitals.

December 28th, of fever, George Seymour, M.D., Physician to the Killane Dispensary, Galway.

January 2nd, 1848, at Saint Mandé, aged 59, M. Jourdan, Member of the Académie de Médecine, Paris, and well known as the translator into French of several German works.

January 4th, at Southsea, aged 78, Benjamin Lara, M.D.

BOOKS RECEIVED.

Discourses on Medical Education, and on the Medical Profession. By John Ware, M.D., Hersey, Professor of the Theory and Practice of Physic in the University at Cambridge, (U.S.) Boston: (U.S.) 1847. 8vo. pp. 113.

Remarks on the Conduct and Duties of Young Physicians, &c. By J. Y. Simpson, M.D., Professor of Midwifery in the University of Edinburgh, &c. &c. Second Edition. Edinburgh: Machlachlan, Stewart and Co. 1848. 8vo pp. 23.

TO CORRESPONDENTS.

Communications have been received from Carshalton; the National Institute of Medicine, Surgery, and Midwifery; the Birmingham Pathological Society; Mr. S. W. Kidgell; Mr. E. Hoskins; Mr. A. Markwick.

The author of the case of Obstinate Constipation has omitted to send his name.

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

OBSERVATIONS ON THE PESTILENTIAL CHOLERA OF 1832-3.

By James Black, M.D., &c., Manchester.

As the public are under considerable alarm about the pestilential cholera revisiting this kingdom, on its progress north-westward, from Persia and Koordistan, and presuming it may not be unseasonable to review our former experience of this dreaded scourge, and, moreover, to make known to our younger brethren who have entered the profession since that period, some of the leading features of the epidemic, I have taken the liberty of sending a few observations, which I have extracted from my case book, and which were recorded at the close of each of the two years' visitation of the disease, but have never hitherto been published. In the absence of all apprehension of the epidemic being about to revisit us, such resuscitated remarks would be out of place, as they would certainly be scarcely worthy of perusal; but any contributions on this subject from contemporary practitioners who witnessed the former epidemic, will, it is thought, be not unaccepable to your Journal; and a reciprocal refurbishing and cleansing up of our old armour may better enable us to meet the enemy, if it should please Providence to permit it to come among us.

Though I have several notes of individual cases recorded at the time, I shall only extract the concluding observations which I made at the close of the two pestilential seasons, in 1832 and 1833.

PESTILENTIAL CHOLERA IN 1832.

The disease having appeared in Sunderland in October, 1831, and since diffused itself through nearly every district and town in the three kingdoms, with more or less violence, but now at this date has almost disappeared, the Central Board of Health, at London, having also ceased to publish even weekly reports, I think it useful to record a few concluding observations on the subject. My observations have been confined to what I have witnessed at the Cholera Hospitals at Liverpool and Manchester, from two days attendance, along with the cases which occurred in Great and Little Bolton, which did not exceed ninety cases in all, more than the third of which were fatal.

Observed symptoms.—In the mild cases, or the incipient stage, diarrhœa, with flatulence, but without griping; scanty or difficult urine; inappetence or nausea, or slight vomiting of inodorous or acid matters; slight confusion of intellect; dulness of the senses; constriction of the features; debility; cramps in the toes, or calves of the legs, All these symptoms were so far under the power of medicine, such as calomel and opium, external warmth, slight aperients, and astringents.

Acute seizure, or second stage.—Frequent purgings of turbid gruelly motions, followed soon by vomiting of similar fluids, the attack commencing suddenly in the night, between midnight and six in the morning generally. Severe and painful spasms soon ensued, affecting the legs and toes, more rarely the arms and fingers, extending to the abdominal muscles; vomiting at times like forcible squirtings; great thirst; cool breath; pinched and anxious countenance; skin soft, clammy, and inelastic; urine suppressed; pulse small, retiring, and vascillating, all of which symptoms soon run into the *third* or—

Asphyxiated Stage.—Pulse more feeble, easily suppressed, or gone from the wrist; breath cold; eyes muddy and suffused, expressive of fear, or sunk in their sockets, with the circle of the palpebræ of a livid, or a earthy lurid hue; features collapsed; breathing slow, sometimes heaving; posture drawn to one side, and the patient inclined to retire from notice, or stretched on the back with open mouth; tongue cold, drier, with a yellow coating; thirst great; hearing dull; hands and legs cold and shrivelled, fingers more remarkably so, and even corrugated in labouring people; nails blue; neck and breast very livid; buttocks and thighs sometimes very much so. The body had a peculiar sensation to the touch,—much resembling a dead skin stretched over a living frame, as if the vascular connection had long since ceased between them, and when or wherever the body felt warm, it appeared as if the skin acted as a condenser, and partook of no vital nor calorific communication. This condition of the surface was very peculiar and diagnostic, especially since often after death, the body acquired a renewed warmth from *physical* diffusion, which the skin failed, during life, to transmit by *vital* continuity. The heat of the corpse re-appeared in several cases from two to six hours after death, and it often continued for twenty-four hours, and in some cases much longer than it does in persons dying from

acute or phlogistic diseases. The sensation imparted by the skin to the hand, even in mild cases that recovered, as well as in the asphyxiated ones, was so diagnostic, that in my limited experience, I took it as the most characteristic symptom in determining this species of the genus cholera. Some practitioners have even said, that they felt a shock, somewhat similar to that from galvanism at the moment of touching a patient so afflicted. To resume, the urine was always suppressed; purging—of an involuntary and draining nature, except when entirely stopped; voice—a whisper, or gone. The voice was also very diagnostic in mild and recoverable cases, and sufficient to betray the impending and probably more severe attack, if not timely prevented.

Treatment.—The mild or gently incipient stage was easily and successfully treated, but the asphyxiated cases were nearly hopeless. The vomiting and purging were not so formidable to combat as the state of the circulation. In this latter stage various remedies have been used, for which the journals may be referred to, but from all that I have seen and heard, I incline to a small bleeding in stout subjects; smart doses of calomel and croton oil, repeated to the second or third time; then small doses of the former, with capsicum and camphor; non purgative saline medicines, combined with ammonia. I have seen benefit from an emetic of salt and water at the commencement, followed by small doses of Oleum Terebinthinæ or chloric æther. No opium unless there were spasms or active purging or vomiting, with heat of body. I have seen this drug tend to narcotize, and if consecutive re-action take place, the opium seems to be absorbed nearly all at once, and the brain is consequently and evidently enervated and overcome. Brandy has also the same effect in a less degree, and should be very sparingly exhibited. Enemata of hot water, salted, or with Oleum Terebinthinæ, a little chloride of lime, or with some spirits, or one entierly of hot beef tea, have been used with more or less relief. I would inject much and leave the patient to drink warm water *ad libitum*, to distend, warm, and promote circulation in the portal system, which is allowed on all hands, to be in a much congested state, besides the mere dilution of the morbid secretions of the bowels seem to do good. I am doubtful of the application of great external heat being of much avail, beyond an occasional sinapism to the epigastrium, hot bran poultices along the spine, or frictions with hot and stimulating oils, as oil of camphor, oil of succinum, oil of turpentine. I fear too much heat exhausts the small remainder of vitality in the skin and whole frame, and excites the heart to undue action on its enervated and carbonized blood. The capillary system is no longer, or at the time, under the call of such a stimulus. The vitality must be first diffused, and if the heat applied be too great, it is exhausted instead of being diffused.

Mode of Propagation.—Naturally inclined, from analogy, to the doctrine of non-contagion, I have, notwithstanding, considerately weighed my own observations, as well as those of others, and I can still see no proof of contagion strictly speaking, nor that the disease in any way follows the laws of the acknowledged contagions, as plague, small-pox, &c. Its appearance at Bolton could not be traced to importation. The first two fatal cases occurred in the detached vale at Mill Hill, along the course of a sluggish stream and mill-race. The foci or infected localities in the town were principally confined to some courts and entries, lying on the north side of Deansgate, and on the rising brow of a dirty and muddy river, whence a noxious effluvium may probably have arisen. The victims of the disease in these places were lodged in damp and thickly-confined houses, and were more or less intemperate. This peculiarity of infection along the course of the river, even through the town, was very remarkable, and accords with the general remarks of the vicinity of streams and water-courses, being more infected with the disease than other situations. The moral contagion of fear seemed, here and elsewhere, to have had a most obvious agency among the many alleged modes of propagation; and it appears, that where this depressing passion was most prevalent, the disease put on most of its reputed contagious character. In the view of its merely epidemic nature, the effects of fear,—more easily and powerfully excited from the aspect of this disease than from that of most others,—were enervated and paralysed action of the heart, remora of circulation, and consequently congestion in the large vessels, and collapse in the capillaries, would take place, and constitute the very initiatory stage of cholera. We know that several diseases of a formidable character have been propagated by moral sympathy, such as different kinds of convulsions, as epilepsy and chorea, and why not the convulsive one of cholera, as far as the spasmodic symptoms are concerned?

Autopsia.—From all I have read, heard, and in any limited inspections, observed, there seems to be no morbid lesion which constitutes the prominent autocrasy of the disease; neither can any one say, before inspection, where the most obvious changes in the internal organs and tissues will be found. The pre-existence of the malady may, however, be fairly inferred from the state of the skin, blood, contents of the stomach and intestines, the contracted state of the bladder, and the distended gall-vesicle; even if the symptoms during life had not been communicated to, or been seen by, the autopsist.

One reason why the disease visited Bolton so slightly this year seemed to be, that the constitution of the inhabitants was little prepared for, or rather fortified against, its reception, the health of the place being remarkably good—never more so since I have witnessed it for these twelve years or past—and especially from its being free from intestinal complaints. Whereas, if the cholera had visited us in 1831, I believe the disease would have committed ravages equal to those of any place in the kingdom; for common cholera and dysentery then prevailed to an extent beyond what I have ever seen to do among civilians. For an account of this epidemic, I may refer to the article on the subject in the forty-fifth volume of the *Edinburgh Medical and Surgical Journal.* While this intestinal epidemic was going through its phases with us, the malignant cholera showed tself on our eastern shores at Sunderland;

but before either the morbific current, aerial or terrestrial, or any of the pestiferous communication had reached us, we had thrown off our enfeebling shackles, and had recovered renewed strength, and gained a comparative immunity.

During all last year I observed that bleeding was much seldomer required than usual in several diseases; the general constitution was *asthenical*. During this summer and autumn it remained in a healthy equipoise, and the mental barometer kept high and elastic from political excitement and a plentiful harvest. On the commencement of this winter, however, the lancet has been much more in requisition, and patients bear bleeding well; thoracic congestions and rheumatism have prevailed, with many cases of irregular phlogosis and plenitude; while all debilitating or asthenic diseases, as diarrhœa, dysentery, and typhus, have been rare, with the few exceptions of malignant cholera.

It is now the great question, whether the cholera, having afflicted the kingdom for a year, and having now almost disappeared, it will return, or break out again in the next succeeding years, in any epidemic form, or whether the morbific current having passed over us, it will expend itself on the eastern and western coasts of America, and then return to its native Ganges, whence it has rushed over the greater part of the world? If we may hazard a conjecture, and which is consonant with my notions of its transmissible and pathogenic nature, it will appear next summer, if it be hot, in some minor shape, sporadically, and without any character of contagion. It will likewise take one or more years before the constitution loses its predisposition to it, and resumes its former strength and immunity. 20th Dec. 1832.

OBSERVATIONS ON THE DISEASE IN 1833.

In fulfilment of the fears and predictions of many medical prophets, the pestilential cholera has again made its appearance in many towns and villages of the kingdom, though in a more limited or sporadic manner. The deaths to the number attacked, were, however, proportionably greater than during last year, and the disease affected, not exclusively, the poor, desolute and intemperate. Many persons in good circumstances have been suddenly seized and carried off in the space of from six to twelve hours. Nothing new in the pathology or treatment has been brought forward, and notwithstanding the thousand nostrums and the rational empiricism of many remedies, medical men seem as much at sea as ever, as to any systematic and successful treatment. I have not heard of children being anywise affected with the disease this autumn, and those who have been the principle victims, have previously laboured under a weak state of the digestive organs, merging into slight disturbance, or diarrhœa, previous to the explosion of the disease; and this, whether arising from intemperance, or constitutional debility. All accounts describe the cases to have been unusually malignant and speedy in their fatal progress, and the consecutive fever has been little spoken of this season. The deaths in London from the disease never exceeded 260 a week. In Bolton there were in all about twenty deaths. Of these, I have detailed at length four very interesting cases, as having proved fatal to people in good circumstances, and three of them residing in a very dry and healthy situation; but I consider it quite superfluous to transcribe their cases in this place. Two of the principal circumstances recorded, are the great and increased warmth of the body after death, and the relief derived in one case, when there was no pulse at the wrist, from venesection to twelve ounces. I have also recorded the recovery of a fully formed asphyxiated case, in a stout young man, from bleeding, non-purgative salines and external warmth, but without the least particle of brandy or spirits, to which the patient had a great reluctance.

Remarks.—From what I have additionally seen this season, I consider the disease one of the most hopeless and mysterious I have ever witnessed. I can no otherwise account for the dreadful intensity of the phenomena, than by a sudden enervation, similar to the recorded effects of the upas poison on the heart, arteries, and blood. It is in the muscular or the organic life of the circulating system that the explosive phenomena take place, however much any disorders or discharges of gastric and cœliac organs may prepare the way. No extent of simple vomiting and purging could lead to such sudden annihilation of the powers of the sanguiferous system, in the absence of some superadded azootic poison or impression. Sea-sickness often produces far more retching and vomiting, and diarrhœa and dysentery are often attended with more debilitating evacuations, and in some asphyxiated cases of cholera, there is little purging or vomiting at all. These evacuations seem more the consecutive or concomitant effects of the one atonic cause, which exhibits itself in its essential and primary force on the blood and the apparatus of circulation. To me neither an excess of carbon, nor its acid, nor a deficiency of them, have any thing to do with the motive onset, nothing but a direct poisonous ferment, or a deprivation of the principle of organic life, can account for the phenomena. The sensorial powers are for a long time comparatively unimpaired; so are the animal functions; spasms plainly arise from the muscular powers, and those of the nerves losing their antagonizing balance. On this view, which is corroborated by cadaveric inspection, the heart and great vessels are loaded with devitalized blood, choking up the movements of the heart which is itself enervated. Abstraction of blood, therefore, in all full-grown subjects, or where there are much fluids, is indicated, when the blood can be solicited to flow, but this is sometimes found difficult. Opium, in this view of the disease, tends still more to enervate the muscular power, by its sedative and narcotic effects; while brandy, and all alcoholic stimuli exhaust still more the remainder of the vital and muscular energy left, though they may temporarily produce a fuller exhibition of life and motion, and enliven the sensorial functions. The indications seem to be,—to husband the muscular or organic powers, to take the load and remora from the heart and great vessels, to equalize by cautious means the circulation, to gently nourish the digestive organs, whereby a renewal of the vital forces may be effected, and if this be

accomplished in the least degree, it is the commencement of a cure, however destitute of fluids, sanguineous or others, the afflicted patient may be. Experience may correct or confirm these views.

October 15, 1833.

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Treatment of Indolent Bubo.—When its progress is slow, when there is but little pain, and not much hardness, and when the skin is not discoloured, it may be stimulated with blisters, gum-plaster, electricity, and dry cupping. Dry cupping, by inducing an influx of blood into the part, will sometimes excite the action of the absorbents, and so change the character of the disease from an indolent to a phlegmonous bubo. With this view dry cupping is preferable to blisters. In hospital practice a hot iron may be drawn over the surface, so as to excite a more free and vigorous circulation, by which means indolent tumours of this kind have been considerably lessened. Along with this local treatment, a generous diet and exercise will be found beneficial.

When the structure of the gland is altered, when the integuments are diseased, and when matter has begun to form, fomentations and poultices may be tried, but the latter must be applied as hot as they can be borne, or they will be of no benefit. Poultices may also do good by pressure, especially if ecchymosis be present. Stimulating plasters, composed of Burgundy pitch, with a small quantity of cantharides or euphorbium, are also (especially the latter,) very serviceable. But if the integuments are very much diseased, it will be best to destroy them by the use of the potassa fusa, after which linseed poultices are to be applied till the slough separates and is thrown off. It ought never to be removed by the knife or scissors. After its spontaneous separation, the sore may be poulticed three or four days, till it is clean, and then treated with the red ointment,—the Unguentum Hydragyri Nitrico-Oxidi.

When one or more absorbent glands appear prominent on the granulating surface, they ought to be removed, as they act as extraneous substances. The best way of doing this is to pass a piece of lint under one or more of these by means of a probe, to produce a more perfect suppuration, and in a short time it will be easy to pluck each out from its situation. The cavity should then be filled with the "Pulvis angelicus" till the parts become healthy. [This is also called algaroth, from its inventor Victor Algarotti, a physician of Verona; also Mercurius vitæ, and Mercurius mortis. It is a metallic oxide, in the form of a white powder, and is deposited from the chloride of antimony,—butter of antimony,—when mixed with water.]

Another method of treating these glands, when very prominent, is by ligature, and after their removal, by escharotics, either by filling the cavity with a Trochiscus de Minio, [made thus:—Red oxide of lead half an ounce, bi-chloride of mercury one ounce, bread crumbs four ounces, rose water enough; the mass to be cut into oblong troches;] or by sprinkling the surface with red precipitate, as it is of great importance that the bottom of the sore should be kept clean. If the edges become callous, they must also be destroyed.

Sometimes several small glands in the vicinity suppurate, whilst the larger bubo appears inclined to heal; this may be suspected when there is a greater discharge from the ulcer than its size would account for, and by pressing on some particular part of the margins of the sore, pus will be pressed into the general cavity, and at once discover the direction of the diseased gland. Such a case will occasionally yield to poultices, but more commonly it becomes necessary to expose the sinus by rubbing caustic (the caustic alkali,) into the skin over it.

When the ulcer assumes a pale flaccid appearance, having an unequal surface, and thick jagged edges, its condition may be improved by fomentations and poultices, with warm dressings; and by bark, sarsaparilla, and wine internally. The general health will be also greatly benefitted by warm sea-bathing. The jagged edges of the sore may be removed by the knife, or by caustic, for until these are made soft, equal, and healthy, little good can be done.

When the ulcer is deep, the orifice small, and the discharge continues to be considerable, it is probable that a lymphatic has been injured; it will therefore be necessary to destroy the morbid part entirely, which may be done by pressing a piece of lunar caustic or a bit of sulphate of copper into the opening, leaving it there several minutes, and this application may be repeated, if necessary. When, however, the erosion is deep and out of sight, especially if near some important blood-vessel, such a treatment is not admissible. The potassa fusa is never to be applied to a part out of sight; indeed it ought not to be left even upon the integuments; the better way of using it will be to rub it upon the skin till it appears dead, after which a poultice may be applied. Sometimes a bubo, instead of healing after the completion of a mercurial course, will become painful and ulcerate very extensively, even to the external part of the thigh, or in a contrary direction to the scrotum and anus. The ulcer is ill conditioned, is attended with a very indifferent state of health, and often resists every mode of treatment. Sea-water poultices, solutions of white and blue vitriol, and even the actual cautery have been used locally. Bark, cicuta, the oxymuriate of

* Continued from page 10.

mercury, opium, decoctum Lusitanicum, muriate of barytes, chalybeates, compound lime water and decoction of guaiacum, together with every kind of diet, have been tried internally without any particular benefit. [The Lisbon diet drink is made thus,—sliced sarsaparilla, the root of china, of each one ounce; walnut peels dried, twenty; of antimony, two ounces; of pumice stone powdered, one ounce; distilled water, ten pints. The pumice stone and antimony are to be tied into separate pieces of linen, and boiled along with the other ingredients, till only half the fluid remains; the dose is two pints or more, per diem. This is supposed to be the genuine prescription for this drink, although there are others in some measure varying from it.] A change of application will be certainly found useful, and that mode of local treatment will be most efficacious which gives the least pain. Great attention must be paid to the general health; warm sea-bathing, good air, exercise, and a generous diet promise most success.

In other cases, where the bubo is nearly healed, it will become changed into an ill-conditioned sore with jagged and flabby edges. It is attended with a tingling sensation, and though small at first, will spread rapidly from one spine of the ilium to the other, healing in one part and ulcerating in another. It will sometimes run down the thigh to a great extent, and when it occurs on the penis, it will extend to near the arch of the pubis, destroying the integuments partially or entirely. In this case the generni health is to be mainly consulted. Mercury will do much harm; but sarsaparilla, and the muriate of barytes will be of use. At the same time the sore should be kept clean, free from irritation, and easy, by ointment made of the extract of lead, and by calomel and lime water. The cure depends upon some inexplicable change of the constitution; and when this has taken place the sore will heal in a short time.

[By the discoveries in modern science, these cases are most successfully treated by the use of the iodide of potassium, along with alterative doses of the blue pill, by which that change of constitution, above mentioned by Mr. Pearson, appears to be speedily and almost miraculously brought about.]

Scrofulous Bubo.—This kind of bubo, although derived from syphilitic poison, instead of being diminished is generally enlarged by the use of mercury, and there is not any specific remedy that will reduce it. When it is hard and indolent, blisters to the part will be of service, together with the internal adhibition of bark and soda; the tepid sea-bath at the temperature of 94° or 97°, will also be of some use.

When the swelling is composed of several small glands, and when they are not reduced by a mercurial course, the use of mercury is to be discontinued. If the glands suppurate, they form an ill conditioned sore, which heals with difficulty. Here the same mode of treatment is required as in other scrofulous ulcers. A poultice of the fresh leaves of hemlock is a good application.

Further observations on the treatment of buboes.—Sometimes a bubo becomes gangrenous early, the gangrene spreads rapidly, destroying all the integuments at the upper part of the thigh. In such perilous cases the femoral artery is sometimes eroded, and death ensues immediately; and though the artery may escape, the disease will probably prove fatal. These symptoms must be treated upon general principles, and not with mercury.

When a syphilitic bubo has been for the most part reduced, the gland or glands often remain larger and more indurated than natural. This is of little moment, especially if the gland be movable or circumscribed; wearing a piece of mercurial plaster, or of soap cerate, or rubbing a little mercurial ointment and camphor on the part, will be generally sufficient. If the patient be very anxious for the removal of the glands, they may be extirpated. Again, whenever the structure of the gland is much altered, and perfect resolution impossible,—or where it is so destroyed that only a kind of bag instead of a gland remains, it is probable that some of the syphilitic poison is retained in it, and that the disease, through its medium, may be reproduced time after time. In such a case the gland ought certainly to be removed by extirpation.

Secondary symptoms.—When mercury is not employed, or where it has been ineffectually administered, though the primary symptoms may appear to be cured, the virus is carried into the blood by the absorbents, and thus produces a new order of symptoms, affecting other parts.

In order to cause these new effects, it is not necessary that the primary should be cured, as both may exist at the same time; and a fresh chancre may be contracted whilst the secondary symptoms exist.

The virus having been received into the blood, does not long remain inactive; pains of the limbs are felt, and there is some degree of febrile disturbance. These symptoms do not always accompany the morbid development, but they generally take place; and after a few days, relief is experienced by the appearance of an eruption, or by an ulceration of one of the tonsils.

Secondary symptoms usually take place within three months of the apparent cure, or when mercury has been ineffectually employed; but should they not appear at the end of six months, the patient may consider himself secure. It is a mistaken notion that the disease can lay dormant in the system for some years.

In some respects the virus proceeds in a manner not very dissimilar to the exanthemata. In all these some peculiar extraneous matter enters into the blood-vessels, and is thrown out under different forms through the emunctories. Variola, though in some instances it is capable of reproducing the disease more than once

does not generally recur after the first development, having produced in the constitution a certain inexplicable change. In lues, on the contrary, a person may be affected with constitutional symptoms time after time. These examples are not of frequent occurrence, but the fact is certain.

Persons who have suffered from secondary symptoms are generally more cautious for a time, and if they do contract a fresh infection, they seldom delay long in applying for advice, and hence constitutional symptoms are not very often observed in the same individual a second time.

The syphilitic poison does not observe a definite course, but runs on, and would, if unchecked, destroy its victim. There are no natural powers which can so alter its great activity as to render the poison innoxious. When the poison attacks the skin or throat, a process goes on, similar to that of an abscess, and the matter may be again absorbed to aggravate the disturbance of the system.

When no mercury has been used, the symptoms, after about a fortnight, will be less severe, as if the activity of the poison were suspended; and if too small a quantity have been taken, the same symptoms will appear and disappear several times.

Amongst the first class of secondary symptoms are to be reckoned ulcers on the tonsils, uvula, and velum palati; blotches on the skin; lippitudo; ulcers on the umbilicus, on the nipple, under or between the toes, and on the penna nasi and upper lip; sarcocele, tinnitus aurium, intertrigo, rhagades, &c.

(*To be continued.*)

ON RETROFLEXION OF THE UTERUS.

A Paper read before the Medical Society of King's College, London, Nov. 18, 1847.*

By Frederick John Hensley, M.B., Lond., Vice-President of the Society.

The causes which lead to this displacement of the womb may be divided into predisposing and exciting.

The predisposing are,—that congenital formation of the uterus, mentioned by Tiedemann, in which the uterus is situated obliquely, and the ligaments are lengthened; slight inclination and great capacity of the pelvis; relaxation of the tissues in the pelvis in general, and particularly of the broad and round ligaments; frequent abortions, by which the body of the uterus is rendered larger and heavier, and its neck relaxed and elongated, from repeated floodings; any cause which produces fulness and enlargement of the fundus, as fibrous tumours in that portion of the organ.

The exciting causes are,—accumulation in the bowels, whereby the pressure of the loaded ileum gradually forces down the fundus; falls; violent efforts to lift heavy weights, or any other inordinate exertion by which the abdominal muscles are brought strongly into action; straining at stool, and these causes of course act with greater force when they concur with any of the predisposing causes. Dr. Denman considered retention of urine to be the cause in the single case related to him by Dr. Thomas Cooper; it is, probably, more an effect than a cause. Tumours in neighbouring organs, as the ovaries, may produce the same effect.

Let us now proceed to consider the effects produced by this displacement, and which add greatly to the importance of an early diagnosis. They are numerous and serious. Time will not allow me to enter minutely into their symptoms, which indeed would form an ample subject for another communication, I shall, therefore, content myself with a brief enumeration of them.

In all cases where the fundus has remained displaced for some little time, congestion and engorgement, not only of itself, but of the cervix and os uteri, is produced, owing to the return of venous blood being retarded; this congestion is occasionally so great as to lead even experienced men into the belief that malignant disease of the os and cervix is present, or that the retroflected fundus is a fibrous tumour.

The cause being overlooked, and the congestion continuing, ulcerative inflammation of the cervix is apt to be set up, and a long train of severe symptoms ensues, such as pain and heat in micturition, bearing down, leucorrhœa, the discharge being yellow and thick, occasionally tinged with blood, and other symptoms too numerous to enter into. The relations of an organ whose sympathies extend through the whole female frame, insomuch that some writers have considered it the centre of female nervous sympathies, cannot be disturbed without generally producing many sympathetic affections, among which we may class nausea, vomiting, spasms, and the protean forms of hysteria.

Another affection very commonly associated with retroflexion, and to which I have alluded in describing the symptoms, is oophoritis, the peculiar symptoms of which are pain, heat, and tenderness in the corresponding groin, a sense of weight and swelling there, (the latter may be sometimes distinguished through the abdominal walls,) and what may, united with these symptoms, be almost regarded as pathognomionic of this affection, lameness of one leg, the patient being unable to extend the thigh without pain; she keeps it flexed on the abdomen. On examination per vaginam the swelled ovary may be felt, it is, however, more easily detected per rectum as an oval swelling posterior to and above the uterus, very tender to the touch.

Other effects are sterility, tendency to abortion, and dysmenorrhœa.

Retroflexion of the fundus tends, I believe, to produce

* Continued from page 14.

abnormal growth in the substance of the uterus, especially fibrous tumours, by occasioning congestion, and keeping up irritation and an increased flow of blood to the part. This is a point requiring further investigation.

Having thus described generally the symptoms, history, causes, and effects, of this very important displacement, I will proceed to illustrate the disease by the detail of one or two cases, premising that it is not to be expected that all the symptoms I have enumerated should be present in any individual case, and that the treatment adopted will be described more fully afterwards. For the first case I am indebted to Dr. Rigby's reports.

L. B——, aged 27, married three years, does not suppose herself ever to have been pregnant, tall, and well formed.

August 4th, 1845. Catamenia have always been regular, lasting six or seven days, but since her marriage they have been rather more profuse, lasting eight, or even ten, days; slight leucorrhœa during the intervals; digestion usually good; bowels confined; accustomed to active exercise; pulse very feeble; has a remarkably dry skin, which has been peculiar to her since her childhood; the feet have an irritable eruption on them, which at times itches severely. When she perspires, which rarely happens, it seems to relieve this source of irritation considerably; urine always high coloured, and turbid on cooling, occasionally with red sand, but never scanty.

Examination per vaginam:—Os uteri looking almost directly forward; the fundus uteri can be felt behind the vagina; uterine sound passed as far as the os uteri internum, the point being directed backwards, and by raising the fundus a little with the examining finger, the sound passed into the uterine cavity to its full extent. I then raised the fundus upwards and forwards into its natural position. She states that a very slight appearance of the catamenia occurred shortly after marriage; that in about a fortnight afterwards she received a severe concussion of the brain, in consequence of being thrown from a carriage with great violence, when it was upset. She went ten days beyond the next period; a slight show then came on, and again disappeared, but in twenty-four hours it returned very profusely, with an unusual degree of pain, and with the expulsion of several large clots.

R. Extr. Taraxaci, cochl. min. ½, omni nocte e lacte. R. Pulv. Guaiaci, Magn. Carb., utrq, gr. x., ex Aqua, cum Sp. Ammon. Aromat., dr. ss., omni meridie.

She left town immediately afterwards.

October 3rd. She returned to London on Sept. 30th, in good health; the course of medicine which she has been taking seems to have agreed well, and to have diminished the lithic diathesis, which formerly existed. I introduced an ivory supporter, fixed to a pessary as before described; it appeared to answer the purpose completely without producing any inconvenience; I therefore omitted to use an astringent lotion, as I expected that the contraction of the vagina would be sufficient to retain it in position. On her rising, however, into the upright posture, it slipped and came down the same evening.

4th. Introduced an ivory pin of the same flattened form as yesterday, and fixed it to Dr. Simpson's instrument for supporting the uterus; it was adapted with much ease, the os uteri having been gently dilated previously to the uterus being raised into its natural position.

7th. Rectified the instrument by slightly bending it, as it pressed more on one labium than the other.

10th. Catamenia appeared without pain; health good.

16th. Leaves town to-morrow to visit her parents at a considerable distance.

December 10th. I visited her for the purpose of removing the supporter, but on my arrival I found that two days previously, when rising from her chair, she accidentally trod on one of the tapes and pulled it entirely out.

Examination per vaginam.—The os uteri opened backwards and rather low down, the uterine sound passed easily in the right direction.

Dr. Rigby remarks, "The above case presents several features of interest. In the first place a considerable degree of retroflexion is ascertained to exist without its producing any derangement or inconvenience whatever; the only change which could have been attributed to it was the circumstance of the catamenia having been rather more profuse since than before her marriage. No trace of dysmenorrhœa or ovarian irritation had existed, not even the slightest degree of pain or uneasiness about the pelvis, nor was she at all aware of any difference in her feelings, either after I had replaced it, or when it returned to its former retroflected condition."

The history of the patient from the time of her marriage, to the unusually profuse catamenial period, which followed her accident, is interesting:—"A very slight appearance of the catamenia occurred shortly after marriage," a circumstance, where this function had been so regular, which would favour the supposition that conception had taken place, the more so as she was in perfect health at the time; then came the accident, which was accompanied by so severe a concussion, as to render her more or less insensible even for some days. She went ten days beyond the ordinary period, which is exactly the reverse of her usual habit, being inclined to have a return of the catamenia some few days short of the full time. The manner in which the discharge appeared was equally unusual:—"a slight show came on, again disappeared; but in twenty-four hours it returned very profusely, with an unusual degree of pain, and with the expulsion of several largs clots." The whole features of this period seem to me to indicate the occurrence of an extremely early abortion.

The necessary inference appears to be that conception had taken place very shortly after marriage; that she

was exposed to a serious concussion of the body as well as of the head, when advanced nearly three weeks in pregnancy, and when the uterus therefore was beginning to undergo that increase of vascular congestion, which is known to be one of the earliest changes it presents after conception, and by which its fundus being rendered more heavy and bulky than ordinary, would be peculiarly liable to be forced downwards and backwards by the occurrence of so serious an accident as that which she met with.

The next case I shall allude to is one which came under my own notice, and in which the symptoms were more serious. It is as follows:—

December, 1843. Marianne Nichol,* widow, aged 35, has been married sixteen years; had six children, (the last three years ago,) and one miscarriage. Catamenia appeared at the age of eleven years, and the discharge was profuse for a time, but shortly stopped for six months, and again returned, and from this time she had a continued discharge for three years. The monthly discharge is always regular during pregnancy. Ten years ago had a very difficult labour, and from that time has always been ailing. About four years ago she overstrained herself by lifting a heavy box, and since then she has suffered from pain in the back, and other symptoms referrible to the pelvic organs. For the last four months has had a pale offensive discharge, and pain and heat in micturition. At present complains of pain in the loins and left groin; also of pain down the left leg, with numbness; the urine is scanty, and causes pain in passing it; there is no frequent desire to pass it; bowels costive; has been in the habit of taking aperient medicines; defæcation gives great pain. The catamenia are preceded by much pain of a bearing-down character, shooting down the thighs, especially the left; the discharge is copious, dark-coloured, and attended with fibrous exudations and pain in the back; slimy leucorrhœa occurs in the intervals.

Examination per vaginam:—The os uteri is tender to the touch, and bleeds readily on pressure.

Examination per speculum:—The anterior lip is divided into several lobules, it is large and swollen; the posterior lip is covered with highly vascular granulations, and is fissured; the os uteri looks downwards, not backwards; behind the posterior lip is a tumour, hard and painful.

The nitrate of silver was applied to the uterus; Lotio Plumbi ordered for injection; quinine and sulphuric acid taken internally.

5th. Catamenia have returned this morning; feels very low and weak; suffers a good deal from dyspnœa.

On the 9th was ordered calomel and colocynth pill, and Acidum Hydrocyanicum, with Inf. Quassiæ, for the dyspeptic symptoms.

It would be tedious and irrelevant to the subject to enter into the symptoms dependent on dyspepsia, and an affection of the chest; I shall therefore confine myself to the uterine symptoms.

18th. The leucorrhœa has continued copious and offensive. To-day I scarified the os uteri, but it afforded little relief, as it did not bleed freely. The next day I applied eight leeches, which bled freely.

29th. Feels better; the catamenia have appeared, and are attended with less pain and bearing-down. On first trial I was unable to pass the sound, but on the 9th of January, having curved it more, I succeeded in doing so; it was felt in the tumour behind the vagina, and by turning it upwards and forwards, I removed the tumour, and restored the fundus to its position. The body was bent backwards, and to the right side; its continuity with the os was traceable by the finger.

She was discharged on the 30th, as I had obtained an order for her admission into the hospital for women, into which hospital she was admitted on the 10th of February, under Dr. Protheroe Smith. The retroflexion was found to have returned again, and the tumour was tender and painful.

Hirudines vj. cervici uteri applicandæ.

February 25th. The uterus was restored to its natural position by the aid of the uterine sound.

Hirudines vj. ori uteri.

28th. After the uterus had been restored on the 25th, there was great pain in the back and loins; leeches bled freely; bowels open thoroughly on the 25th.

Examination per vaginam:—The anterior lip is hard and nodulated; the os looks backwards into the hollow of the sacrum; the uterine sound passes easily to its full extent, with its concavity forwards, while there is now no tumour behind the neck of the womb.

March 3rd. The uterus is again distinctly retroflexed, as evidenced by the introduction of the uterine sound; bowels open. Hirudines vj.

20th. Uterus in its natural position; uterine sound passes with its concavity forward, and no tumour can be felt posteriorly.

27th. Uterus in its natural position. The patient is very hysterical.

31st. Uterine sound passes to three inches and a half in its natural direction, with its concavity forwards; the cervix is large and bulky; os irregular and indurated; no tumour posteriorly; the posterior pouch of the vagina indurated.

Pil. Ferri Sulph., gr. v., ter die sumend.

April 14th. Feels much better, but still complains of pain at the chest; a sensation as of hot water in the stomach; has a very offensive discharge; the pain in left groin has entirely disappeared, leaving a slight tenderness.

Examination per vaginam:—Uterus in proper position; the os less indurated; uterine sound passes with concavity forwards, and half an inch beyond the natural extent; the os looks distinctly backwards, and there is no pelvic tumour posteriorly.

She was subsequently made an out-patient. Occasional scarifications and mercurial pastiles were ordered, which after a time affected the system; a progressive improvement in the condition of the cervix

* Admitted into King's College Hospital, under Dr. Todd, December, 1845

and os took place, though the retroflexion returned once and again, but she was ultimately discharged cured.

This case furnishes an instance of the great tendency which exists in cases of long standing to a return of the retroflexion; it was remarkable for its obstinacy. The long duration of the treatment necessary to produce a cure should not excite our wonder, when we consider that the disease had evidently existed for some years, and had been overlooked, and consequently neglected; that it had led on to excessive engorgement of the cervix and fundus, and ulceration of the posterior lip; that the body and cervix were elongated, so that the sound at one time passed three inches and a half, and therefore Simpson's supporter was inapplicable. It was only after the ulceration had been healed by cauterizations, and the voluminous organ reduced by repeated leechings, and local mercurialization, that the disease was cured.

I might bring before you numerous other cases which have come under my own notice, but having detailed these, I deem them sufficient for my present purpose, and will not detain you long by dwelling on the general treatment.

In the first place the causes should be removed; the bowels must be unloaded, and kept gently open by saline aperients; the general health improved by alteratives and tonics; local engorgement relieved by leeches applied to the anus, or to the os and cervix uteri, followed by the warm hip-bath. The fundus must then be replaced by the uterine sound, and the patient enjoined to remain in bed on the side for some days. If the fundus remains in its proper position, so much the better; astringent injections will be all that is required. If otherwise, the uterus must be again restored, and perhaps by keeping the sound a short time in it, we may overcome the tendency.

Should this means fail, we must employ the uterine supporter devised by Professor Simpson, an instrument which I now exhibit to you. It consists of a metallic or ivory pin, the length of the uterine cavity, (two inches and a half,) fixed in a disc or button, on which the os uteri rests, connected with and kept in position by a little frame, resting on the mons veneris, and which is properly fastened by tapes. Dr. Rigby improved this instrument by making the pin flat instead of round, and broader at the extremity, so as to adapt it to a larger surface, and by employing ivory instead of metal. Dr. Simpson had removed the objection of corrosion being produced by the secretions, by having the metal electro-gilded. The instrument should be adapted while the patient is in bed, and she should be kept quiet for some days, till the uterus becomes accustomed to its presence. I have known peritonitis induced by the neglect of this precaution, the patient having walked home some distance; where, however, the patient is cautious in her movements, and disposed to follow the directions of her medical attendant, the instrument may be worn for months without inconvenience, and excites less irritation or discharge than the ordinary pessaries. The instrument is generally required to be worn a month or six weeks to effect a cure; after wearing it a short time the patient is able to take moderate exercise.

Dr. Simpson has another instrument for the same purpose, it is a species of pessary, to which he has fixed a hinge, by means of a spring, like the blade of a knife, but this I have neither used nor seen.

Into the treatment of the complications, it is impossible to enter minutely, I fear I have already trespassed too long on your time and patience.

SYMPTOMS OF POISONING, AFTER EATING A QUANTITY OF MACE.

By George C. Watson, M.D., Liverpool, formerly Lecturer on Forensic Medicine, in Dublin.

(Read before the Liverpool Medical Society. 1847.)

The subjoined toxicological effects of an article extensively used as a condiment, will, perhaps, justify their being placed on record under the head of narcotico-acrid, or narcotico-irritant; and it is the more necessary to establish the concentrated physiological action of the nutmeg and its singular envelope, because its culinary merits under a diluted form render its milder effects a subject of common experience, while its more intense action appears to be little known, at least as far as my research has carried me.

The entire indigestibility of the compact fibre of the arillus of the nutmeg is, perhaps, only matched by the nut it encloses, and suggests at once as the first step of treatment, an emetic, in order to remove from the stomach a substance which, many hours even after having been taken, shews great resistance to the combined processes of mastication and digestion, and requires a lengthened period for the full development of its toxicological effects. Most probably to this cause is to be referred the slow accession of the symptoms in the first place, and their obstinately prolonged duration.

Perhaps it might be doubted whether the treatment subsequent to the emetic was the most suitable, especially the selection of a remedy like camphor, which belongs to the same class of poisons as the one to which I have ventured to refer the present drug; but the smallness of the doses of camphor given puts it almost "out of court." The other diffusible stimuli seemed indicated by the symptoms, &c.

"At about eleven o'clock in the forenoon of the 12th, of March, 1847, I was in a sale-room in which there were samples of spices, &c.; and from curiosity, I ate about as much mace as could be lifted on a teaspoon, if broken small. About half-past twelve o'clock I felt

a pain on the crown of the head, extending over a space about the size of a penny piece; I also felt a slight nausea of the stomach, as if I had been smoking inordinately. I had kept eating the mace in small bits over about an hour and a half. I walked home, and dined about three o'clock. I still felt the pain slightly on the top of the head, and also the nausea and slight giddiness. I rose from dinner and looked out at the window, to dissipate, if possible, this disagreeable feeling. I then felt the blood rush to my head, but the feeling was as if an electric current had passed from the crown of the head downwards. Not wishing to be overcome in the room in which I then was, I made an effort, and got mechanically down-stairs. I then felt the same sensation which I should suppose a person would experience who had become nearly insensible from extreme cold, and that if I had yielded myself to its influence, I could have slept away out of existence without pain. I felt this sensation twice; the second time when I had got down stairs into the back parlour. I then walked about in the back yard, to endeavour to drive away the extraordinary sensations, but in a few minutes a cold shiver came upon me. I then got into the house, and laid myself npon a sofa near the fire. From that time I felt every variety of heat and cold from their respective extremes. At every time the blood went from and returned to my head, the current changed the sensation, sometimes feeling myself very hot, and the next very cold, but never the same sensation. I felt at one time such a pressure in the head, that it appeared as if all the blood in the body had rushed to obtain possession of that region, and I thought I could hear it gushing in my ears. These symptoms became gradually weaker. A medical gentleman was hurriedly called in, and some brandy was administered. The effect of this upon me was as if I had been electrified from the roof of the mouth downwards in a straight line, and dying off towards the feet; it then seemed to diffuse itself over the whole body. The state of my body generally felt as if I had had hold of slightly galvanized wires, the wires apparently working in antagonist directions, out of tune and keeping;—like, in fact, so many connecting rods working from excentrics out of truth, and jarring against each other. The state of the mind was, I sbould suppose, similar to that of the opium eater, entertaining no apprehension of the result, although aware of the presence of some danger. The pulse, during the several paroxysms, was very varied, being from 70 to more than 100. During the attack I felt every nerve in my teeth, but no pain."

The above description is, in the words of the party himself, whereby he has endeavoured to describe the anomalous feelings and intellectual disturbance produced so unexpectedly by the arillus of the nutmeg. Præcordial anxiety was remarkable, and the whole state of the patient induced the surgeon called in, first to administer hot brandy and water, and finding this of no service, he exhibited an emetic of sulphate of zinc and ipecacuanha, which brought away some trifling portions of the masticated mace. We now saw the patient together. The feet were cold, and required artificial heat; the head throbbed, eyes looked injected, and the countenance acquired a bizarre expression, whilst the words he employed to express his sensations seemed selected for their merit of being the opposite to what should have been used. Camphor mixture and compound spirits of ammonia, with chloric æther, were given at short intervals; the bowels were moved frequently by salts and senna, and the forehead was kept cool by a spirit lotion and strip of linen. His temporal arteries beat strongly for several hours. The persistence of the intellectual disturbance was remarkable, for on the third day the odd and excited state of the sensorium had not quite disappeared, so that he even then felt himself unable to attend to his office books. His thoughts hardly submitted themselves to his control, unless by a consciously great effort.

The arillus of the nutmeg contains an expressible oil, one eighteenth part of which is volatile according to Duncan. Upon the latter the flavour is said to depend, and probably also the excitant power upon the sensorium, although this has not yet been determined, that I am aware of. The properties of both mace and nutmeg appear to be identical, and reside in the essential oil found in them, for the aromatic flavour and pungency of which only have they been introduced into pharmaceutical and culinary economy. The stimulating properties are less grateful in the envelope than in the nut itself, yet the potency of the one and the other, when too freely used, in developing symptoms of an injurious kind in the human subject, renders it needful that a salutary caution should be urged against the too liberal use of these common condiments.

CASES FROM PRIVATE PRACTICE.*

By John Richard Wardell, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

Case V.

INFANTICIDE.

Post-mortem examination made on the body of a female child, February 1st, 1847, which had been found forty-eight hours previously, in an adjacent river.

External aspect. The body is in various places besmeared with mud, especially about the head and nates; cutaneous surface on face, neck, thorax, and anterior aspect of superior extremities of a pale livid hue; conformation of chest full and rounded. Umbilical cord torn, its extremity being ragged and unequally divided, is of a pearly white colour, and bright and shining, not at all contracted or shrivelled, and feels soft and flexible to the touch; indeed, seems

* Continued from page 688 of last volume.

little, if at all, different to the state in which it is found at birth. At three or four places along the course of its vessels, are observable congested-looking spots, of a reddish brown colour; no indication of any ligature having been employed; measures eight inches in length; no discolouration nor evidence of powerful traction having taken place at its abdominal insertion. Nates are smeared with an olive-greenish meconium. Hair light brown, and in the usual abundance. Finger nails fully developed, and reach a little beyond the tips of the fingers; nails on toes also perfectly formed. The white saponaceous matter, so usually seen at the birth of mature children, is present on several parts of the body, but mostly on back and nates.

The body, on being washed in tepid water, becomes of a more distinctly pinkish colour. On the anterior part of the neck a slight line is observable where the cuticle is excoriated; this line is four and a half inches in length, and in some portions of its course ecchymoses are apparent. On the left side, a little above the clavicle, is a discoloured patch, resembling a bruise; the superjacent cuticle is somewhat abraded; colour of a greenish blue cast, of the size of a sixpence. No other external traces of violence. Weighs 5lbs. 14½ oz. avoirdupois. Measures from vertex to heel 19¾ inches.

On making a vertical section, and reflecting back the scalp, a good deal of dark fluid blood has escaped from the posterior part. Cranial bones are not fractured. On removing the calvarium more dark blood oozes away, and the encephalic mass is much congested, the superficial and membranous vessels, as well as those proper to the substance of the organ, being of a very turgid appearance. Convolutions normally developed.

Dissecting back the skin corresponding with the line previously spoken of, on the anterior part of the neck, extravasation of blood into the subcutaneous cellular tissue is distinctly discernible, and beneath the bruised patch above the clavicle an irregular space from seven to eight lines in diameter, presents obvious sanguineous extravasation, and at three or four places in this space a small coagulum of blood, from the size of a wheat corn to that of a small pea, is discovered. The anterior surface of the sterno-cleido-mastoideus muscle shews one or two ecchymosed places, which, on a section being made through them, are found to extend into the substance of the muscle. No foreign body, nor anything anormal, is discovered in the mouth, larynx, pharynx, or trachea. Behind the pharynx, between the soft parts and the cervical portion of the vertebral column, some dark coagulated blood is observed.

Opening the thorax, the lungs completely fill the chest, and their anterior margins overlap the greater portion of the pericardium, so that only a triangular portion at the apex is left uncovered. The organs are of a pinkish red colour, but on their posterior inferior parts they acquire a blueish hue; diaphragm less convex than where the lungs are uninflated. Distinct crepitation is felt in every portion of their substance, and when thrown along with the heart and thymus gland attached, into water, the whole mass lightly swims on the surface. Each lung being placed separately in water, is extremely buoyant, and on each being cut into a dozen pieces, they all readily float; a piece taken from the posterior inferior part of the left lung (where there is congestion,) being powerfully squeezed by means of twisting it in the fold of a napkin, and then put into the water, swims as before. The lungs and heart together weigh 1175 grains; lungs alone 813 grains, and heart alone 362 grains. The heart contained some dark blood in the right side; foramen ovale still patulous; ductus arteriosus permeable, slightly contracted in central portion, and in it a small quantity of yellowish fibrinous matter is discovered; ductus venosus empty, but unaltered. On exposing the abdominal viscera the stomach is distended, and feels elastic to the touch; after placing ligatures around its extremities, it is removed, and on a puncture being made into its parietes, some gas has escaped, and the organ becomes collapsed; on laying it open, about a drachm and a half of viscid, mucilaginous, brownish-yellow matter is found; no morbid appearances detectible. Liver natural; intestines not at all distended, either with air or water, but rather seem contracted; the normal quantity of meconium is present. Other organs natural.

The following case occurred some few weeks subsequent to the above, at Malton, Yorkshire, and through the kindness of Dr. J. J. Wright, an intelligent physician of that place, who was employed by the coroner to make the examination of the body, I am thus enabled to present to the reader the subjoined example:—

Case VI.

INFANTICIDE.

Examination of the body of a male infant taken from a well, April 11th, 1847.

External appearances.—The body was carefully and tightly sewed up in flannel, beneath which was a second covering of cotton. The features and limbs were distorted and compressed by the tightness with which the coverings had been applied; the legs were firmly pressed upon the abdomen. A considerable quantity of meconium had made its escape, and was smeared over the lower extremities of the child and over the cotton cloth in which it was contained. Cutaneous surface of the head, neck, and shoulders, of a roseate hue, except on a part of the right side of the face and head where it was slightly livid; over the rest of the body it was pale. Some frothy mucus exuded from the nostrils The umbilical cord was torn off within a quarter of an inch of the abdomen; its extremity was ragged, colour a pale-red; there was no appearance of any ligature having been applied; there were no external indications of putrefaction. Hair light brown and rather more than usually abundant; nails fully formed, and reach beyond the ends of the fingers; the scrotum was slightly livid, it contained both the testes. No remains of membrana pupillaris. There were none of the sebaceous matter on any part of the surface of the body. Length from vertex to heel twenty inches; weight of body, 6lbs. ⅝oz., avoirdupois. There were no external marks of violence.

On making a section of the scalp from before backwards, a little effused blood was found over the superior

angle of the occipital bone. The cranial bones were unfractured, full, ossified, and not overlapping each other. The anterior fontanelle was unusually small; the posterior nearly obliterated. The convolutions of the brain were fully developed; the vessels of the membranes and substance of the brain unnaturally turgid and filled with dark-coloured fluid blood. Not the slightest putrescent odour was perceived on opening the chest. The lungs occupied the greater part of the chest, and partially overlapped the pericardium; they were of a deep pink colour posteriorly, their anterior margin being of a much lighter hue; they were perfectly healthy and crepitant. The heart, lungs, and thymus body being thrown together into water, floated considerably above its surface. Each lung was separately buoyant. When divided into thirty-six pieces, each piece floated, and after some of these had been very powerfully compressed in a cloth, their buoyancy was still preserved. Weight of lungs, 812 grains. About a drachm of reddish serum was contained in the pericardium; the heart was perfectly healthy and weighed 330 grains; the foramen ovale was open; the ductus arteriosus was contracted towards its aortal extremity. Trachea and the whole of the bronchial tubes full of frothy mucus; blood-vessels of chest unnsually full of dark fluid blood; stomach healthy, containing a little healthy mucus with some flatus; intestines filled with meconium. Other organs healthy.

(To be continued.)

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JANUARY 26, 1848.

A numerous and influential meeting of medical practitioners, residing in the county of Dorset, has lately been held at Dorchester, at which the rules and regulations of the Dorset County Friendly Society, so far as they affect the medical profession, were taken into consideration. We have received a copy of such of the rules of this Institution as relate to the provisions for medical relief, from which we learn that the sum of two shillings and sixpence per head, from each benefit member, is paid to the medical officers;—that certain extra allowances, similar to those authorized by the Poor-Law Commissioners, are to be paid in protracted surgical cases and for capital operations;—that additional annual payments, "*which payments shall be understood to include all casualties whatever,*" are made for the families of benefit members, to the amount of two shillings for a wife or child above sixteen years of age, one shilling for each of the first three children under sixteen years of age, and nine pence for each additional child;—that ten shillings and sixpence extra is allowed for confinements;—that all medicines, &c., as well as attendance, are supplied by the medical officers.

We believe, that from statistical calculations, made with a view to this very object, the average annual period of sickness among healthy persons who come within the scope of these institutions, is estimated at six days and some hours. This average period will, however, vary with the circumstances of the individual families; their dwellings, habits, occupations, general state of comfort, and, above all, the density of the population, and sanitary state of the localities in which they may be congregated. For the large towns of the manufacturing districts, for instance, the calculation is far too favourable, and we much question whether, if we had sufficient data for determining this point with accuracy, the period of sickness given would not be found considerably below the truth, even among an agricultural population, and in localities favourably situated. Assuming, however, the above average to be correct, and estimating the families to consist of husband, wife, and three children, the sum paid by each will, in all ordinary cases, amount to seven shillings and sixpence; the number of days of sickness, without mentioning the hours, will amount to thirty, which allows the munificent sum of exactly three-pence per day as the amount of remuneration for medicines, attendance, the expenditure of time, &c., leaving out of the question the anxious devotion of mental labour and exercise of practical skill which the more serious cases necessarily call for.

Let us now recur to the proceedings of the meeting. We regret that we are unable to report them at length, but the resolutions which we subjoin, afford an epitome of them:—

It was proposed by Mr. Fox, of Weymouth, and seconded by Mr. Fooks, of Stalbridge, and carried unanimously,

"That although the Dorset County Friendly Society would be of great utility in administering to the wants of a large portion of the industrial inhabitants of the County; yet that in the absence of any restrictive clause as to the admission of Benefit Members, it is to be feared that many persons, whose circumstances do not require that Medical and Surgical Relief should be administered as a charity, would be induced to join the Society; it therefore appears desirable to restrict Medical Relief to the Labouring Population and Journeymen Mechanics."

Proposed by Mr. Cory, of Bridport, and seconded by Mr. Good, of Sturminster, and carried unanimously,

"That we regret exceedingly that the rules bearing upon Medical Attendance should have been framed without the Profession having been first consulted; and that consequently the offers of the Society are of such a character that, consistently with a regard to our own respectability, and a benevolent concern for the welfare of those who may become Members of such Society, we cannot accede to them."

Proposed by Mr. W. Highmore, of Sherborne, seconded by Mr. Emson, of Dorchester, and carried unanimously,

"That the Medical Profession has ever shown itself ready and willing to co-operate with gentlemen of liberal and benevolent minds in schemes having for their object the benefit of the industrious and provident poor; and in accordance with such feeling we invite a conference of the Committee of the Society with a Committee of Medical Men to be appointed by this Meeting, trusting by this means such regulations may be adopted as would be mutually satisfactory."

(Signed) G. CURME, Chairman.

The Members of the Provincial Association will, we feel assured, cordially respond to the sentiments so temperately embodied in these resolutions of their Dorsetshire brethren; but it will be difficult for many of them, notwithstanding the heartless treatment to which they are so often exposed in their intercourse with poor-law authorities, to believe that it could ever have been contemplated, even by the poor artizan or labourer, so to encroach on the gratuitous benevolence—for such in fact it is—of medical practitioners, under the fallacious plea of a payment for attendance, &c. Yet do we here see the lure held out, not to the necessitous merely, but to persons whose circumstances place them above such modes of obtaining relief in sickness. In this manner do we find the low rates of payment originally forced upon the profession by threats of competition, now extended from the actual pauper to the more independent, because more provident among the labouring poor, and with them to the small farmer and tradesman;—and who shall say where the evil is to stop?

It is true that a high reputation for talent will probably always obtain from the wealthy a corresponding honorarium, but the general body of practitioners, of every grade, if such practices are to go on, will systematically, though gradually, be depressed, until little prospect of attaining a competence by the exercise of their profession will remain, and no inducement, save the love of knowledge, for its own sake, or perhaps more rarely the pure desire of doing good, will be left for those whose minds are fitted for the duty, to devote themselves to so important and so honourable a calling.

Reviews.

A Manual of Elementary Chemistry, Theoretical and Practical. By GEORGE FOWNES, F.R.S., Professor of Practical Chemistry in University College, London. Second Edition. London. 1848. Fcp. 8vo. pp. 596. With numerous Illustrations.

The former edition of this excellent digest of chemical science has been received with general satisfaction, and we have only to recommend those who are not yet acquainted with the work, to avail themselves of the appearance of a second edition. Whether as a guide to the study of the various objects of which it treats, or as a work of reference for brief notices of the many newly-discovered compounds in organic chemistry, we can most confidently commend it. In the latter point of view, especially, it will be found most useful to those of our medical friends whose occupations may have prevented them from following out the progress of these discoveries.

Let us turn, for instance, to a series of these compounds, one of which has lately engaged so much of public attention. We allude to methyle, with its derivatives, chloroform, bromoform, &c. Wood spirit, of which methyle is the hypothetical base, not yet isolated, is a volatile inflammable spirit, obtained from the distillation of dry wood, much resembling alcohol, and analogous to it in its properties and modes of combination. The formula for methyle, is $C_2 H_3$. Wood spirit is the hydrated oxide of this body, $C_2 H_3$, $O + HO$ Wood ether is the oxide, $C_2 H_3$, O. Formic acid, a well-known animal acid, existing in the bodies of ants, and bearing the same relation to wood spirit, as acetic acid does to alcohol, is produced by the substitution of two equivalents of oxygen for two of hydrogen, $C_2 H O_3$; and chloroform is produced by the substitution of three equivalents of chlorine $C_2 H Cl_3$ for three of oxygen. We extract the following brief description of the analogous compounds with bromine and iodine, the former of which has been recently tried in Paris, as an anæsthetic agent, and found to possess similar properties with chloroform :—

"Bromoform, $C_2 H Br_3$, is a heavy volatile liquid, prepared by a similar process, [to that followed for procuring chloroform,] bromine being substituted for chlorine. It is converted by alkali into bromide of potassium, and formiate of potash. Iodoform, $C_2 H I_3$, is a solid, yellow, crystallizable substance, easily obtained by adding alcoholic solution of potash to tincture of iodine, avoiding excess, evaporating the whole to dryness, and treating the residue with water. Iodoform

is nearly insoluble in water, but dissolves in alcohol, and is decomposed by alakalis in the same manner as the preceding compounds."

Benzine, which we observe has recently been used as an anæsthetic agent at St. George's Hospital, by Dr. Snow and Mr. Cæsar Hawkins, is described as "a thin, limpid, colourless liquid, of strong, but not very disagreeable, odour, insoluble in water, but miscible with alcohol, having a density of 850, and boiling at 187° F.; the sp. gr. of its vapour is 2.738. Cooled to 32°, it solidifies to a white crystalline mass." Benzine is a compound of carbon and hydrogen, and is identical with the bicarburet of hydrogen, discovered many years ago by Mr. Faraday, in the liquid obtained from the compression of oil-gas. It is a product of the distillation from a mixture of crystallized benzoic acid and hydrate of lime. The anæsthetic effects, though decided, do not appear to equal those of chloroform or æther.

The London and Provincial Medical Directory. 1848. London. pp. 203 and 432.

We have great pleasure in recommending the "Medical Directory" for the current year to the notice of our readers. It is a great improvement on its predecessors, both in general arrangement, and in accuracy. Much useless matter has been discarded, and every effort seems to have been made to ensure correctness. The errors of omission appear to be chiefly, if not altogether, owing to the neglect of the gentlemen to whom circulars were sent, and the editor, as far as he has been able, has endeavoured to supply them by supplemental lists, in which the names are published, without qualifications. A useful form of medical diary is bound up with the work, and forms, together with a copious local list, arranged according to the several counties, and a list of the Poor-Law medical staff throughout the country, the leading features of novelty. We consider that the "London and Provincial Medical Directory," in its present form, is well deserving of the patronage of the entire profession; it will be found most useful in affording information on all such subjects as works of this description treat of, and as no expense seems to have been spared in the endeavour to render it an accurate record, we hope the proprietors will meet with a commensurate amount of encouragement.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Since the date of my last letter I have received the following contributions from correspondents. The first is from the learned translator and editor of "Paulus Ægineta," to whose commentary on the section on burns, (*Paulus Ægineta, vol.* ij., *page* 43, *Sydenham Society's Edition,*) I beg to direct the attention of your readers, as containing an able digest of the treatment adopted by the ancients:—

Answers to the Queries contained in Mr. Crompton's Letter to Drs. Heygate and Hastings, on the subject of Burns and Scalds,

By Dr. ADAMS, Banchory, Kincardineshire.

1. In the earlier part of my professional life I was accustomed to see burns generally treated on Kentish's plan, and I occasionally adopt it even now. When the patient at first could be got to endure the increased heat and pain produced by the turpentine for a short time, I have certainly thought that in the end it effectually removed the stinging pain of the burns, and when persevered in, that cases thus treated usually got round more speedily than under most other methods of cure. But I have often been obliged to put away the stimulant dressings, and have recourse to something more congenial to the feelings of the sufferer. I still frequently use a combination of turpentine with the resinous ointment as a stimulating dressing to the indolent ulcers resulting from burns. I never prescribe alcohol myself, but have known it answer fully as well as turpentine in some cases where it had been tried. The only pernicious consequences which I ever knew to result from the application of stimulants, have been a temporary aggravation of the patient's sufferings, and some increase of the fever. An inconvenience attending the use of turpentine in certain cases is the smell, which to some persons becomes in time very offensive. As a general rule, I would say that when the patient is of a nervous temperament, and of an impatient disposition, the stimulant plan should not be risked.

2. In cases of scalds of a limited extent, I would say that I have found nothing answer so well as cold applications. I usually lay a piece of surgeon's lint over the part, and keep it constantly wetted with cold water, until the heat and stinging pain be effectually removed. When this purpose has been accomplished, tepid water, applied in the same manner, will be found more agreeable to the feelings of the patient; but some prefer substituting cotton or flour. Many people in this district have a great partiality for warm poultices, and fancy that the patient experiences more relief from them than from any other means. The preparation from linseed-oil and lime-water is also extensively used, either alone or in combination with poultices. I cannot say that I think either of these very efficacious, but upon the whole they are safe applications. I would never think of using cold applications, as directed above, when the burning is of great extent, and I have heard of very bad consequences from the use of them in such cases by inexperienced persons.

3. Cotton I have long used, but my experience of flour is of recent date. When the burning is at the same time extensive and superficial, I look upon either the one or the other, as the most judicious application that can be used. But when the burning extends deeper, neither of them answers well, and some more appropriate application must be substituted in place of them, more especially the turpentine dressings.

4. After very extensive burns, I have commonly observed a great prostration of the vital powers, and have, therefore, generally administered wine and other stimulants to counteract this tendency. Brandy and

other spirits, however, I have rarely administered, and never ammonia, as far as I recollect. Of course all such means require to be given cautiously, or altogether abandoned, as soon as any febrile re-action takes place; but at a subsequent stage of the treatment they may frequently be resumed with advantage. Opiates I generally give where there is much suffering, but of course they require to be administered with proper caution when there is any morbid tendency to coma or sinking.

5. I have found burns about the head particularly fatal. Those about the feet are, of all others, the slowest in healing. Deep burns in the neck are obviously very dangerous, owing to the large vessels which are situated in that region. The only plan I have pursued in cases of apprehended danger from hæmorrhage, has been to avoid warm applications, and not to interfere much with the separation of the sloughs.

6. On this point I have nothing interesting to communicate. Of course the cicatrix will be the less marked the more the ulceration is prevented from spreading. I have never seen much done or attempted in such cases. I am not quite sure, however, whether I correctly apprehend the drift of this query.

7. I have rarely or never made an inspection of the body after death, as far as I can recollect; at all events I can find no report of any such case in my note-book.

8. My own experience in the treatment of burns has been principally confined to young and aged persons, and I have no hesitation in declaring explicitly, that when extensive, I have uniformly found them to be a most fatal class of injuries, and that when of a limited extent, they have frequently proved troublesome to heal, especially in old persons. In general I have found that death either resulted in the course of a few hours, the system having sunk under the shock it had sustained, or that the patient was gradually worn out by the pain and discharges. I have seldom known the febrile re-action to be so strong as to occasion death. In the case of a girl, about ten years of age, a fatal trismus was the consequence of a scald upon the neck and chest.

9. I cannot give any general rules for the management of such cases. In one case of burning at the ankle, where the tendons in front of the joint had become contracted, and the foot was getting into the state named *valgus*, I performed subsection of the *extensor* and *tibialis anticus*, with Stromeyer's knife, and then extended the foot, with the most satisfactory results.

10. Perhaps no better directions can be given to the public at large than to follow the practice of the common people in this district; which consists in first smearing the part with linseed oil, either alone, or mixed up with lime-water, and then wrapping it closely up with cotton, in a soft substance called wadding. To say the least of it, this application can seldom do harm, and it admits of being easily removed when required. A most serious consideration in such cases is the removal of the patient's clothes, which sometimes so adhere to the burned parts, that they cannot be removed without occasioning great pain, and tearing the flesh. I know not any directions which can be given for conducting the operation, except to perform it with great caution; and in doubtful circumstances, rather to wait the arrival of professional assistance, than run the risk of doing mischief.

11. I am not aware of any practical rules but what are sufficiently obvious, and founded on general principles. It must of course be admitted that the healing of a sore is the work of nature, and that all which the medical art can do is to remove anything which may obstruct this process. For some reason, which I have never seen satisfactorily explained, ulcers after burns have a strong disposition to become fungous. To these I usually apply the *unguentum æruginis*, or a piece of lint, wetted in a solution of sulphate of copper. In a few instances, when nothing that could be had would make a sore of limited extent put on a healthy action, I have applied a small blister for an hour or two, so as to produce sloughing of the fungus, and healthy edges of the sore. In such a case I have known mercury administered internally, with the intention of its acting as an alterative of the state of the system, but I would never think of following this practice now; the strength should rather be supported, and quinine given freely. In a case of deep burning about the elbow, where the humerus was laid bare to a considerable extent, I applied the actual cautery with good effect, in promoting the granulation of the bone.

12. Several instances of sudden death during apparent recovery have occurred in the course of my practice, but I have kept no report of any such cases. It does not occur to me that I ever met with a case in which death could have been referred to ulceration of the *duodenum*, although it would appear that such cases are not of unfrequent occurrence.

By Jesse Leach, Esq.,

Surgeon, Heywood, Lancashire, Fellow of the Royal Medico-Chirurgical Society, &c., &c.

Heywood, 10th January, 1848.

Dear Sir,

I am favoured with your letter of the 30th of December last, conveying your desire for my present opinion on the treatment of burns and scalds with treacle, and whether I have had occasion to change my views on this subject since my communication to the *London Medical Gazette*.*

* Mr. Leach's first paper "On the use of Treacle in Burns," is printed in the *London Medical Gazette*, vol. 23, page 192. The following extract may be useful to some of the members of the Provincial Association, by saving them the trouble of referring to the original essay:—"In the first and second stages of burns, I prefer the external use of treacle, which from its simplicity, readiness of access, comparatively little expense, and almost uniform success, cannot fail to recommend itself to every one. Before trying the use of treacle, I attempted cold water and spirituous dressings, protected with oiled silk, linseed oil, and lime water, but frequently failed in preventing the smarting burning pain arising from the sensitive state of the cutaneous nerves, till it occurred to me that treacle being a tenacious plastic, refrigerant liquid, when pure, would effectually exclude atmospherical air, while it would astringe and cool the inflamed part. The first case I used it in was attended with marked success; since then I have tried it in sixty-five cases, and with variable effects. Three things are necessary in its employment—first, that it should be free from sand, splinters of wood, and dirty water—with which some of it is commonly adulterated; secondly, that it should be spread upon fine bleached calico without any asperities from uneven threads; and, thirdly, that it should be cold. When used in this way I have frequently seen the most agonizing pain immediately cease, and turgescence

I have made some modifications in applying treacle since I published, having found layers of carded cotton upon the coatings of treacle supersede thin paper, which I at first used. Carded cotton is not liable to tear vesicles, which thin paper is, in any movement of the limbs. I have therefore abandoned the use of thin paper, where I can obtain carded cotton for this purpose, and use layers of carded cotton over a thick coating of treacle. In other respects I have the same opinion of the superior efficacy of treacle over any other application, in the treatment of superficial burns and scalds.

I invariably use terebinthinate applications in deep seated burns and scalds, and believe them preferable to those of treacle.

You will find the internal use of brandy and new milk, in the proportion of two tea-spoonfuls of brandy to a tea-cupful of new milk, agree with a patient's stomach when every other liquid is loathed, and the vital powers apparently giving way under excessive purulent discharges and constitutional irritation. The use of this mixture has a soothing effect on the nervous system, and speedily promotes healthy granulations in deep seated burns.

Faithfully yours,
JESSE LEACH.

Samuel Crompton, Esq.

By Wm. Eddowes, Esq., Surgeon, Pontesbury, and Coroner for Shropshire.

1. I always apply cold spirits of turpentine with a feather pretty freely to scalds and burns, as soon as I can after the accident—never repeat it; afterwards simple ointment, composed of oil, wax, and lard. I think the turpentine acts as a stimulant, and benumbs the sentient extremities of the nerves; I have never seen it do harm. I think the simpler the external treatment the better. Internal remedies are, in my opinion, of the most importance,—such as opium, calomel, tartar emetic, &c.

2. ———

3. Cotton may be very well, but flour is a nasty thing.

4. Calomel and opium firstly, afterwards combined with tartar emetic, and nitrate of potass.

5, 6, and 7. ———

8. Prognosis generally favourable.

9. ———

10. Burns would generally be avoided if woollen and linen garments were worn. Cotton aprons are the greatest source of mischief.

11. Tincture of iodine externally; opiates with tonics internally.

12. ———

I recollect seeing a child burnt to death, when the whole surface of the burn was so slight that a crown piece would have covered the worst part. It lived about twenty-four hours. Had no medical assistance.

[In reply to a letter in which I requested Mr. Eddowes to obtain *post-mortem* examinations after burns, he observes, "I will order *post-mortem* examinations in every case in future where I possibly can, and you shall have the results." I trust that the abstract of Mr. Erichsen's paper will satisfy medical men, that *post-mortem* examinations may throw considerable light on burns and scalds.—S. C.]

By W. H. Evans, Esq., Surgeon, Bath.

During my pupilage, in my hospital attendance, and while in an assistancy, I think I have seen burns and scalds, treated by every known plan. The result is, that in my own practice I invariably at first apply flour; cotton-wool is not so easily attainable, but I think quite equal in value as a remedy. I have seen the ointment recommended by Dr. Greenhow, and to which Mr. Markwick alludes in a recent letter to the Journal, assiduously tried, but do not remember a case in which the cure did not seem retarded. For simple and inextensive burns or scalds, gold-beater's skin or isinglass-plaster, I have found a very ready and effective dressing. I have never seen treacle used, but fancy it would be useful in such cases.

I will now answer your queries as they arise.

1. The stimulant plan of treatment I think objectionable, except in enfeebled habits, or where there has been great destruction of parts.

2. Cold is serviceable in burns of mild character.

3. Cotton or flour answer every purpose as primary dressings.

4. Sedatives, especially opiates.

5. Burns or scalds on the abdomen I consider dangerous in the highest degree.

6. Unremitting attention to position, and the suppression of extravagant granulations.

7. I have never examined *post-mortem*.

8. Prognosis should be guarded, for cases of mild character may be much endangered by nervous sympathies.

9. See 6.

10. Better to leave the public without *directions* as to treatment, when medical attendance is so readily gained. The best habits for children and persons incapable of avoiding danger, are made of wool. I have heard it said that any material may be made fireproof, by steeping in alum-water, but I should not

---

of the inflamed skin diminish. In mild cases, one dressing will suffice. Where vesication is large and extensive, I have frequently evacuated the contents by means of a fine-pointed needle, avoiding laceration of the detached skin; but oftener prefer a thick coating of treacle upon the part, and afterwards enveloped with cap paper, which, from the delicacy of its structure, will sooner tear than suffer the raised epidermis to be detached. In common cases, where the burn is slight, I spread the treacle upon fine calico, and apply it after M. Velpeau's plan, around the affected part. Where calico of the description mentioned, is not to be obtained, I use paper, with similar results. Where destruction of the skin has taken place, and the part has become a sore, I have thought treacle promoted suppuration

and retarded the cure; in these cases I have used the Ung. Plumbi Co., of the new Pharmacopœia, after M. Velpeau's plan, with great advantage." * * * "Where suppuration can be prevented it is very desirable that it should be, and I have seen some rare cases, where the injury appeared very great, get well in the course of a few days, under the treacle dressing, when aided by a good constitution." In a subsequent number of the *Medical Gazette*, vol. 23, p. 350. Mr. Leach says, that tissue paper is better than cap paper, and further, that when suppuration does not occur, he washes the treacle off at the end of five or six days, and generally finds the part well. He, however, says, that he has *tried it in deep burns, but cannot recommend its use in these cases.*

like to risk it; dresses of muslin and gauze, or such light textures, should be avoided for all such persons.

11. The most useful, and most generally applicable, is to aid nature in her efforts, and this, I take it, will always lead to the support of our patients' strength, and a mild *nursing* of his wounds. The water-dressing in most cases is to be preferred.

12. I do not know a case.

I remember a very severe *scald*, of the abdomen, by boiling broth, in a child four years old, where there was great threatening of the nervous system, checked however by the use of mild opiates. The case was dressed with lime-water and linseed oil.

The next communication is from Mr. Edwards, the partner of Mr. Coleman, of Wolverhamptom. Before I received this eminently practical paper, I had been informed that Mr. Coleman had been very instrumental in making known the value of cotton as a dressing for burns among the practitioners of Staffordshire, and it was my intention to have written to him on the subject; but the necessity for so doing was done away with by Mr. Edwards's clear statement of the method of treatment which he pursues.

By GEORGE EDWARDS, Esq., Surgeon to the General Dispensary, Wolverhampton.

Living in a district where burns and scalds are of daily occurrence, I hasten to comply with your request, and relate the result of my observations as to their best mode of treatment. I will endeavour to be as concise and practical as possible in what I have to say upon the subject.

First, then, with regard to internal remedies. In those cases where the shock to the nervous system has been so great as to endanger life, and render internal remedies the first and immediate consideration, I have invariably found stimulants of wine, brandy, æther, or ammonia and opium, most efficacious; but, as I have usually found the sensation of extreme cold to be the most urgent suffering evinced by the patients, in all extensive burns and scalds, and which I believe is mainly owing to the exposure of the denuded surface to the atmosphere, I at once proceed to the use of those means, the application of which will, most thoroughly and effectually, exclude the air from the injured parts. This materially aids the internal remedies in restoring re-action; indeed, I consider it of paramount importance.

External Applications.—If the injury is so situated that cotton can be properly applied, I always use it in preference to any other application. By cotton, I mean well-carded cotton, not that cotton-wadding which is sold in the shops, and is glazed on one side, to pad ladies' dresses with: this is a very poor substitute. If, however, the face is the seat of injury, the application of boiled linseed oil, or white lead, or thick white paint, answers the purpose better than anything I am acquainted with, for by drying upon the part, it forms an impervious covering, and effectually excludes the atmosphere. With these remedies I am prepared to say that all burns and scalds, (whether the destruction of parts is deep, and the surface considerable, or whether simple vesication only is the result,) will be more efficaciously combated than with any other. I know that by some practitioners these means are said to fail. I also know, that it is not the means, but the manner of applying them, which gives rise to failure. If cotton is used, it must be applied evenly, in large quantities, and retained in its position by the loose adaptation of a soft bandage. If boiled oil or paint be the remedy, its application should be repeated as often as it hardens upon the surface, until such a coating is acquired as to render it a perfect mask, and quite impervious to the air. When there is an accumulation of discharge under the mask, it must be evacuated by cutting a small portion of the coating away in several places, and afterwards fill up the openings by a fresh application of the paint.

Of course the repetition of the cotton will depend upon the extent of injury and amount of discharge. Frequently I find one or two dressings sufficient to effect a perfect cure in a burn which would require weeks or months to accomplish by the daily application of ointments; and to those who are familiar with the cries of distressing agony which always accompany the matutinal exposure of a burn, I need not point out how greatly superior must that plan be where the dressings have only to be changed once in every week or nine days.

The last communication which I forward for insertion in this number of the Journal, is

By GEORGE KING, Esq., Surgeon to the Dorcas Lying-in Charity, Bath.

Although my experience in the treatment of burns and scalds may not have been so extensive as that of some others, I expect in twenty-seven years of practice as a general practitioner, I must have had my share. In all the cases I have adopted the stimulating plan of treatment, using the Linimentum Terebinthinæ. I add a little more turpentine than is ordered in the London Pharmacopœia; with this addition it is more easily spread. Internally, Tinctura Opii and Mistura Camphoræ, which not only relieves the pain, but allays the nervous excitement; when the shock to the system is very great, brandy in gruel. I have seen very slight burns or scalds over the chest and abdomen of children prove fatal long before there had been time to see the effect of the local treatment; this leads me to think that we do not pay that attention to the constitutional treatment that we ought. When the arm, hand, leg, or foot are the parts burnt or scalded, I apply a bandage, first saturated with cold water, over the turpentine dressing, and request the patients to keep it wet with cold water so long as they find it agreeable and pleasant to find the gentle pressure of the bandage support and add to their comfort. I do not remove the first dressing for a day or two, or longer, if no complaint is made. As soon as suppuration takes place, which is often very profuse, I apply dry lint; this and the pressure of the bandage keep in check the sprouting granulations, and do much to prevent those disgusting cicatrices which we often see after burns and scalds. This mode of treatment will apply to your fifth and sixth questions.

I have also received communications from Dr. T. H. Barker, of Bedford; Mr. Newnham, of Farnham; Mr. Wood, of Rochdale; and Dr. Glass Black, of Torquay.

I am, Sir, Your obedient Servant,

SAMUEL CROMPTON.

THE "IMPERMEABLE PILINE" A REMEDY FOR BURNS.

By Alfred Markwick, Surgeon to the Western German Dispensary, &c.

Although various plans of treating burns and scalds have been recommended by different writers, still the *chief* indication seems ever to have been to exclude the air from the injured part, and thereby alleviate as speedily as possible the sufferings of the patient. The remedies, therefore, that have been employed in these cases, have all been more or less directed towards accomplishing this most desirable object. Indeed it is evident that this must always be of paramount importance, inasmuch as the prognosis is found to be dependent more on the *extent* than on the *severity* of the injury, for, as is well known, burns and scalds, even of the first degree, when *extensive*, often prove fatal, entirely in consequence of the pain they occasion. In his valuable "Dictionary" Mr. Cooper remarks, "I believe that one of the most important principles in the treatment of burns, is to exclude them as much as possible from the air, and that it is in this way that the treatment with powdered chalk, the linimentum calcis, the linimentum terebinthinæ, flour, &c., proves very commonly advantageous. In particular, several of these applications supersede all occasion for an early or a frequent removal of the dressing, and exposure of the part. When it is considered what agony is thus prevented, we cannot wonder that the simple application of flour should have come into extensive favour." And we find this opinion corroborated by the following paragraph, translated from the article on "Burns," by MM. Marjolin and Ollivier, in the "Dictionnaire de Médecine:"—"The first indication to be fulfilled is, as we have said, to subdue the violent pain which generally accompanies burns. Several topical applications we have seen, have been recommended, and are had recourse to, in order to obtain this result."

In my last communication I stated that I had found nothing to answer the purpose so *effectually* as the *impermeable piline*, and my object on the present occasion is to lay before my fellow-members of the Association the cases upon which that assertion was founded.

Case 1.—Was that of a servant of my own, who scalded the back of her thumb very severely with a piece of boiling-hot *soft* potato. Vesication of the whole surface was immediately produced, and, as might be expected, very considerable pain occasioned. A piece of "piline" was quickly applied, and sewed tightly round the part. The pain soon subsided, and in two days a perfect cure was effected.

Case 2.—A person burnt his hand with a red-hot iron; considerable pain and inflammation was the result; speedy relief, however, to both was afforded by the application of the piline, and the following morning the part was sufficiently restored to be left uncovered, and enable the patient to perform his accustomed duties.

Case 3.—A lady, residing at Halsey Terrace, Chelsea, in coming down stairs, put her foot into a jug of nearly boiling water, which the maid-servant had carelessly left there. The part at once became exceedingly painful and tender, and on removing the stocking was found to be much inflamed. A simple piece of rag was at first applied, but finding no relief from this, she was recommended by a friend to try the piline. She did so, and to use her own words, "found relief almost immediately after."

Case 4.—A gentleman living at Kennington, while sitting by the fire, taking his tea, upset from the mantle-piece a cup of very hot coffee, which fell on the inside of his left leg, just above the ankle. Violent pain was produced, and on removing his slipper and stocking, the part was seen to be considerably inflamed; the epithelium, however, was not raised. He immediately applied a piece of piline firmly round the part, and, to use his own expression, "was relieved from all pain in about ten minutes, and on the following morning not the slightest tenderness remained."

The great advantage of the piline in the treatment of burns and scalds appears to me, from the foregoing cases, to consist in *perfectly* excluding the air; in rapidly relieving the pain, tenderness, and inflammation; and though last, not least, in promoting the restoration of the secreting functions of the injured part,—a circumstance of no little importance, when we consider how much our well-being depends on the due and proper performance of the cutaneous transpiration. Indeed the *post-mortem* appearances met with in some parts of the intestinal canal have been attributed by Mr. Curling to the endeavour on the part of the duodenal glands, "by an increased action, to compensate for the suppression of the exhalation from the skin," giving rise to irritation and subsequent inflammation and ulceration.

While on the treatment of burns I may allude to the benefit that has been afforded by the "spongio-piline," in those cases where the epidermis has been destroyed.

Case 5.—A child about twelve years of age, in poking the fire, upset the kettle, the boiling contents of which fell upon both feet, scalding them very severely. The stockings were removed as quickly as possible, but the epidermis, which had been raised in several places, became lacerated in doing so, and was found adherent to the inside of them. The scalded surfaces then presented a raw and very inflamed appearance, and were excruciatingly painful. The child rolled himself on the sofa, and could not contain himself from the agony he was in. A piece of soft linen rag was applied to the injured parts, and over this a piece of "spongio-piline," wrung out of hot water, which was fastened on by means of a roller, and wetted once or twice in the twenty-four hours. In the course of ten or fifteen minutes the violence of the pain became subdued, and in an hour afterwards perfect ease was obtained. The "spongio-piline" was persevered in for about a week when the parts were completely restored.

Case 5.—The subject of this case was treated by Mr. Babbage,* with the material in question. I am

* I have written to this gentleman requesting that he would send the particulars of this case, and the result of his experience generally in the treatment of burns, for insertion in the *Provincial Medical Journal*.—A. M.

indebted for its history to a niece of the patient. It appears from this person's statement that her aunt, (an elderly and infirm person,) while sitting at work one evening, set fire to her cap, and before she could extinguish it, one side of her face was severely burnt, so much so that the cheek bone was exposed. Mr. Babbage was sent for, and ordered the "spongiopiline" to be wrung out of hot water and applied. This was done and persevered in with considerable benefit for a fortnight, granulation and cicatrization proceeding most favourably under its influence. A piece of lint, covered with some simple cerate was then placed between it and the wound, and continued for a few days, when the part was found to have completely healed. In this case scarcely any appreciable scar was left, notwithstanding the severity of the burn. May not the continued application of moisture, as in this instance, be the means, in conjunction, of course, with maintaining the parts in a proper position by bandages, of preventing many of the frightful deformities that so frequently result from severe burns?

19, Langham Place, January 3, 1847.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY,

October 7th, 1847,

JOSEPH WICKENDEN, Esq., in the Chair.

Dr. Mackay brought before the Society the following specimens of disease:—

SCIRRHUS UTERI,

Taken from the body of a woman aged 40, the mother of several children. She died of exhaustion from frequent uterine hæmorrhage, excessive pain in the region of the uterus and sacrum, which existed more or less severely for three years, and diarrhœa. The ulcerative process had destroyed the os, cervix, and the body of the uterus, excepting a portion of the fundus, about the size of a common nut, and had extended into the bladder and rectum.

ABSCESSES OF THE LIVER: JAUNDICE.

The liver was taken from the body of a woman aged 54, who six weeks before her death was seized with inflammation of that organ, followed by profound jaundice. The inflammatory symptoms speedily subsided, but the jaundice continued until death. The ductus communis choledochus was blocked up by a gall-stone; the gall-bladder was full, its mucous coat ulcerated in several places; and in the liver was found several abscesses, containing a dark green fluid of the consistence of thick cream. The proximate cause of the inflammation and jaundice appeared to be the impaction of the gall-stone in the duct, inducing destruction of the cyst, ulceration of its mucous coat, and subsequently inflammation of the substance of the liver.

FRACTURED RIB,

Taken from the body of a man who died of pneumonia. The body was examined under the coroner's precept in consequence of his widow's alleging that he had died from the effect of blows upon his chest, inflicted by a fellow-workman. The existence of fracture appeared to substantiate the charge, and to criminate the alleged assaulter, who had been taken into custody, but careful inspection shewed that the fracture must have occurred long antecedent to the date of the alleged injuries; the prisoner was consequently acquitted.

NUTMEG DISEASE OF THE LIVER,

Taken from the body of a married woman, aged 56, who had for many years been in the habit of drinking "moderately" of gin. For the last two years of her life she complained of anorexia and rejection of all food.

FATTY TUMOUR.

Mr. Elkington presented a quantity of fatty matter having the appearance and consistence of common beef dripping. It was removed from a recto-vaginal tumour during labour. The tumour considerably diminished the capacity of the pelvis, and prevented the descent of the child's head. It was punctured per rectum with a curved trocar, and the contents, when drawn off, were of the consistence of thick cream, becoming firm when cold. The patient was afterwards delivered by craniotomy, and recovered slowly, after two or three attacks of inflammation.

November 4th, 1847,

R. L. BAKER, Esq., in the Chair.

Mr. Simons brought before the Society a larynx taken from a patient aged 48, who had died from acute laryngitis, ten minutes after the operation of tracheotomy had been performed.

MULBERRY CALCULUS.

Mr. Dampier exhibited a large mulberry calculus, weighing four ounces and one drachm, taken from a patient by the operation of lithotomy.

Mark Heywood, aged 42, short, stout, and well proportioned, came under my care in May, 1847, suffering from symptoms of stone in the bladder; urine sometimes alkaline, at others acid, for which he was treated accordingly. On introducing a sound, a calculus of considerable size was detected, very rough. He went on for some time, during which the symptoms became more urgent and distressing. In the end of June I again sounded him, when the sound struck the calculus the instant it entered the bladder, which convinced me it was of considerable magnitude. I then proposed the operation of lithotomy, to which in a few days he agreed. I accordingly fixed the 6th of July, on which day, having previously prepared the patient by medical treatment, I performed the lateral operation of lithotomy, in the presence of Dr. Bell Fletcher, Messrs. Laurence, Cooper, Walker, and Langston Parker, who kindly held the staff for me, when I succeeded in extracting a mulberry calculus, coated by the phosphates, about the size of an orange, of a rocky form, like a piece of sea coral, and weighing four ounces and sixty grains. The patient progressed favovrably for four or five days, when orchitis attacked him, but he ultimately recovered, and is now gone to work in good health.

Mr. Carter exhibited a specimen of medullary cancer of the liver, taken from a female, aged 58. The liver weighed ninepounds thirteen ounces.

Mr. R. L. Baker exhibited the fibrinous contents (presenting a peculiar laminated form,) of an encysted tumour, taken from the abdominal parietes of a man, aged 48 years.

ANEURISM OF THE ARCH OF THE AORTA.

Dr. Fletcher exhibited a sacculated aneurism of the arch of the aorta.

Mr. S. first became a patient of Dr. Fletcher's in consultation with the late Mr. Benbow, on the 24th of January, 1846. He then suffered from an affection of the head, shewing itself in vertigo, loss of memory, and want of power to express himself; there was no paralysis. This state was ameliorated by rest, and increased by exercise or excitement. Leeches, rest, and attending to the secretions, and absence from all sources of excitement, in the course of three or four weeks brought the patient into a better state, and he lost all the symptoms of cerebral affection. At this time, on examination of the chest, an aneurism was discovered, the upper portion of which passed up into the neck, just behind the sternal attachment of the left sterno-cleido-mastoid muscle. It had not caused the patient any local inconvenience, neither did he know of its existence. A seton was placed in the back of the neck, directions given to him to abstain from anything like exertion, and to live a quiet and sedentary life, and be particularly careful to live upon a low diet, and avoid all stimulants. Dr. Fletcher did not see Mr. S. professionally, until September 27, 1847, but had occasionally seen him and knew that he was going on well, and that the aneurism did not increase in size. At this time Mr. S. was suffering from intense pains in the left shoulder and arm, of a rheumatic character; they subsided under the administration of purgatives, followed up by Dover's powder at night, and a mixture containing full doses of iodide of potassium, with small doses of the wine of colchicum, but were soon succeeded by a slight attack of peritonitis, which gave way to the usual remedies, and he was again convalescent. The aneurism was at this time in the same state as when first discovered.

On the 26th of October, Dr. Fletcher was again summoned to attend Mr. S., and found him suffering from another attack of peritonitis, attended with excessive depression; and although the extent of inflammation did not appear to be great, still it was evident that he was in a very dangerous state. The usual remedies were adopted, the pains of the abdomen subsided, and yet he sank and died on the 28th, only three days from the attack. He did not appear to sink from the effects of the inflammation so much as from the inability of his system to resist the depressing effects of disease.

Post-mortem examination 30 hours after death.—The head was not permitted to be examined. *Chest:* Heart healthy; aorta dilated and much studded with atheromatous deposit; an aneurism was situated in the arch of the aorta, between the origins of the arteria innominata and left carotid, and extended upwards about four inches, crossing obliquely the course of the trachea, so that its apex was situated under the origin of the left sternal attachment of the sterno-mastoid muscle. Into the base of the aneurism opened the arteria innominata, and the right common carotid, and the subclavian arteries on their respective sides, close at its base. The opening of the left subclavian was almost obliterated; it allowed the passage of only a very fine probe. The aneurism was divided into two sacs, by a band across its posterior wall, about two thirds of its height from the base; both sacs were filled with very firm clots, composed of transverse layers of fibrin, very firmly adherent to the walls of the aneurism, and to each other, so that the aneurism may be said to have been undergoing the process of a natural cure. Immediately after giving off the left subclavian, the artery was of its normal state and size. Lungs healthy; some old adhesions of the pleura on each side. *Abdomen:* There was slight effusion into the cavity of the peritoneum, and a thin layer of lymph thrown out upon the small intestines; liver, spleen, and pancreas healthy; kidneys, and viscera of the pelvis, healthy.

December 2nd, 1847,

WILLIAM DUFTON, Esq., in the Chair.

Mr. Green exhibited a specimen of syphilitic ulceration of the larynx, taken from a female who had died rather suddenly.

Mr. Carter brought before the Society a specimen of a diseased ovary, of a malignant character, with an entire cyst attached to it, containing about six gallons of fluid.

PENDULOUS TUMOUR OF THE BREAST.

Mr. Keeley exhibited a pendulous tumour, (with a drawing of the same previous to removal,) which he had removed from a female lunatic.

Hannah Reynolds, aged 45, single, of spare habit, and nervous temperament, was admitted a patient into Duddeston Hall Lunatic Asylum, in the year 1840. She came from Stafford County Asylum, and was a chronic maniac. When admitted she had a small tumour, about the size of a walnut, on the inner side of the right nipple, and close to it. It continued increasing in size, and gradually assumed a pendulous form, and in December, 1845, she was advised to have it removed, to which she objected. In six months afterwards I again examined it, and on account of its emitting a very offensive odour, which proceeded from moisture in its numerous clefts, I again recommended its removal, but she positively opposed it, her reason being, to use her own words, "that it was her weather-glass, she could tell when it would rain and when it would be fair, and she would not part with it for the world." It increased gradually till a month ago, (November, 1847,) when my attention was again called to it by the nurse. It was then larger than at present, having collapsed since its removal; its surface was very unequal, having numerous elevations and clefts, very similar to a cauliflower. It appeared to consist of three

lobes, the middle one had become gangrenous, and highly offensive, so much so that the patient herself desired to get rid of its; she had lost her appetite, and was languid; I therefore at once, while she was in the mind, passed a ligature round the pedicle, half an inch from its origin, and another an inch from that, and divided it between them with scissors. Not a drop of blood was lost, and the patient was very much delighted at having got rid of so troublesome a companion. The ligature came away in the following week, and the part is now quite well. It is remarkable, as being the only case published, except one in the "Dublin Quarterly Journal," for November last, where there is an excellent paper on the subject of pendulous tumours, by Dr. O'Ferrall, of Dublin.

SHEFFIELD MEDICAL SOCIETY.

Seventh Session.—Fourth Meeting, Nov. 18, 1847.
The PRESIDENT in the Chair.

INTUS-SUSCEPTIO.

Dr. Bartolomé exhibited a portion of ileum, presenting in about twenty inches of the intestine *four* intus-susceptions, taken from the body of a girl aged 5¾ years. She was taken ill on the 4th of November, about nine in the morning, suffering from pain in the back and constant vomiting, and when seen by the assistant of a medical practitioner late in the evening, she was moribund. An inspection was made on the 7th. The body was stout and well formed, and presented no abnormal appearances externally. The membranes of the brain were congested; the puncta more distinct than natural. The lungs were much congested on the posterior surface; the left lung hepatized at the root; the heart healthy; the left ventricle contained some fibrin. On raising the omentum, a portion of the ileum was found to be intus-suscepted, and further search exhibited three other intus-susceptions, occupying about twenty inches of the intestine, the two upper ones being within six inches of each other; the others further apart. The stomach was healthy, but pale, containing about two ounces of a yellow viscid fluid; spleen congested; intestines pale, healthy; kidneys normal, but much congested; liver much congested, particularly in the right lobe, the peritoneum covering it, and the diaphragm in contact with it, almost black with congested blood.

The President exhibited some perchloride of formyle which he had just received, and Mr. H. Jackson read an account of it, as given in a pamphlet which had been forwarded to him by Dr. Simpson, of Edinburgh.

STRICTURE OF THE ŒSOPHAGUS.

Mr. Barker then detailed two cases of stricture of the œsophagus, one terminating fatally, and the other in recovery. The subject of the first case was a married woman, aged 30, who had up to the commencement of the disease enjoyed perfectly good health. The account given was, that eighteen months ago, she experienced some difficulty in swallowing solid food, which continued without being considered of any moment for a period of six months. At that time it was mentioned to her medical attendant, who appeared to consider the case as one of globus hystericus, depending on her then state of pregnancy, and treated it accordingly. The difficulty still, however, continued, and in a short time she found that she could only swallow liquids. It was then deemed advisable to introduce the œsophagus bougie, which was done several times, causing a good deal of pain, and after this the sputa appeared tinged with blood. No relief followed and the deglutition still continued very difficult. About three months ago, a small abscess presented itself on the left side of the neck, about an inch and a half above the clavicle, which was evacuated by the lancet, and in a few days healed. In a short time a natural opening was formed posterior to the sterno-cleido-mastoideus muscle, just above the clavicle, through which pus was discharged, together with a great part of the liquid food she took. She continued for some weeks in this state, and at length sank from pure exhaustion.

On inspection *post-mortem*, a stricture of the œsophagus was found opposite to the fifth cervical vertebra, posterior to which an abscess was found communicating with the œsophagus both above and below the stricture; and there was also a fistulous communication from it to the external opening in the neck, so that any liquid swallowed passed first into the abscess, and part was conveyed through the opening below the stricture into the stomach, and part passed through the outer opening in the neck. It appeared, then, that the sac formed by the pressure of food in the œsophagus above the stricture had ulcerated, or that a false passage had been made by the bougie, and the food passing through the opening, made its way into the cellular tissue surrounding the œsophagus, and in consequence, an abscess was formed. It is most probable that when the abscess formed, some of the liquid food might pass the stricture, but that in a short time the constriction became still greater, and *all* the food passed first into the abscess itself. The anterior surface of the fifth and sixth cervical vertebræ was denuded of periostium; but there was no softening. This, Mr. Barker attributed to the pressure of the pus previously to its evacuation by the external opening. It appeared as if nature had set up two provisional actions,—one to relieve herself of a foreign body which was effected by the external opening, and the other a vigorous effort to furnish nourishment to the stomach, which was to a certain extent accomplished by the communication formed below the stricture, through which part of the food (but not sufficient to support life,) was conveyed.

The second case was that of a lady of delicate habit, far advanced in pregnancy, who had swallowed by mistake a small quantity of the strongest Liquor Potassæ. She had taken about a table spoonful into the mouth, but only a few drops, in all probability, passed into the œsophagus, as she of course immediately detected the error from the intense pain. She was seen by Mr. Barker in about twenty minutes, when he found her suffering from severe burning pain in the mouth, œsophagus, and stomach, with violent retching,—in fact, from all the symptoms of poisoning by caustic poison. The usual

remedies were immediately had recourse to, and in a few days she was comparatively comfortable, but still complained of pain in the œsophagus and stomach, and could only take small quantities of liquid food. About a fortnight after this accident she was confined, and recovered very well. The child died on the second day after its birth. For some weeks she suffered from painful and difficult deglutition, and at times, for two or three days together, she could not take any food, so that it was necessary to administer enemata of broth. Six months after a bougie was passed and a stricture was detected at the lower extremity of the œsophagus. This was repeated at intervals of two or three days for a period of two months, when she became much relieved, but has still occasionally difficulty in swallowing food, especially if not well masticated, and is compelled to have occasional recourse to the bougie. The successful termination of the case in the first instance Mr. Barker attributed to the fact of the poison having been taken directly after a full meal, as he believed that a very small quantity would, under other circumstances, have produced much more serious, if not fatal results, upon the stomach.

The discussion chiefly turned upon the first case, as to the origin of the communication from the abscess with the œsophagus, below the seat of stricture.

Foreign Department.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS

LITHOTOMY AND LITHOTRITY.

In continuation of the discussion on the merits of lithotomy and lithotrity, M. Leroy read an address in which he examined, in succession, the following questions:—1. *Are explorations with the lithotrite useful in detecting the conditions of the bladder which are associated with urinary calculi; can they be made without danger, and ought they from their severity to be regarded in the light of operations?* 2. What inconveniences are attached to lithotrity? 3. What influence is exercised over the operation by the state of the bladder, the prostate, the urethra, and the kidneys? 4. What is the influence of age over lithotomy and lithotrity respectively? 5. *Are the attempts to lithotritize injurious to the subsequent performance of lithotomy? What is the influence of method upon the results of lithotrity?* In reference to the first question, the author determines, that as far as exploration is concerned, no advantage is possessed by the lithotrite, which is not equally attainable by the sound; and that exploration with the lithotrite is to be regarded as an operation, as respects its effects. In answer to the second question, M. Leroy decides that lithotrity is more likely to be followed by relapse than lithotomy; that vesical catarrh is more common after lithotrity; that it may give rise to retention of urine, by causing injury to the neck of the bladder. M. Leroy has cut fourteen octogenarians; of these he only lost one. In children he considers that the two operations afford even chances of success. The most expeditious method he thinks preferable;—lithotrity for small stones, lithotomy for large ones. On the question, whether attempts to perform lithotrity render the subsequent operation of lithotomy more dangerous, M. Leroy is undecided.

URINE IN TYPHOID FEVER.

M. Martin Solon lectured on the state of the urine in typhoid fever, his conclusions were as follows:—1. The urine is less abundant, of a high colour, and more dense than in health, it is almost always acid. 2. Alkalinity of the urine is rare; nevertheless, in typhoid fever, the urine quickly passes into the alkaline state, from the superabundant quantity of urea contained in it. This quantity is sometimes so considerable that it is possible to obtain crystals of the nitrate of urea without previous evaporation. 3. Though habitually clear, the urine of typhoid patients sometimes exhibits a mucous cloud. 4. The clear urine sometimes remains unchanged under nitric acid, at others a slight cloudiness is produced. 5. This cloud is formed of the bi-urate of ammonia, and is seen at certain periods of fever, especially towards the crisis. 6. The bile undergoes a sensible change during the progress of fever, which change is doubtless the cause of the appearance of *bili-verdine* in the urine. 7. Albuminuria is a frequent temporary phenomenon in fever; and generally indicates a severe case. 8. Much advantage to prognosis and treatment may accrue from the inspection of the urine in fever.

COXO-FEMORAL DISARTICULATION.

An instance of this operation under the influence of æther was reported by M. Heurt. The operation was rendered necessary for the removal of an immense exostosis, and was performed without the least suffering. Considerable hæmorrhage occurred from insufficient compression of the vessels, but the man ultimately recovered.

STERILITY AND DYSMENORRHŒA.

M. Raynard presented a memoir on this subject, of which the following *resumé* is given:—

1. The cavity of the neck of the womb may be the seat of stricture, congenital or accidental, which is to a certain extent analogous to strictures of the urethra. 2. These modifications in the structure of the uterus induce serious disturbances in its functions, rendering menstruation and conception painful; and when occlusion is complete, impossible. 3. This state of the uterine neck is generally indicated by a thick white viscid discharge. 4. This condition, by keeping up continued uterine congestion, may give rise to serious organic disease. 5. Stricture of the uterine neck may be suspected in cases of dysmenorrhœa and sterility, which cannot be otherwise accounted for. 6. The treatment of urethral stricture is equally applicable to that of the uterine neck. 7. The best treatment consists in the introduction of graduated bougies, by means of the speculum, and allowing them to remain for an hour or two. 8. If this should fail, we must have recourse to incision of the neck.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DES SCIENCES, PARIS.

CHLOROFORM.

Numerous communications on the subject of chloroform have been received, but of those which relate to instances of operation, we shall give no account, as they can have little interest for the British reader. Respecting the physiological action of the vapour, M. Gerdy has arrived at the following conclusions :—

1. Chloroform, like æther, may excite cough, but it does so in a less degree. 2. If it touches the nose and mouth, it gives rise to an erythematic eruption. 3. Chloroform increases the salivary secretion, but less so than æther. 4. Chloroform with some persons nauseates more readily than æther. 6. The insensibility from chloroform is more prompt than that from æther.

MM. Tessier and Devasse read a paper in opposition to the mercurial treatment of fever, as recommended by M. Serres.

VESICO-VAGINAL FISTULA.

M. Jobert narrated four new cases in which this deformity was remedied by his method of *autoplastie par glissement*. They were all successful.

DETECTION OF ARSENIC.

M. Tizot recommends that all arsenic should be mixed with red sulphuret of mercury, colocynth in powder, and creosote; by this means colour, taste, and smell would all combine to render its detection easy when mingled with alimentary substances.

ON RETROVERSION AND RETROFLEXION OF THE UNIMPREGNATED UTERUS. ITS DISCOVERY AND TREATMENT.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The subject of retroversion and retroflexion of the unimpregnated uterus is at present exciting considerable interest in the profession, and the comparatively recent doctrines regarding their frequency and the modes of diagnosing and of treating them are obtaining that place and confidence which a proper study of them must necessarily command. It is, therefore, at once interesting and important to the profession that correct views should be entertained and circulated, in regard to every point in their history. My object in the present letter is to point out in few words, that it is to Professor Simpson, of Edinburgh, that we are indebted for first stating accurately and settling the question of their frequency, and that it is to him solely that we owe those great improvements in the diagnosis and treatment of these displacements, and of other uterine affections, which have already done so much for our knowledge of the pathology of many of the diseases of females.

In a paper on retroflexion of the uterus in the last number of your *Journal* Mr. Hensley, while he properly acknowledges the advantages derived from the use of Professor Simpson's uterine sound, yet seems to think that the credit of discovering by means of it, the great frequency of versions and flexions of the uterus is due to Dr. P. Smith and Dr. Rigby. "Dr. Simpson, of Edinburgh," says Mr. Hensley, "has for some years been carrying on his researches on this subject. In 1844, Dr. Protheroe Smith first made out the existence of this displacement in a patient at the hospital for women; and since that time, both Dr. Protheroe Smith and Dr. Rigby have met with numerous cases in practice, and have proved that the disease is of far more frequent occurrence than is generally supposed, and much more frequent in the unimpregnated state than retroversion in the pregnant." Now, I am not aware that Dr. Simpson has as yet published at length any papers upon the special subject of retroversion and retroflexion of the uterus. But on April 19, 1843, in reading some lengthened communications to the Medico-Chirurgical Society of Edinburgh, on the subject of uterine diagnosis, he took occasion to make some remarks on these displacements of the womb, and pointed out the new means of diagnosis he had discovered for them, insisted on their great frequency, and at the same time laid down the manner of their treatment. I shall quote his own remarks from the report of the Society's proceedings, as published in the *Monthly Journal of Medical Science* for July, 1843, (p. 660)

"As one of the most important of all its (the uterine bougie,) applications, Dr. Simpson demonstrated that the uterine bougie, by shewing the *direction* of the uterine cavity, and hence of the uterus itself, and by its enabling us when it is introduced, to change at will the position of the organ, afforded a simple means of detecting those *displacements* of the unimpregnated uterus, known by the names of retroversion and retroflexion, anteversion and anteflexion,—states that Dr. Simpson further shewed were *very common*, and which, from the want of any proper means of diagnosis, had been almost constantly mistaken for fibrous, carcinomatous and other tumours situated bet ween the uterus and rectum, or between the uterus and bladder."

"In cases of retroflexion and anteflexion of the unimpregnated uterus, the organ can with facility be temporarily restored to its normal position and relations by turning the uterine bougie, when used as a means of diagnosis. Dr. Simpson proposed to maintain and fix the bougie in the uterine cavity for a length of time, as a means of cure. He laid before the Society a number of utero-vaginal pessaries, which had been used by him for this purpose. They were constructed of nickel and silver wire, and had each attached to them a part, which passed up to the fundus uteri. Some of them had been worn for weeks and months in the uterine cavity, and had produced little or no irritation."

If any doubt can be entertained as to the question of the priority of Dr. Simpson's investigations to those of Dr. Protheroe Smith and Dr. Rigby, it will suffice to settle the point, to quote Dr. Protheroe Smith's own words. "Professor Simpson's laborious inquiries and investigations (says he, Obstetric Record, No. I., p. 36,) have opened a path to modern discoveries and improvements in the mode of *examination* and *treatment* of the maladies of the uterus, and *to him we are indebted for shewing the frequency of the disease* of which I am about to treat."——"During a visit to Edinburgh, in the autumn of 1844, he called my attention to the fact that these affections are of common occurrence; since that, experience has proved to me the correctness of his opinion."

My object in this letter has not been to derogate in the slightest degree, from the honour which is due to

Drs. Smith and Rigby for *spreading* among the members of the profession, correct views in regard to the maladies in question, but simply and for the sake of justice to rectify an erroneous impression which seems to prevail in regard to the history of these important diseases. And I doubt not that Mr. Hensley will feel obliged to me for the few observations I have made.

I am, Sir, yours faithfully,

JAMES DUNCAN, M.D

53, Frederick Street, Edinburgh,
January 22, 1848.

PERIOD OF PUBERTY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I should feel greatly obliged if you would favour me by the insertion, in an early number of the *Provincial Medical and Surgical Journal*, of the following brief observations in reference to a passage which occurs in your notice of my work "On the Causes and Treatment of Abortion and Sterility, &c," in the number of your periodical, dated the 20th of October last.

In commenting upon that part of the volume which relates to the first appearance of the menses, you say,—"The researches of Mr. Roberton on this subject are well known, but the conclusions at which he has arrived do not seem to be borne out by the investigations of Mr. Whitehead." The disparity here alluded to, involving two principal points in the statistics of female puberty, namely,—1st, as respects the average age of puberty in England; 2nd, as to the numerical proportion of females in whom puberty became developed before the age of eleven years, is contained in the following passage of my treatise:—"But the results obtained by Mr. Roberton, respecting the age of the first menstrual crisis in this country, and those recorded by myself in the preceding tables, exhibit a difference of about nine months. This disparity I can account for only on the supposition that his inquiries may possibly include a greater proportion of educated females than mine; the menstrual advent taking place, as was already shown, considerably earlier in these than among the labouring and uneducated classes. It appears also, from Mr. Roberton's report, that the per centage of instances of puberty in this climate occurring before the age of eleven years, amounted to 3.15; while those happening in a corresponding period in my own records do not exceed 0.225 per cent."

In forming the above comparison, my antagonistic data were derived from a table introduced into Mr. Roberton's paper published in the 66th volume of the *Edinburgh Medical and Surgical Journal*, page 60, in which it is stated, from the evidence of 540 instances, that the average age of puberty in England, is fourteen years and ten months. It appears, however, from a foot-note subpended to the said table, (which I am sorry was formerly overlooked,) that this number, (540,) was "reduced, in order to a more accurate comparison between England and India, from the table of 2169 instances, [embodying Mr. Roberton's personal enquiries, and those of Professor Murphy, of Dublin,] for England, given in a former paper."

Perhaps it may with some reason be remarked in this place, that statistical evidence derived from among the Irish in reference to this subject, cannot fairly be adduced in support of the average for England, since, whatever influence early sexual intercourse may have in promoting a precocious development of the sexual organs, has its full effect in the sister island; as no restriction, either conventional or legal, exists to prevent the earliest practicable connubial alliances among the lower orders. Even among the poor Irish families, (of the Romish faith,) resident in the town of Manchester, marriages are consummated much earlier than among our own peasantry, and in many instances, as regards the female, these frequently take place before the change of puberty has been effected.

Mr. Roberton's own table of 450 cases, obtained from inquiries made in this town, gives, as the average age of puberty, 15.373 years. This very nearly corresponds to my own, which is 15.565 years. But if Mr. Roberton's be compared with my first group, (Table II.,) the numbers are identical.

With reference to the second portion,—namely, the numerical proportion of females arriving at the age of puberty before eleven, Mr. Roberton's deductions have also evidently been exaggerated by the same combination of his cases with those of Professor Murphy. He says, at page 61 of the Journal already alluded to, "I find that the per centage under eleven is, for England, 3.15." This ought to be for England and Ireland. In Mr. Roberton's own table, the number given for those who accomplished the change in the eleventh year, is ten, affording a per centage of only 2.22.

I am the more anxious to make these corrections, as the passage alluded to on this subject in my treatise has since been quoted in the *Edinburgh Medical and Surgical Journal*, and also in the *British and Foreign Medico-Chirurgical Review*, the latter being accompanied by a remark of the reviewer, which might possibly be construed to Mr. Roberton's disadvantage.

Yours very respectfully,

J. WHITEHEAD.

Oxford Street, Manchester,
January 13, 1848.

General Retrospect.

ANATOMY.

GANGLIONIC CHARACTER OF THE ARACHNOID MEMBRANE.

The serous investment of the brain, has hitherto been considered solely in the light of a contrivance by which the integrity of the cerebral functions are maintained during any temporary change which may take place in the quantity of the circulating fluid, it has, however, been recently ascertained by Mr. Rainey, that it serves a further use, as a medium from which the ultimate fibres of the sympathetic system are distributed to the cerebral vessels. The first idea which the

author conceived of the sympathetic character of the arachnoid, was from seeing a number of cords between the arachnoid and pia mater, and ramifying equally on both; the twigs supplying the former being further observed to be lost in certain minute corpuscles, in which the membrane abounded. Having satisfied himself that the above cords were in reality derived from the sympathetic system, by comparing them microscopically with other portions of that system, the author concludes that they in fact arise from the membrane itself, which stands to them in the relation of a ganglion or plexus, and is analogous to other plexuses of the same system. It must be observed, however, that the author does not consider the whole membrane to be nervous, but that this property resides chiefly in those parts which he describes as made up of a soft corpusclar matter similar to that which is seen in the true ganglia of the sympathetic.—*Medical Gazette.*

MINUTE STRUCTURE OF THE LUNGS.

Mr. Rainey, in an interesting commmunication to the Royal Medico-Chirurgical Society, gives an account of the minute anatomy of the lungs, of which the following summary includes the principal points of interest:—

1. With respect to the bronchial tubes, these are, for the greater part of their course, cartilaginous; but that at a certain distance from the surface, the cartilaginous rings are lost, and the canal is continued by the lining membrane alone. Having arrived about one-eighth of an inch from the surface, this membrane also becomes deficient, and the air passages then appear to be formed solely by the air-cells between which they pass. They are then termed intercellular passages.

The membrane of the bronchial tubes is supplied by a distinct set of blood-vessels, which at the abrupt termination of the membrane anastome with those of the air-cells. The intercellular passages are at first circular, and like the tubes of which they are a continuation, do not at first communicate with many air-cells; the communication, however, is very free towards the peripheral destination of the canal. A remarkable anatomical fact, announced by Mr. Rainey, is, that the mucous lining of the bronchial tube does not, as is generally supposed, continue along the intercellular spaces, and into the air-cells, a circumstance which, as he justly observes, sufficiently explains the different effects of inflammation of the tubes and of the air-cells; the latter, which are lined by fibro-cellular tissue, being accompanied by the deposition of fibrin instead of mucus.

2. The air-cells open upon the bronchial tubes and intercellular passages by well-defined circular apertures, surrounded by a ring of fibres, and a dense plexus of capillary vessels. These vessels, in the lungs of mammals, run between two layers of the pulmonary membrane, so that there is but one vascular network between two given cells, and the blood is aerated on each side. In the lung of the frog, serpent, &c., there are two plexuses between any two cells. Mr. Rainey concludes, in opposition to Dr. Addison, (of Malvern,) that the fœtus prior to the act of respiration possesses fully-formed air-cells, which are also surrounded by capillary plexuses.

PHYSIOLOGY.

USE OF GLISSON'S CAPSULE.

M. Petrequin suggests what seems a probable explanation of at least part of the purpose served by that continuation of the *tunica propria* of the liver to which the name of Glisson's capsule is applied, and which accompanies the branches of the portal vein, hepatic artery, and biliary duct, along their ramifications through the substance of the liver. He regards it as destined to facilitate the portal circulation, explaining his view in the following manner:—The liver is a compact organ, not readily admitting of being distended; there is no heart to impel the blood through the vena portæ, nor are there any valves to sustain the column of blood in it; the capacity of this vein is also greater than that of the mesenteric artery to which it corresponds, and it is one of the vessels whose calibre is most variable, because, from its relation to the digestive organs, it must admit of dilatation when fluids are absorbed, and be enabled to contract when those fluids have passed off. These various obstacles to the portal circulation are counteracted, and the power of accommodating the capacity of the vessel to its contents is insured, by its running in a fibrous sheath, and being quite independent of the tissue of the liver; it can dilate or contract as the quantity of fluid traversing it increases or diminishes, and it can also contract so as to press on the blood it contains, and thus favour its circulation.—*British and Foreign Medical Review.*

PRACTICAL MEDICINE.

TREATMENT OF CEREBRAL INFLAMMATION.

Mr. Solly says, in the treatment of these affections the following principles must be attended to:—1. There is no time to be lost, even minutes are of value. 2. Inflammation of the brain being a depressing disease, general blood-letting is not often admissible. 3. Though this may be attended with benefit at the time, the good derived is seldom permanent. 4. Local blood-letting by leeches and cupping is generally useful, and especially in cases of insomnolescence, arising from abnormal action of the brain. 5. In cases of insanity, where opium has failed to produce sleep, leeches and cold applications generally will; and, if they do not, it is strong evidence that the excitement arises from hyperæmia, and not from anæmia, as in that of delirium tremens. 6. Aconite and digitalis are the best sedatives, especially when combined with mercury. 7. When it is advisable to salivate rapidly, raise the cuticle by boiling water, or a similar escharotic, and dress the surface with strong mercurial ointment. 8. Always commence the treatment with a brisk mercurial purgative. 9. Soothe the patient's feelings in every way. 10. Never leave anything that is disagreeable to the patient to be done by a nurse or attendant, such as the application of leeches &c., but persuade him to have them applied. 11. Never lose your patient in the treatment of a chronic case, or try to hasten the cure by increasing the doses. 12. When it is considered

necessary to continue the use of mercury for a lengthened period, combine tonics with it.—*Medical Times.*

THE ACTUAL CAUTERY IN NEURALGIA.

M. Notta adduces thirteen cases in illustration of the value of this form of counter-irritation. Of these two were instances of intercostal neuralgia, ten of sciatica, one of facial neuralgia. Half the patients were robust, the remainder debilitated and impoverished. All were well-marked instances of neuralgia,—that is to say, there were points painful on pressure, and darting pains along the course of the nerves; these pains were severe, and sleep was more or less disturbed in all the patients. Of the patients labouring under sciatica, six were quite unable to walk, and four only had received any benefit from previous treatment. In all these cases the cauterization was conducted, as follows:—The patient being placed in a favourable position, was rendered insensible by ætherization, and the affected part was crossed two, three, or more times, with a thin iron, heated to whiteness, after which it was covered by compresses, dipped in cold water. The cautery produced brownish lines, which the day after became dry and crisp, and eventually desquamated. The subsequent pain was inconsiderable.

In respect of the effects of the cauterization, it may be stated that the most remarkable was the notable relief of the neuralgic pain. In five or six hours the limb could be moved with facility, and the following night was tranquil; in the course of twenty-four or forty-eight hours the darting pains disappeared. Of the thirteen patients, in whom it was tried, ten were perfectly cured, two were much relieved, and in one only was there no improvement.—*Union Médicale*, Oct., 1847.

CHLOROFORM IN ASTHMA.

Mr. Chandler has tried this remedy in the following instance:—

The patient, a lady, aged fifty-six, having had the prevailing influenza, for which leeches had been applied to the chest, was seized with her old complaint,—the pain, exceedingly acute, referred to the chest and epigastrium, darting through the body to the back. A free inspiration could not be taken, nor the recumbent posture for a moment endured, but from nine o'clock in the morning of the 6th, to half-past twelve o'clock on the 7th, the hours passed with this patient sitting erect in bed, almost gasping for breath, and uttering a low moaning cry, with every now and then loud shrieks from the sense of constriction on the stomach becoming more acute. Having a fortnight previous to this taken sixteen ounces of blood from her, I was very reluctant to bleed again, and resolved to give the chloroform a trial. I accordingly poured half a drachm on a sponge, hollowed to fit the mouth and nostrils, and held it at first close to, but not touching, the face. In less than half a minute she became excited, waving the arms about, and uttering incoherent expressions, accompanied with loud hysterical laughter; her prevailing idea seemed to be, that she was 'riding on a moonbeam.' I then placed the sponge in contact with the face, when the limbs gradually relaxed, the arms dropping on the bed, quivering of the eyelids and twitching of the muscles of the face took place, and she fell back on the pillow, drawing deep and prolonged inspirations, between each of which, perhaps, eight could be counted. I now withdrew the sponge, opening the curtains to admit air. Respiration gradually became more regular, and she lay without motion, the body well thrown back on the bed, not the slightest vestige of spasm remaining. This state continued until four o'clock, the patient apparently half sleeping, conscious of what was passing in the room, when she sat up and took some food, describing her sensations as having been exceedingly pleasurable. Shortly afterwards she enjoyed a quiet sleep of some hours' duration, and the following morning she was quite quiet, no return of spasm, and no ill effect from inhalation: she is now comparatively well. I tried the vapour of sulphuric æther in this case, some time ago, not only without success, but with much increase of the sufferings of the patient.—*Medical Gazette.*

ACETATE OF LEAD IN TYMPANITES.

Dr. Badeley, mentions a case of temporary intestinal obstruction with excesssive lymphactic distension, in which the best effects followed the exhibition of the acetate of lead. Purgatives had failed to procure an evacuation. Vomiting supervened, with hiccough, and the coils of distended bowels could be felt through the abdomen. Feeling convinced, that the symptoms depended upon a loss of tone in the muscular fibres of the alimentary canal, alum was ordered, with turpentine injections, and having failed, three grains of the acetate of lead, with one-sixth of a grain of morphia, were given every four hours. This was soon followed by the expulsion of large quantities of gas, and copious dejections. The hiccough and vomiting declined, and the man was soon convalescent.—*Lancet*, Jan. 8th.

USE OF ICE IN EXHAUSTING DISEASES.

Some interesting cases are quoted in a recent number of the *Revue Médico-Chirurgicale*, from a French journal, in which ice taken internally seemed to be of great service in reviving powers fast sinking. The writer employs it in very various diseased conditions, providing these manifest the signs of intense debility. The re-action it induces may prove curative in some cases, while in others, in which this is impossible, a marked temporary amelioration of the patient's state occurs. In the cases in question there is great atony and extenuation, and an extreme aversion to any food whatever, with or without a development of heat. A number of morbid states and organic lesions, having no other points in common, may induce this condition. Iced water does not succeed anything like so well as the administration of the ice in little lumps, which by requiring time for their solution, ensure its gradual introduction. These impart great tone to the system, and revive the inclination for food in a remarkable manner.—*Rev. Méd.-Chir.*, Vol. 2, p. 168.

SURGERY.

LUXATION AND FRACTURE OF THE CLAVICLE.

Luxations of the clavicles are nearly equal in number at each end of the bone. There are cases in which the muscles have much to do with the treatment, and

this consists in placing the parts in such a position that the muscles concerned may be sustained in their ordinary state of association. My practice is to avoid all bandages, which only excite the muscles to undue action. All I do is to place the patient on his back in a flat bed, and the bones immediately recede into their proper position, and are uninterruptedly kept so. The arms should be kept as quiet as possible. The displacement at the acromial end is less than at the other, when luxated, because it is retained nearly in its place by the trapezoid and conoid ligaments. This case requires less attention and time than that of the sternal end, where much more and longer quietude is necessary. The principle upon which this method is adopted, is that of keeping the muscles in their natural order and power of acting.

Fractures of the clavicle occasionally occur so near the acromial point, that it is difficult to determine whether they are not luxations. I treat all fractures of the clavicle by merely placing the patients on flat beds; bandages seem commonly to do little good, and are not required if the patient will keep his bed. The clavicle is a bone which quickly unites.

Infants are frequently brought to me, in whom, by some accident, the clavicle has been only bent, and not completely separated by fracture. This bone suffers in very young children readily when they fall from small heights, or from the mother's lap, and the injury is often not adverted to, and only discovered on dressing the child. The best bandage is a handkerchief bound round in a figure of eight form, and a sling. The deformity quickly disappears.—*Observations on some parts of Surgical Practice, by Mr. Vincent.*

FRACTURE OF THE CLAVICLE.

Very unnecessary fears have arisen from the bone uniting not quite regularly. It is true it cannot always be effected without some slight deformity, but this is of no consequence in men, and even in women is only seen in such as are of spare make. This need not take place when the fracture is situated in the external third of the bone, the fragments being maintained *in situ* by the ligaments and muscles, so that a bandage is not even necessarily required. When the fracture occurs within the inner two-thirds, there is always some displacement in the adult, although this does not take place in very young children. The most complex apparatus are in nowise preferable to the following simple plan of treatment:—A bandage is carried from the armpit of the sound side across the back and shoulder to the fractured clavicle. The patient's hand is brought up to the sound acromion, so as to raise the elbow as high as the sternum, the shoulder being thrown backwards and upwards. Whilst an assistant holds the limb, the bandage is repeatedly passed over the anterior part of the arm, and brought round by the sound arm pit; and over this is passed one well moistened with dextrine, so as to produce an inflexible mould. The bandage need not be put on for four or five days after the accident, and in from a week to a fortnight the fracture will be sufficiently firm to allow of its removal. It is an error to suppose that a patient cannot raise his arm to his head when his clavicle is fractured. He believes he cannot, and is prevented from trying by the pain this causes. But if you insist upon it, and that not doubtingly, you will find he can accomplish it. I have not seen six exceptions in twenty years.—M. Velpeau, *Gazette des Hôpitavx*, No. 115.

SOLUTION OF SULPHATE OF IRON IN PROLAPSUS ANI.

Mr. Vincent states that he has of late had great advantage in employing a solution of sulphate of iron, one grain to the ounce, in prolapsed bowels, and that an operation may often be dispensed with, and the patient cured merely by the use of this remedy. Very lately he has had two cases of the worst sort, one of twenty years' standing, with great protrusion and abundance of bleeding piles, which in three weeks was completely cured. The other came from one of the institutions which offer great pretensions in the treatment of these cases. The patient was very bad, having both internaland external piles, and the bowel descended largely and most readily; he was completely relieved in about a month. Other cases of a slighter kind have been set to rights in a week. The patient should be kept in bed, so that the bowel may be as much as possible in repose, and after it is cleansed out, a small quantity of the injection should be daily thrown up, and retained. Balsams are also well adapted to the disease.—*Observations on Surgical Practice*, p. 174.

Medical Intelligence.

TRIBUTE TO DR. FORBES.

The following just tribute of honour is rendered to our esteemed associate Dr. Forbes, by the Editor of the *Archives Générales de Médecine*:—

After twelve years of a dignified and honourable existence, one of the most distinguished British medical journals has ceased to exist. In a well-conceived and well-written *adieu*, Dr. Forbes, the editor, has laid before his readers the causes which have prevented the success of his enterprise. We have frequently had occasion to appreciate the scientific spirit, the exactitude and impartiality with which the "British and Foreign Medical Review" was conducted, and willingly accord the editor our tribute of praise and regret. Some courage was required thus to sacrifice the best years of a life, and a portion of a fortune, in the attempt to perfect so difficult an undertaking. Dr. Forbes attributes his failure to the multiplicity of Journals, which have increased in a ratio disproportionate to the number of readers; and it is but too true that many of the best-established and most reputable medical men never open a medical book of any kind, still less a medical journal. We fully sympathise with him in these and his other reasons. Doubtless, in taking high ground in noticing only really scientific productions, in refusing communications bare of interest and common place, he soared far above the comprehension of the more grovelling minds around him, and was little in accordance with that spirit of industrialism, which in England as in France, speculates upon ignorance and routinism.

APPOINTMENTS.

Dr. Meyer has been appointed Private Physician to H.R.H. Prince Albert.

Charles Aston Key, Esq., has been elected President, and C. J. B. Williams, M.D., and John Dalrymple, Esq., Vice-Presidents, of the Pathological Society, of London, for the year 1848.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members Friday, Jan. 14th :—B. Mallam; H. H. Brown; G. Keer; P. S. Warren; C. Johnson; J. Robinson; D. Williams; F. King; H. Davis; C. Morgan; A. Adams.

HUNTERIAN ORATION.

The Hunterian Oration will be delivered on Monday, February 14th, by R. D. Grainger, Esq., Lecturer on Physiology at St. Thomas's Hospital.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, January 6th:—David Evans, Llanfyllin, Montgomeryshire; Walter Winter Walter, Stoke-under-Ham, Yeovil; Percival Thomas Meggs, Alverstoke, Hants; Thomas Henry Mitchell, Kington.

Gentlemen admitted Licentiates, Thursday, January 13th:—Thomas Carr Jackson, Clitheroe; Wm. Henry Ackland, Bideford; Robert Rayner, Birstal, Yorkshire.

OBITUARY.

Died, December 14th, 1847, at Florence, aged 67, Sir James Annesley, F.R.S., F.A.S., &c., late of the Hon. East India Company's Medical Service, and well-known for his truly valuable works on the Diseases of India, and Warm Climates.

December 28th, at Atherston, aged 89, John Power, M.D.

January 2nd, 1848, at Carlow, aged 83, Martin Tuomy, M.D., formerly Professor of the Practice of Medicine in Trinity College, Dublin.

January 4th, at Shefford, Bedfordshire, aged 73, Charles Seaman Gaye, Esq., M.R.C.S.

January 9th, at Armagh, of fever, Thomas S. Parker, M.D.

January 12th, at Brecon, aged 65, of fever, Thomas Batt, Esq., Coroner for the County of Brecon, Senior Surgeon to the County Infirmary, and Surgeon to the County Gaol.

Lately, at Tipperary, of fever, Edward Dalton, M.D., Medical Attendant of the Bansha Dispensary.

Lately, at York, William Stephenson Clark, Esq., M.R.C.S.

BOOKS RECEIVED.

The London Medical Directory. 1848. London: Churchill. pp. 203 and 432.

The Retrospect of Medicine, &c. Edited by W. Braithwaite, Lecturer on Obstetric Medicine at the Leeds School of Medicine, &c. Vol. XVI. July—December. 1847. London: Simpkin Marshall and Co. 1847. pp. 459.

The Half-Yearly Abstract of the Medical Sciences, &c. Edited by W. H. Ranking, M.D., Cantab. Vol. VI. July—December. 1847. London: Churchill. 1848. pp. 432.

Elements of Natural Philosophy, &c. By Golding Bird, A.M., M.D., F.R.S., F.L.S., Fellow of the Royal College of Physicians, &c. Third edition. London: Churchill. 1848. Fcap. 8vo., pp. 552. Numerous Illustrations.

Pocket Dispensatory and Therapeutical Remembrancer, &c. By John Mayne, M.D., L.R.C.S., Edin. London: Churchill. 1848. pp. 271.

A Popular Essay on Anæsthetic Agents, &c. By William Henry Mortimer, Surgeon Dentist. London: Highley. 1848. 8vo. pp. 32.

Dysphonia Clericorum, or Clergyman's Sore-Throat; its Pathology, Treatment, and Prevention. By James Mackness, M.D., Member of the College of Physicians, London; Consulting Physician to the Hastings Dispensary. London: Longman and Co. 1848. 8vo. pp. 125.

On the Aims and Philosophic Method of Pathological Research: an Inaugural Address, delivered at St. Thomas's Hospital, December 14th, 1847, by John Simon, F.R.S. London: Renshaw. 8vo. pp. 52.

Outlines of Medical Proof. By Thomas Mayo, M.D., F.R.S., Fellow of the Royal College of Physicians, &c. London: Longman, &c., &c. 1848. 8vo. pp. 47.

INQUIRY INTO THE MEDICINAL ACTION OF ARSENIC.

NOTICE TO MEMBERS.

Mr. Hunt, of Herne Bay, requests us to acknowledge the receipt of many interesting communications from members of the Association, in reference to their experience in the medicinal use of *arsenic*, embodying records of nearly 2000 cases. As a large majority of the members have not as yet responded, and as the silence of many may be in some measure accounted for by the urgent nature of their engagements during the present sickly season, it is proposed to keep open the enquiry till the *end of March*, by which time it is hoped that every member, however limited his experience, will have responded to the questions addressed to them in the Journal for Dec. 1st, 1847, page 662. Those who have the charge of hospital records especially are earnestly requested to forward, (in a tabular form,) a report of the cases in which arsenic has been administered.

TO CORRESPONDENTS.

Communications have been received from Mr. T. Hunt; Mr. Whitehead; Mr. Crompton; H. B. B.; Mr. H. S. Smith; The Birmingham Pathological Society; Mr. T. B. Torr; Mr. S. Miller; Dr. Oke; Professor Simpson; Dr. Kennion; Dr. J. Duncan.

A Student.—Mr. Wilson's Anatomist's Vade Mecum will probably answer the purpose. No edition of the London Pharmacopœia has been published since 1836, but a new one may be expected during the course of the present year.

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

MEMOIR ON TURNING, AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS, IN DEFORMITY OF THE BRIM OF THE PELVIS, &c. &c.*

By J. Y. Simpson, M.D.,
Professor of Midwifery in the University of Edinburgh.

Sect. IV.—The Duration, and consequently the Danger, of the Labour is decreased by the Proposed Practice.

In the short summary which I gave in January last of the advantages of turning over embryulcio, I stated one strong reason in favour of delivery by the alternate operation to be this,—"*that it was more safe to the mother, because it could be performed earlier in the labour, and more speedily,*"† than craniotomy, or the application of the long forceps. And I have the most sincere belief that the practice I propose may be the means of saving much, both of maternal and infantile life, by enabling us in some cases to abridge the mere duration of a difficult labour, so that we may terminate in a few minutes a delivery, that, which under other plans of treatment, might still be protracted onwards for hours or even for days. At the same time I am fully aware that when I state my conviction that the mere degree of *duration* and continuance of a labour is, *per se*, dangerous both to the mother and child, and very often fatal even in its influence, I venture to broach a doctrine which stands up alike against the opinion and the practice of some of the highest authorities in the obstetric profession.

About half a century ago, when treating of the influence of the duration of labour in difficult and instrumental deliveries, Dr. Osborne observed,— "I believe it is confirmed by general observation, that women recover at least as well, after long, lingering, and laborious labours, the duration of which may have been extended to several days, as after the easiest, quickest, and most natural delivery."‡ In making this remark, Dr. Osborne stated not his own opinion only, but, I believe, the general opinion of the accoucheurs of his time; and the same doctrine little or not at all modified, still continues to be taught and acted upon, down to the present day, in the great English and Irish schools of midwifery, as the able and excellent writings of (for example,) Professors Davis and Murphy, in London, and Drs. Collins and Beatty, in Dublin, &c., fully testify.

That, *per se*, the duration of labour has no very direct nor decisive influence upon the degree of danger and fatality accompanying parturition, is a doctrine which probably originated in, and has been perpetuated by, an erroneous system of observation. In founding and supporting it, obstetricians have, I believe, drawn their deductions, not from the *whole* of their practice, but from *parts* only of it; they have not reckoned upon the certain results of their *general* collection of facts, but depended upon the fallacious results of isolated and *individual* instances; they have not, in short, counted up the terminations and consequences of *all* their protracted cases, but have relied upon the evidence of some *single* striking case or cases of perfect, and it may be, rapid, recovery after labour of a very prolonged duration. In proceeding thus, obstetric authors have not followed a course altogether different from that pursued in the study and investigation of many other similar questions in medical science and practice. For confessedly, the medical mind has ever been too apt to recollect and found upon those facts only which are in favour of any preconceived opinion or opinions it may chance to have adopted; and the cases of failure are too often forgotten amid the more agreeable remembrance of the cases of success. It is on this account that the numerical method of reasoning and investigation, by obliging us to count up *all* our cases, and *all* our results, whether good or bad,—whether instances of recovery or instances of death,—is no doubt destined to revolutionize, in a great degree, our modes of inquiry, particularly in surgery and midwifery, by imparting infinitely more precision and certainty to our present deductions and precepts where they are true, and shewing us in language that cannot be misunderstood, the erroneousness of our doctrines where they are not true.

The question of the duration of labour in relation to its effects upon the danger and mortality accompanying parturition will be found, in my humble opinion, to afford an apposite example of the truth of these remarks,—for when this question is examined, as it can alone properly be examined,—by the numerical or statistical method, the results that are thus yielded, assuredly directly gainsay and contradict the accredited

* Continued from page 5.
† "Monthly Journ. of Med. Science" March, 1847, p. 718.
‡ Essays on the Practice of Midwifery in Natural and Difficult Labours, p. 66,

impressions and common belief of the profession upon the subject. With the exception of Dr. Collins, of Dublin, few, or indeed no writers have, in their obstetric reports of hospital or private practice, furnished us with data shewing the duration of labour either in their natural or in their operative cases of midwifery. In his "Practical Treatise on Midwifery," (a work, the great value and candour of the facts contained in which it would be difficult to overpraise,) Dr. Collins has given the result of the cases which occurred in the Dublin Lying-in Hospital during a period of seven years, commencing November, 1826, and he has published throughout the work, and especially at the end of its individual chapters, tables, and data, from which the duration of the labour in most cases and complications can easily be calculated and compared. I shall state briefly some of the results regarding the influence of the duration of labour which I have obtained by summing and counting up the individual facts and data which Dr. Collins has published. And the results which I have in this way obtained, will, no doubt, be regarded by some as the more valuable and trustworthy, seeing that the data from which they are calculated have been collated by Dr. Collins, and given by him to the world under the generally prevailing idea that the mere length of the labour was no guide or test of its danger or mortality.

During the seven years that Dr. Collins had charge of the Dublin Lying-in Hospital, 16,414 women were delivered in it; and of these 164 died, or one in every 100 of the mothers was lost. In 15,850 of these cases the duration of the labour has been marked and published; in 1 in 29 only was it not noted. Out of the 164 fatal cases, in 138 the duration of the labour has been marked and published; in 1 in 6 it was not noted. Now, if in relation to the duration of labour as bearing upon the maternal mortality, we calculate the proportion of the 138 maternal to the whole, 15,850 labours, I find that the interesting result is that which is shewn in the following table. Let me merely premise that the table reads as follows:—Out of all the women delivered within one hour, 1 in 322 died; out of all those in whom the labour continued from two to three hours, 1 in 231 died; and so on.

TABLE II.

Shewing the Proportion of Maternal Deaths in relation to the Duration of Labour in 15,850 *cases of Delivery.*

Duration of Labour.	*Proportion of Mothers Lost.*
Within 1 hour	One in 322 died
From 2 to 3 hours	„ in 231 „
From 4 to 6 „	„ in 134 „
From 7 to 12 „	„ in 80 „
From 13 to 24	„ in 26 „
From 25 to 36 „	„ in 17 „
Above 36 hours	„ in 6 „

The preceding table affords ample evidence that, contrary to the general opinion of the obstetric profession, the mere length of the labour is a most serious and important element in reference to the degree of danger and fatality accompanying the process. For, in fact, as shewn by these calculations "*the mortality attendant upon parturition increases in a ratio progressive with the increased duration of the labour.*" And this does not hold true with regard to the life of the mother alone. It equally holds true with regard to the life of the infant. For, exactly in the same way, as proved from the same collection of data, I find also that as a general fact "*the infantile mortality attendant upon parturition increases in a ratio progressive with the increased duration of the labour.*" Dr. Collins reports 1121 children as having been still-born. In 1045 of these cases the duration of the labour was noted. The following table shows the proportion of the children lost in labours of different degrees of duration. Like the preceding table, it reads thus:—Out of all the women delivered within two hours one in 20 of the children was lost; out of all the women whose labour endured from three to six hours, one in 18 of the children was lost; and so on.

TABLE III.

Shewing the Proportion of Infantile Deaths in relation to the Duration of Labour in 15,850 *cases of Delivery.*

Duration of Labour.	*Number of Infants still-born.*
From 1 to 2 hours	One in 20 was lost
„ 3 to 6 „	„ in 18 „
„ 7 to 12 „	„ in 11 „
„ 13 to 24 „	„ in 6 „
„ 25 to 36 „	„ in 3 „
Above 36 „	„ in 2 „

The two preceding tables refer to the proportion of maternal and infantile deaths as regulated by the duration of the labour. But many morbid complications and accidents may arise during parturition without necessarily proving fatal either to the mother or infant. The occurrence, however, of these complications and accidents is regulated by the same law of duration as I have above shown to regulate the actual deaths of the mothers and children. For, exactly in the same way, it may be laid down as a general proposition, that "*the mortality of most of the morbid complications connected with labour increases in proportion as the labour is increased in its duration.*" It would be easy to demonstrate for instance, that this holds good with regard to various obstetric complications taken individually—such as convulsions, rupture of the uterus, retention of the placenta, or hæmorrhage before and after its removal, puerperal fevers, puerperal inflammations, &c. The liability to each one of these complications and results certainly increases with the length

of the process of parturition. But, it may be enough for my present purpose to shew that taking these complications collectively, such is the result: the tendency to their general occurrence becomes greater and greater in proportion as the length of the labour is allowed to become greater and greater.

In his Treatise, Dr. Collins has recorded the duration of the labour in twenty-four cases of puerperal convulsions; in twenty-four cases of rupture of the uterus and vagina; in sixty-two cases of retention of the placenta; in 102 cases during and after the third stage of labour; in eighty-four cases of puerperal fever; in five cases of fatal pelvic abscess; and in five fatal cases of inflammation and sloughing of the vagina; in all 306 cases of complication occurring in 296 patients. The following table shews the proportion in which these 306 complications occurred in labours of different durations. It reads thus :—Of all the women who were delivered within one hour after the commencement of labour, one in 114 suffered from one or other of these obstetric complications; of all those whose labours were prolonged from one to two hours, one in 90 suffered from one or other of these complications, and so on.

TABLE IV.

Shewing the Proportion in which 305 *Morbid Complications occurred in* 15,850, *Labours of different Durations.*

Duration of Labour.	*Proportion of Complications:*
Within 1 hour	One in 114 was complicated
From 1 to 2 hours	„ in 90 „
„ 2 to 3 „	„ in 69 „
„ 4 to 6 „	„ in 58 „
„ 7 to 12 „	„ in 32 „
„ 13 to 24 „	„ in 12 „
„ 25 to 36 „	„ in 9 „
Above 36 hours	„ in 5 „

The evidence which I have adduced in the preceding tables, affords ample proof that the proportion of maternal and infantile deaths, and of obstetric complications, becomes, as a *general law* gradually more and more numerous as the process of labour becomes more and more prolonged in its duration. But I have brought forward the facts principally for the purpose of shewing that out of them, and in connection with them, there is deducible another all-important principle, in reference to a practical and obstetric operative inquiry of the present nature,—viz., that when operative interference, such as the forceps, crotchet, turning, &c., is required, in order to terminate a difficult and morbid labour, the *time* of the labour at which that interference is had recourse to, regulates the amount of attendant danger much more than the details and effects of the operation itself. In other words, in accordance with the general law already illustrated, the extent of danger or fatality attendant upon operative and instrumental delivery, is regulated in a direct and demonstrable degree by the previous length of time allowed to elapse before the artificial interference is had recourse to; the resulting mortality increasing in amount according as the period at which the operation is performed is proportionally more distant from the date of the first commencement of the labour.

It is not in my power to prove from Dr. Collins' Treatise that this law holds true in regard to the alternative operation of delivery by the long forceps, for his work affords no data on this point. In fact, in instances in which the head of the child is arrested at the brim, he and the profession generally in Dublin, prefer the use of the perforator to the use of the long forceps; and during the course of the seven years throughout which his report extends, this latter instrument does not seem to have been employed once in the Dublin Hospital, while craniotomy was, during the same period, employed above eighty times. During these seven years, however, the short forceps were used to terminate the delivery in twenty-four patients in whom the head was sufficiently low down in the maternal passages; and perhaps the results in these twenty-four cases will be regarded as a sufficient illustration that in forceps' operations the general law holds good, that "*the operation is dangerous and fatal in proportion to the length of labour allowed to elapse before the artificial delivery is practised.*"

TABLE V.

Shewing the Maternal Mortality attendant upon 24 *Forceps-Operations, to be regulated by the previous Degree of Duration of the Labour.*

Date of Operation.	*Results to the Mothers:*
In labours terminated within 24 hours.	One out of 13 died*
In labours terminated in from 25 to 36 hrs.	„ „ 6 „
In labours terminated in from 37 to 48 hrs.	„ „ 4 „
In labours terminated in above 48 hours.	„ „ 2 „

Dr. Collins's data regarding the operation of craniotomy are more extensive, and hence more valuable. During the seven years included in his report, perforation of the head of the infant was practiced in

* In the single fatal case of forceps operation out of thirteen, in which the women were delivered before the labour had continued twenty-four hours, the mother became insensible after the pains had set in for a few hours, and the instruments were apparently used in consequence. The whole labour was only of eight hours duration. She died in three hours after delivery.

eighty-five cases in which there was extreme difficulty in the labour, or where the child was dead, and interference necessary for the patient's safety, or for the full completion of the delivery. In seventy-six out of these eighty-five cases, data are afforded for ascertaining the duration of the labour.

Out of the seventy-six women, fourteen, or one in every five and a half, died. The following table of the results of these seventy-six cases of craniotomy, as influenced by the previous duration of the labour, affords direct evidence of the proposition which I have already stated, that the fatality attendant upon this, as upon the other allied forms of forced or artificial delivery, is regulated by the date or period of the labour at which the operative interference is had recourse to.

TABLE VI.

Shewing the Maternal Mortality attendant upon 76 Craniotomy Operations, to be regulated by the previous Degree of Duration of the Labour.

Date of Operation.	*Results to the Mothers.*
Hours.	
In labours under 24	One out of 19 died
„ from 25 to 48	„ 8 „
„ above 48	„ 3 „

The preceding body of evidence might easily be rendered more minute and detailed if it were necessary. But I hold that it affords proofs sufficiently strong and direct for our present enquiry. And the important relations which it has to that inquiry amount to this, that the facts adduced demonstrate—

1st. That as a general law the amount and proportion of maternal and infantile deaths accompanying parturition are regulated and modified by the length and duration of the labour.

2nd. That the liability to various morbid obstetric complications during and after delivery is modified and regulated by the same law; and—

3rd. That the mortality attendant upon obstetric operations, such as the use of the forceps and crotchet, is also strictly modified and regulated by it,—operative delivery being more and more fatal in proportion to the lateness in the course of the labour at which it is adopted; and, on the other hand, less and less fatal in proportion to the earliness in the course of the labour at which it is practised.

Now, the object of the present memoir is to propose that in cases of arrestment of the head at the brim of the pelvis, artificial delivery should be accomplished by turning, instead of being accomplished by the long forceps or craniotomy. And the operation which I thus wish to substitute has, as I have stated at the commencement of this section, this great and high advantage over both the two others, for which I propose it as an alternative, that, *cæteris paribus*, delivery by turning can, and must, as a general rule, be practised far earlier in the labour, than delivery either by the long forceps or the crotchet; and in proportion as it is practised earlier, so far also will it be practised with greater safety and greater success. A few remarks upon the time at which the employment of the long forceps or perforator is usually adopted will render this deduction more evident. In our next communication we shall consider this point, and the value of auscultation in relation to operative delivery.

(To be continued.)

THE TAXIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Your correspondent, "A Retired Surgeon of the Irish College," (*Provincial Journal*, 1847, p. 682,) deserves the thanks of the profession both for the courage with which he impugns the prevailing practice in the reduction of strangulated hernia, and for the perseverance with which he persists in calling attention to his own method, believing, as he evidently does, that its general adoption would prevent much suffering and save many lives. His sincerity and experience entitle his views to examination, and I gladly take the opportunity which is thus afforded, to call upon Hospital Surgeons, and those especially who are connected with the Association, to consider whether the prevailing method of using the taxis is the very best that can be adopted for the purpose.

It is much to be regretted that our lecturers and writers on surgery, too generally dwell with tedious minuteness on every step and stage of what is called "the operation" for strangulated hernia,—*i. e.*, the operation *with the knife*, while the far more difficult and delicate operation *without* the knife, the *taxis*, is passed over cursorily and carelessly as though its successful performance were dependent upon chance rather than science and skill. "The moment that you find the tumour is hard, incompressible, not yielding in the slightest degree; that there is *no gurgling*, no diminution of the convexity and hardness, not the slightest appearance of *getting the contents of the intestine out*, urge with all your eloquence the propriety of the operation, for there is little danger if the operation be performed at the proper time,—the greatest danger if it be delayed after a certain time." (*Med. Gaz.*, vol. xiij., p. 988.) These are the words of the lamented Sir Charles Bell, and they constitute a fair sample of the modern theory and practice of the London Hospitals. The late Sir Astley Cooper, who has left so splendid a contribution to the surgical anatomy of hernia, directs that the hernial tumour should be *kneaded by a successive motion of the finger and thumb*, "until you at last obtain a passage for a *small portion* of intestine or omentum through the strictured part." (*Cooper's Lectures.*) I agree with your correspondent that much of this is erroneous in theory and inefficient if not

mischievous in practice. The return of the hernia does not occur in the way described, nor is it the primary object of the taxis to "get the contents of the intestine out."

Strangulated hernia is an accident involving considerations, not mechanical only, but anatomical, physiological, and pathological. First, a portion of intestine is forced through the ring, together with a portion of omentum or mesentery, or both; the substance of the latter fills up the ring. Compression upon the veins is the next occurrence. The arteries, from their tone and elasticity, continue to pour blood into the tumour, which the veins cannot return, and the tumour increases in size from venous congestion, frequently without any further advance of intestine through the ring. This is the first stage of strangulation. In the second stage active inflammation ensues. In the third, sphacelus, produced either by the intensity of the inflammation, or more probably by the circulation in the tumour being at length wholly arrested by the compression of the arteries at the ring. Reduction of a hernia by the taxis in the first stage of strangulation is always practicable, though not always easy, and sometimes impossible, if conducted on the principles generally laid down. If the surgeon, supposing he must first return the portion of intestine immediately engaged in the ring, pushes and pulls, or kneads the tumour by a successive motion of the finger and thumb, he will seldom succeed in a tight case, even in this stage. And further, if he be intent only on "getting the contents of the intestine out," he will be apt to relinquish his efforts in disappointment after a short trial.

There is something to be done before either of these are attempted. The tumour is full of distended veins, the blood of which must first be returned very gently and patiently; not by pushing and kneading, and thumbing, but by gentle equable compression on all sides of the tumour, the abdominal and psoas muscles being previously relaxed. Now, it is evident that the venous blood, returning in obedience to the pressure of the surgeon's hands, through a very small aperture, *must needs return slowly*. If the tumour contain half a pint of blood, which is returned at the somewhat rapid rate of a drachm per minute, it will take sixty-four minutes to return the whole. Here, then, is a full hour's work to be done, and in the case of a very large hernia, it has been known to occupy two hours and twenty minutes, and two pair of hands, to accomplish this first step in the reduction! What, then, do surgeons mean by trying the taxis for a quarter of an hour, or *not at all*, operating on *the moment*, when they have the safe work of an hour or more before them? So soon as the venous blood is returned in any quantity, the sensible diminution of the tumour shews the practitioner that his work is done. It is as well to keep up the pressure to the end, but the peristaltic action will soon do the rest; the gas in the tumour rushes through the now more roomy ring, with the well-known gurgling noise; the solid contents next; and, lastly, the fatty portion, (omentum, &c.,) follow the returning bowel through the ring.

In the next stage, (that of inflammation,) the same practice carried out with yet more tenderness and patience, will generally accomplish the same result. In the third stage, (*sphacelus*,) the operation may be necessary, but will rarely be successful. The symptoms of inflammation and sphacelus are sometimes obscured, and it is not my object to lay down any rule in these extreme cases, for or against the operation, but only to suggest a more eligible and successful mode of employing the taxis,—a mode which, after twenty-seven years trial, I have never known to fail; although I am by no means prepared to say it never will fail, or that the operation with the knife is never necessary.

Your correspondent will perceive that I differ from him in theory only by a shade, and that our practice is essentially the same. I see no objection (except where approaching sphacelus is to be apprehended,) to the application of cold, in conjunction with gentle, continued, persevering pressure; but I should prefer a previous trial of pressure, as an expedient often necessary on his own shewing, and in my experience always successful. Let no one, however, to whom these views may be new, run away with the notion that the reduction of a hernia, long strangulated, is supposed to be an easy or simple operation. Any man with a steady hand, who is familiar with the anatomy of hernia, can open the sac and divide the tendon. This is easily enough accomplished,—it is but *cutting* the Gordian knot; and yet, strange to say, a man who does this, often gets more credit, even with his brethren, than he who, superior in skill, can *untie* it! The *operator*, as he is called, is handsomely paid, but all the reward obtained by the man who reduces a hernia without risking his patient's life, is, perhaps, the transient gratitude of the sufferer, and a week's lumbago.

I am, Sir,

Yours respectfully,

THOMAS HUNT.

Herne Bay, December 18, 1847.

CASE OF AMPUTATION PERFORMED UNDER THE INFLUENCE OF CHLOROFORM.

By T. Berry Torr, Esq., Surgeon, Barnstaple.

On Thursday afternoon last, (January 9th,) I was requested by my friend Mr. Clarke, of Lynton, to meet him on the following morning, in consultation on the case of a very old man, 87 years of age, named Thomas Bale, residing at a lone cottage at the higher part of the parish of Brendon, twenty-five miles from this town, who had sustained a most severe compound fracture of the left leg, produced by one of those huge blocks of stone, (so common in that locality,) weighing about a quarter of a ton, having rolled down on him from a steep declivity, and crushing his leg between it and another stone of considerable size.

On reaching the patient, in company with Mr. Clarke, on Friday, an examination of the injury too sadly proved that the account of it which had been given me

was by no means overdrawn. I found a most extensive laceration of the soft parts on the inner side of the leg, upwards of eight inches in length, through which the denuded fragments of bone were protruding in every direction; and on the outer side of the leg was a similar laceration six inches in length, attended with the same comminuted state of the bones. In this state of things it became our duty to point out to the patient and his friends, that not even the most remote chance of prolonging his life existed, save by recourse to amputation, which was willingly acceded to. Accordingly, having previously provided myself with a supply of genuine chloroform from London, we at once proceeded to administer it to him, on a plan which I somewhat modified from that used by Professor Simpson.

The desired, and it may fairly be said, truly astonishing effect, was produced in a little more than seven minutes; the patient after a slight twitching of the muscles, passing off into an apparently profound sleep. In this state we carried him from his bed, and placed him on a previously-prepared table in the adjoining room, without his evincing the slightest evidence of the pain, which under other circumstances he must unavoidably have suffered. The necessary preliminaries having been carefully adjusted, and the chloroform again applied for a few minutes, in order to ensure its full effect, I immediately proceeded with the amputation, which was performed in rather less than three minutes, Mr. Clarke, who rendered me very efficient assistance, and myself, being as much delighted as were the family astonished, at observing that at no step of the operation did our now unconcious patient shew any symptom whatever of enduring pain.

Shortly after we had replaced him as comfortably as possible in bed, he commenced being very talkative, would not believe his leg had been removed, and when questioned as to whether he had not felt pain, he replied, No, he had not felt any pain; he thought he had been asleep! He soon after this sang several snatches of a favorite old song!! And then passed into a most tranquil sleep, in which state we left him.

Remarks.—From the ossified and diseased state of the arterial trunks met with in the stump, added to the patient's great age, the chances of recovering are of course sadly against him. Amputation below the knee was, however, the only plan of treatment which the *extensive* and *severe* nature of the injury would possibly admit of; and the desired anæsthetic effect of the new agent was certainly *most successful* and *complete*. One circumstance, however, which particularly arrested my attention during the process of securing the vessels, was the highly venous appearance of the blood issuing from the arteries which I particularly pointed out to Mr. Clarke; and I further remarked, that in proportion as the special effect of the chloroform passed off from the patient, the blood from the small muscular branches resumed its arterial character. The *modus operandi* of this truly astonishing, and (as far as the interests of humanity are concerned) certainly invaluable agent, has not, that I am aware of, been as yet fully explained, but if the foregoing remarks are confirmed by further observation, they would, I think, lead to the inference that its effects are produced through the medium of a highly and perhaps peculiarly carbonized condition of the blood, acting on the sensorium and nervous system; and it will, therefore, be the province of further observation and experience to determine whether any and what degree of injurious influence may thereby be produced on the system, as to its restorative action so much in general required after the major operations of surgery; and whether such effects are calculated to overbalance the high *desideratum* of, as it were, annihilating human pain and agony on such occasions.

TWO CASES OF DELIVERY UNDER THE INFLUENCE OF CHLOROFORM.

By Herbert W. Budd, Esq., Surgeon to the City Gaol, Worcester.

Case 1.—January 23, 1848, I visited Mrs. Price, aged 27, in labour with her third child, at a quarter before five, a.m. Her pains commenced at eight o'clock the preceding evening, were very frequent and wearing, about every three minutes, and had been thus nearly the whole night; pulse 80; os uteri dilated to the size of a crown-piece; the head of the child had entered the cavity of the pelvis; complexion florid; of spare person. Three days ago she had a severe fall on the back, and since that time has had a constant cold weight in the bowels, and has not felt the child. Complains much of her back. On my naming the advantages of chloroform, she entreated me to use it.

Half-past five, a.m. I administered fifteen minims by means of a sponge. In less than a minute she seemed to be comfortably asleep, though easily roused. She had several pains, with intervals of three or four minutes, without feeling them; afterwards she had several in the natural state, which she said were much deadened. The parts became more relaxed, the uterine action not at all diminished in power or frequency. In the intervals she seemed to be asleep.

¼ to 6 o'clock 15 minims, with the same results.
¼ past 6 „ 15 „ „
¼ to 7 „ 15 „ „

Seven o'clock, 30 minims. The membranes gave way under a very strong expulsive effort, and a large quantity of liquor amnii escaped. The head immediately pressed on the perineum. Quite unconscious.

10 minutes past 7. 30 minims.

20 minutes past 7. The child was born, and from its appearance had been dead some days; much swelled. In from five to ten minutes the placenta came away with facility, and the uterus contracted firmly. She became conscious a few minutes after the birth of the child, and assured me she was quite ignorant of its having been born. She said, "I have been in another world." She felt no pain on the expulsion of the placenta, although quite sensible. I think it right to add, that the passage of the shoulders was very tedious, and I was obliged to give considerable assistance in their delivery, although the throes of labour were very strong.

She has gone on favourably in every respect since. I saw her to-day, January 31st, and she is quite comfortable.

Case 2.—Thursday, January 27th, I was sent for to Mrs. Lockley, in labour with her first child. I saw her at a quarter to four, p.m. Pains had commenced at eight the preceding evening, with an interval of half an hour for the first few hours; they then became more frequent, and for some hours previously to my arrival came on every five minutes. Expulsive pains weak; os uteri dilated to a size larger than a crown-piece; great thickness of perineum, and a considerable portion of the anterior lip of the uterus to be obliterated. My impression was, that she would not be delivered till twelve that night. On naming the chloroform, she was anxious to have it administered. I did so with the most satisfactory results, as the particulars subjoined will, I think, amply testify.

Mrs. Lockley is of a florid healthy appearance, rather stout, aged 25. Pulse 110. On examination the vagina evinced great irritability.

Quarter past 4, p.m. Fifteen minims of the chloroform were administered with a sponge; she was under its influence in less than a minute. In three minutes uterine action came on of a more expulsive character than before; the parts were strikingly relaxed; irritability of vagina vanished. After an interval of four minutes another pain came on. She afterwards opened her eyes, and on being asked whether she felt any pain, said "No! But I was conscious of something." She dozed between the pains. She then had six pains in the natural way during the next half hour; they were strong, not at all diminished in power or frequency. She assured me they were much deadened.

Ten minutes to five, 20 minims. In two minutes a very strong pain came on, followed by another in a minute, under the influence of which the membranes gave way. She seemed comfortably asleep at this time.

Five minutes to five. During a strong throe of labour, I pressed firmly on the perineum internally; she seemed however quite unconscious.

Five o'clock. Quite recovered from the effects of the chloroform. For thirteen minutes from this period she had four pains, not at all diminished in power, &c. Sensation of pain much diminished.

13 minutes past 5 ..	20	minims,	with like effects.
½ past 5	30	..	..
6 o'clock	30	..	..
25 minutes past 6	30	..	..
20 minutes to 7	30	..	..
5 minutes to 7	30	..	..

Three minutes after seven, 60 minims; pains are now very forcing; head begins to press on the perineum. Sixty minims.

20 minutes after 7..	30	..	..
½ past 7.....	30	..	..
25 minutes to 8	30	..	..
12 minutes to 8	30	..	..
5 minutes to 8	30	..	..

For the last half-hour or more has been in a dreamy unconscious state.

Eight o'clock. The child born alive, a fine girl; the placenta followed in about five minutes; uterus well contracted; no hæmorrhage.

Shortly after her delivery she became conscious, but seemed much disposed to doze. She was conscious of the placenta coming away, but did not feel any pain; she screamed out at the last throe but one preceding the passage of the head. On my naming this to her, and fearing that she must have suffered much at the birth of her child, she replied, "Oh! no sir, I knew nothing about it; I was in a dream, and I saw my brother drowning; I called out and tried to catch hold of him, to prevent him from sinking."

Friday, 10 a.m. I was informed that she slept for four hours after I left her last night. She had a good night, and has gone on favourably ever since. The lochia were natural; the milk appeared on Saturday night.

February 1st. I found her sitting up in bed, with the child in her lap, and looking well.

CASES FROM PRIVATE PRACTICE.*

By John Richard Wardell, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

INFANTICIDE.

Remarks.—When employed at the inquest held on the first of these cases, it was not without a full consciousness of the serious duty which was then to be discharged;—serious, because there was no circumstantial evidence beyond the mere fact of the discovery of the body, to lead to the supposition that the child had been murdered, and upon the *ipse dixit* of the medical evidence, would the nature of the verdict, mainly, if not entirely, be decided, and therefore upon the view about to be taken of the matter, would be based important dependencies, it might be, the life or death of another individual. It is not at once sweepingly to be concluded that because the body of a child is found, as in this case, under suspicious circumstances, it has been feloniously destroyed; the mere discovery of the corpse, although it might highly favour the presumption, could not alone warrant us in arriving at such an inference; other enquiries would have to be made, and certain questions previously decided,—for instance, as to whether the child were at maturity; if it had maintained a separate existence; if its death had resulted from wilful or natural causes; what were the proofs of its having been maliciously destroyed, with like questions, which ought of course to be determined.

In former times concealment of pregnancy or of birth in this country were held capital offences, and many unjustly suffered under this barbarous law; in later

* Continued from page 40.

times, however, this and similar cruel statutes have wisely been repealed, and now none suffer where it has not been satisfactorily proved that murder has been really committed. The law, with a proper humanity, supposes all children to be born dead, the *onus probandi* therefore being thrown upon the prosecution, and not as before upon the accused. When a female belonging to a respectable sphere of life is heartlessly betrayed, and finds herself in a condition which, as soon as known, must inevitably hurl her from her status in society, if such do not bring her to utter ruin; when she droops under the withering consciousness of self-debasement, consequent upon the loss of virtue, and knows not how or where to seek for refuge, or look for sympathy; week after week passes on in this dreadful state of irresolution and disquietude of mind; she dreads to reveal the "big secret of her breast," which must be fatal to her respectability, and the certain destroyer of her peace; perhaps by successful artifice she adroitly manages to hide her shame until very near, or even to the end of pregnancy; the mind has been long lacerated by its torturing reflections, the health has suffered, the spirits are depressed; labour with unexpected suddenness supervenes; in the agonies of mental and corporeal suffering, her anguish is so intense as for sometime to deprive her of consciousness; the child is lost during the process of unaided delivery, or for the want of proper assistance dies after it has been expelled, and for a moment maintained an independent existence. Might she not on calm, deliberate reflection, after having regained her senses, and finding her offspring dead, dispose of the body with little or no compunction of conscience, by which decision she might hope this deviation from the paths of virtue would be veiled from the public eye,—reputation and standing preserved,—the feelings of friends be spared,—the future, instead of presenting a saddening scene of misery, would thus, under repentance for past folly, hold out cheering hopes of future happiness. She conceals it; the body chances to be found; the mother is made out, she is accused, and though innocent, few or none suppose so; she is arraigned for one of the darkest of crimes.* Instances of this kind have occurred. Again, temporary derangement has been known to come on about the time of delivery. From such and other circumstances, might not the mother destroy the new being at a time when she was irresponsible for her actions? Certainly. The child might be suddenly born when the woman was at stool, faintness and insensibility come on, and the infant suffers. To cite a case in point which happened a few months ago, the detail of the autopsy of which is given before. Mr. Ness, the coroner of the district, in a letter, thus speaks of the instance:— "The verdict of the jury was that the child died from suffocation, but by what means produced there was no evidence. The mother's story was that the child was born while she was attempting to have a motion, but she fell on the floor insensible, and when she came to her senses the child was laid on the floor, dead. She acknowledged placing it in the well a few hours after." The woman was acquitted of the grave crime of infanticide, by receiving the advantage of the possibility of the infant having so suffered, but she was punished by a sentence of two years' imprisonment, for concealment of birth. From the determination of blood which there is induced, by the violent expulsive efforts in the encephalon, as also from the great irritative disturbance which the process of parturition is apt to produce in the cerebro-spinal system, temporary insanity might thus, as it does sometimes, occur. The writer knows of a person who has borne several children, in whom, towards the end of two or three of her pregnancies, mania became manifest, which however vanished soon after delivery.

It is clear, then, that it would be exceedingly wrong to say, that because the body of an infant was under suspicious circumstances discovered, its life had been wilfully taken, and as above observed, certain incontestable facts would in addition be indispensably requisite before we could conscientiously depose a statement so important. On a perusal of several authors on infanticide, it is surprising to see the indefiniteness of their statements, and that there appear to be exceptions to every rule associated with the subject; such indeed, are "these glorious uncertainties in the law," that it is quite obvious an ingenious and well-read pleader might get off parties with whom there was no moral doubt of guilt, nor could they be punished unless confession were made, or there were actual witnesses of the deed. The medical evidence is summoned to give his medical opinion as deducible from what is seen sub oculis, and there his duties terminate; his depositions are to be made irrespective of prejudice, and it then remains with the jury to decide as to the nature of the verdict. The medico-legalist ought in all cases to base his inferences upon a general review of *all* the facts, and not upon an isolated consideration, or he may incur the risk of erroneous deduction.

In these observations it will briefly be endeavoured to shew that in the above reports there are some striking resemblances, and by drawing a comparison between the two, it will be seen they are in many respects alike. Dr. Wright's case appears to have been taken with much anatomical exactness, and that gentleman has very properly noticed all those leading features, which the case and circumstances seemed to demand.

Respecting the body of the female, from its general aspect the most cursory observations rendered it manifest that but little time had elapsed since its birth, there being no indications of decomposition, nor indeed anything much dissimilar to what is perceived

* See Dr. Hunter's Eloquent Tract.

shortly after death. From the particulars which are given, it must needs be deemed incontestably clear, that both were at maturity, nor are there any feasible grounds for the supposition that they could not have supported a separate existence. Their lengths, the abundance of hair, their weights, the well-formed nails, &c., exemplified that they had not been born long, if at all, before the full period of gestation. The length of the body of a matured infant at birth, has on an average been stated at eighteen inches. One of these we see measured nineteen inches and three quarters, and the other twenty inches, which was thus about a tenth more than ordinary. The hair and nails do not become perfectly developed until the last month of utero-gestation, but in each they reached beyond the tips of the fingers. Some have asserted that at the ninth month the umbilicus will be found inserted at the point corresponding with the exact centre of the body, which was the statement of Chaussier; but M. Moreau has more recently demonstrated this to be incorrect, for sometimes the insertion is an inch or an inch and a half nearer the pubis. The saponaceous matter which is usually noticed at birth, and that by certain writers is deemed indicative of maturity, was abundantly present in the female, but on the male none was to be observed, which suggests the question,—had it been washed before, or subsequent to death? "At the ninth month the sebaceous secretion is copiously found on the skin," says Dr. Cummin, when alluding to this point. When children are still-born, the thorax, owing to the yet collapsed condition of the lungs, and the influence of external atmospheric pressure, has not that full and rounded appearance presented when respiration has been thoroughly performed. When free breathing has taken place, the intercostal spaces are completely obliterated, and the surface feels even to the touch. In the former illustration the plumpness of the chest rendered it highly presumptive, before any dissection had been made, that the lungs on being exposed would be found to have attained their normal magnitude of expansion, and this undoubtedly by the respiratory function having been properly in action.

On giving evidence at the examination on the inquest, I specially directed the attention of the jurors to the state of the funis, which was soft, shining, flexible, and pearly-looking; at its umbilical insertion there was not the least appearance of decay; of itself there was no wrinkled contraction, its colour was unaltered, and indeed in all its characteristics it was little, if at all, dissimilar to what it is at birth. The extent of the cord that remained was not less than three times the length that is left when it is divided in the usual manner by a midwife; and two additional points of considerable importance were indisputably evident:—first, that it had been torn in two; secondly, there were no traces of any ligature having been applied. In Dr. Wright's case the cord had also been torn, and the extremity was ragged, nor were there indications of a ligature. Being thus rudely rent asunder, and no string having been tied around, attested that the ordinary precautions had not been observed in order to guard against the supervention of hæmorrhage—(that is, supposing the children to have been born alive, of which there was no doubt whatever,)—a consideration which from custom alone is in common cases never omitted by those in attendance, and nurses and women-attendants are ever very solicitous respecting the tying of the navel-string, and always ascribe to this duty more importance than is really of consequence. Any woman in attendance, where the ordinary care and preservation of the child were considered, would never think of forcibly breaking the cord; and in those instances where the child is precipitately expelled, when the mother is in an erect position, the laceration, as confirmed by experiment, by far most frequently takes place at one or other of its insertions, generally at the umbilical end;* and supposing it to have been still-born, if no criminal intentions had been entertained by the mother, or party or parties present, it is fair to presume that some cutting instrument would have been employed. It is true, granting the presumption of still-birth, that they might be careless of the manner in which it was severed, yet such does not do away with the very high probability of the less grave offence—concealment of birth—but rather confirms the supposition. The manner in which the cord had been divided in No. V., added to the suspicion of its being feloniously destroyed; and in No. VI., by its being lacerated towards the umbilical extremity, we are led in this particular to give the accused the benefit of the probability that it had been broken during precipitate expulsion. When the cord is kept insecure, the infant may die from the loss of blood, which is termed *infanticide by omission*; yet if the circulation has undergone its proper change, but few (if the ligature were not applied,) would die from hæmorrhage; nevertheless, such is the law of the country, and where it can be indubitably proved that such precaution is willingly and maliciously omitted, the accused becomes liable to the penalty of the crime. When a child has thus suffered, the body looks white and bloodless, the large vessels are found drained of their contents, and little attention is required to correctly decide upon the cause of death.

In neither of these examples was there any evidence of the kind; in the female the viscera were normally supplied with blood, and from Dr. Wright's report the same remarks are equally applicable relative to the male infant.

In both instances it is mentioned that they were smeared with meconium. The escape of this matter has been deemed confirmative of the supposition that independent life had been carried on;—in other words,

* Klein.

that the child had been born alive. This is merely mentioned amongst other facts, yet it is, perhaps, not much to be relied upon, because in breech cases, where the infant is still-born, the posterior parts are often covered with meconiumnal matter.

The lineal mark on the anterior part of the neck of No. V., from the excoriation, the distinct ecchymosis and the bruise-like patch spoken of above the clavicle, rendered it highly presumptive that such had not resulted from the wrapping round of the funis, nor yet from the only manner besides in which it could naturally have been done during parturition, viz., by the firm embrace of the edges of the os uteri after the head had passed out of the womb. Now, if it had been contended that the umbilical cord had strangled it, respiration would not then, of course, have taken place, the lungs would have been uninflated, and thus the functions so necessary and indispensably requisite to life, would have been prevented from ever having commenced, instead of having begun and been then suspended; but here the pulmonary organs gave undoubted evidence of respiration having been fully and perfectly carried on. But for the sake of argument we will suppose that the child was born alive, and that after its expulsion, the cord from the altered position of the mother, or the movement of the child, became tighter, and thus prevented the ingress and egress of air, the lungs would not then by such imperfect respiration have been so entirely dilated, because the state of expansion in which they were found, unavoidably pre-supposed these organs having for a shorter or longer duration performed their functions normally. If it had been strangled by the cord the marks left would have been far less distinct, and very different from those ensuing from violence. The eminent German writer Klein, thus expresses himself on this point:—"I have never met," says he, " with an instance of marks of injury of the kind supposed, ecchymoses or sugillations, produced by the orifice of the uterus, or the umbilical cord, although I have known a great number of cases in which the neck of the infant had been strongly girded by the funis once or twice twisted round it, strangulation having thus been actually produced or rendered most palpably imminent." The glairy lubrication of the cord would prevent such friction as would be required to abrade the cuticle; and besides, if the stripe had been produced in this manner it must needs have been broader and less clearly defined. On carefully dissecting down to the subcutaneous cellular tissue corresponding both with the line and bruise, extravasated blood, as mentioned, was at once apparent, and the substance of the sterno-cleido-mastoideus muscle showed that rupture and effusion of the minute vessels proper to its texture had ensued, which it is exceedingly probable had taken place during life. It is true, that, according to the statements of certain experimental writers, an ecchymosis *may* possibly be produced after death (properly so called,) has taken place, owing to the capillaries retaining in some degree their action after the heart has ceased to beat; at least, such are the affirmations of Le Gallois, Wilson Philip, and other philosophical investigators.

It is said that capillary action is the last of all the corporeal functions, in ceasing their operations after the more manifest evidences of life, strictly so termed, are permanently suspended—the fibrillæ of nerves it thus appearing conveying the stimulus to vascular action, though in an impaired and imperfect manner, subsequent to the central organs having terminated their functions. Granting such doctrine to be to some extent true, we may, as said, conclude that the functions of the capillaries would then be but imperfectly performed—that their contents would pass along their course more tardily from the non-aeration of the blood and its consequent inspissation; hence it would not be so readily effused and an ecchymosis thus produced would be far less perfectly formed than during life, and therefore to ascribe the distinct, well-marked, and unequivocal extravasation in this instance, to injury after death, would be highly improbable.

It is undeniable that the accused has a right to the advantage of the most distant chances, and the common spirit of humanity alone would always dictate every leniency towards any one arraigned for so dire an offence; yet there is a converse duty indispensable for the maintainance of justice and the security of society, which renders it proper, and is imposed on all conscious individuals concerned in these investigations, that any far off possibility should not be made the loop-hole for the escape of crime, and the bearer away of guilt beyond the pale of the law. In evidence, it was given as an opinion, that these marks had been caused during life. "When the mark is deep," observes Mr. Taylor, " and much ecchymosed, with extravasating blood beneath, and ruffling and laceration of the skin, it is impossible to attribute this to the umbilical cord."* Orfila, respecting the signs of strangulation, delivers himself as follows:—"1. That a circular mark round the neck, with a corresponding effusion into the subjacent cellular tissue, indicates strangulation during life. 2. That though it be impossible to deny that this mark was produced by the orifice of the uterus or the umbilical cord, yet, since no well-authenticated case warrants us in admitting it, it is a natural supposition that the mark in question is the result of criminal violence. 3. That if this mark be combined with appearances denoting that respiration had been previously completely established, our inferences must be so much the stronger; for stricture by the neck of the uterus, or by the funis, cannot be supposed to have proved fatal with such appearances.

* Taylor's " Medical Jurisprudence," page 488.

4. That dark spots on the neck, without corresponding subcutaneous effusion, do not warrant the conclusion that the infant was strangled; but,—5. That, on the other hand, neither does the absence of such spots or such effusion, or of both together, strictly authorize us to conclude that strangulation did not take place."*

The correctness of the latter opinions of this very eminent medical jurist is quite incontrovertible, and they well accord with the conclusions which must be deduced from the facts supplied by the case in question. Referring to the above report of the *post-mortem* examination, the reader will perceive that behind the pharynx, between the soft parts and the cervical portion of the vertebral column, some dark coagulated blood was discovered, and that the brain was in a highly congested condition, rendering it still more manifest that strangulation had been the cause of death. On removing the calvarium, the dark fluid blood that oozed away was very considerable, and manifestly showed that there had been very great determination of the vital fluid to this part, and which had been owing to vascular obstruction. In Dr. Wright's case the encephalic mass, and the vessels proper to its coverings, had been preternaturally distended, yet, judging from his report, the congestion had not been so great as in the instance examined by myself.

London, January, 1848.

* Dr. Cummin's "Proofs of Infanticide," p. 85.

(To be continued.)

Hospital Reports.

NEWCASTLE-ON-TYNE INFIRMARY.

CASES IN SURGERY ADMITTED UNDER THE CARE OF J. M. GREENHOW, ESQ., SENIOR SURGEON TO THE INFIRMARY.

Reported by Mr. S. Miller, House Pupil.

FRACTURED SKULL.

The following cases are not without interest, as illustrating the less degree of danger resulting from such accidents in the young than in adult patients, in consequence probably of the more yielding and elastic character of the skull in the earlier periods of life.

Case I.

William Murray, aged 2 years, a stout healthy-looking child, was admitted November 6th, 1847, at 9 a.m. Half an hour previous to his admission he had fallen from a first-floor window, striking his forehead on the stone pavement below. There was a small wound of the scalp over the middle of the os frontis accompanied with fracture of that bone; the left margin of the fracture was depressed completely below the level of the right margin, so that a probe could be passed beneath the latter. The boy was quite sensible when first brought to the Infirmary, and his breathing was natural; pulse quick, and very weak. In about half an hour after his admission his breathing became stertorous, and there was occasional vomiting.

At ten o'clock Mr. Greenhow arrived, and with a scalpel enlarged the wound, so as to display the extent of the fracture. A small portion of bone was removed with Hey's saw; the depressed bone was then by means of an elevator easily raised to its natural position. The edges of the wound were brought together by a single suture, and adhesive plaster. Orders were given to the nurse to keep cold cloths constantly to the head. Very little blood was lost during the operation, nevertheless, the child was very much depressed, the pulse remaining exceedingly weak, and the insensibility continuing.

To take two grains of calomel every three hours, until the bowels are freely moved. To have weak brandy-and-water occasionally, in small quantities.

10 p.m. He has now become quite sensible, and knew his mother quite well this afternoon. Pulse firmer, but still quick; bowels have not yet acted. The colour has quite returned to the face; he does not notice any one unless he is roused. Continue the calomel, and take a tea-spoonful of castor oil in the morning.

7th. Has passed a very quiet night; speaks when roused; bowels have acted freely, and he has passed his urine; pulse quick. Some swelling and redness of forehead has taken place, so that the eyes cannot be opened. Repeat the calomel at bed-time.

8th. Is quite sensible; bowels act regularly; pulse quick; swelling of forehead increased about the right eye. Repeat the calomel at bed-time.

9th. No bad symptoms. On going to the ward this morning he was sitting up playing with his sister, apparently quite well. Swelling of forehead nearly gone, but a slight abscess has formed in the left lower eyelid, which was opened. The wound is healing favourably. Repeat the calomel, if necessary.

He continued to go on very well until November 3rd, on which day he left the hospital, quite well in health, and the wound as nearly healed as possible.

Case II.

Wm. Edward Innis, aged 8, a spare and delicate looking lad, admitted Nov. 4th, 1847, at four, p.m.

A few minutes before admission, he had fallen from the top of a high wall, alighting on his head. There was a large jagged wound, two inches in length, above the outer angle of the left orbit; on examining the wound with the finger, the bone was found to be extensively fractured, a piece upwards of an inch square being entirely separated from the surrounding bone, and considerably depressed below its level. The bone was so broken that the inner table was more extensively injured than the outer, the edge of the latter projecting somewhat over the depressed portion of bone. The child was perfectly insensible; his breathing stertorous; pupils contracted, but obedient to light; face pale, and surface of body cold; pulse quick and weak. Mr. Greenhow arrived shortly after his admission, and proceeded to raise the depressed bone; this could not be effected without the use of the trephine; by the application of which, a little above the fracture, an

opening was made for the introduction of the elevator, by the means of which and a pair of forceps, the depressed bone was raised to its natural level. During the operation there was much convulsive struggling, affecting chiefly the left side, the right side on the contrary being paralyzed. After the operation the pulse became fuller and more rapid, and the insensibility continued. Very little blood was lost during the operation. A suture and adhesive plaster were applied to bring the edges of the wound together, and cold lint ordered to be kept constantly to the head.

To take four grains of calomel every four hours, until the bowels are freely opened.

10 p.m. Bowels not yet open; pulse quick and weak; patient still insensible. Repeat the powder every four hours.

9th. Bowels have been freely moved; pulse stronger; pupils act well; skin hot; not sensible. Repeat the calomel at bed-time. Apply mustard poultices to the feet.

10th. Is still insensible; bowels act regularly; makes water well; face red and hot; pulse quick. Some twitchings of the left, but cannot use the right extremities, he does, however, occasionally move them. Repeat the calomel at bed-time, if necessary.

11th. Wound looks well, but no union by the first intention has taken place. Seems to be sensible to-day. Bowels act regularly; pulse firmer and slower. Wound was dressed with a little chalk ointment.

He continued to improve gradually until the 30th of November, when he left the infirmary, the wound healing well, since which he has not returned, but I have heard that he is quite well.

January 4th, 1848. I met him whilst walking out; the face is slightly drawn to the left side, but he is in the enjoyment of perfect health; small portions of bone have been discharged from the wound, which is nearly but not quite healed.

Case III.

STRICTURE OF THE ŒSOPHAGUS FROM SWALLOWING SULPHURIC ACID.

John Lyans, aged 24, labourer, from Stockton-on-Tees, in Durham, admitted into the Newcastle Infirmary, September 20th, 1847; a healthy-looking man, but very thin from recent loss of condition. Ten weeks ago he swallowed by mistake a quantity of sulphuric acid; a few days afterwards some sloughs in the throat separated, and the ulceration healed, but he experienced a gradually increasing difficulty in swallowing, so that, on admission, he could take liquids only in small quantities. He had been under the care of a medical gentleman before admission, but no mechanical means had been used for dilating the contracted œsophagus. The pulse was weak; bowels regular. A small elastic *urethra* bougie was with slight difficulty passed through the contracted œsophagus. To have liquid diet.

23rd. Bougie passes more easily. From after this time the bougie was gradually increased in size until the 13th of October, when a very large rectum bougie could be easily passed; his appetite was now good; he could swallow without difficulty; had gained flesh, and in fact had recovered his ordinary health when he left the hospital.

The preceding case is remarkable both from the cause and the degree of the contraction of the œsophagus, which was so considerable as nearly to prevent the admission even of liquid nourishment into the stomach; nor was the facility with which it yielded to mechanical treatment, carefully applied, less remarkable. The action of the escharotic must have been confined to a very limited portion of the œsophagus.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, FEBRUARY 9, 1848.

The attention of the public press, has been of late, drawn very strongly to the mode in which the duties of Union Medical Officers are discharged, and much virtuous indignation has been expressed at certain instances of supposed neglect which have occurred. One of these has been made the subject of an inquest, and the verdict of the jury has cast most undeserved blame on the conduct of the medical officer in attendance. We allude, of course, to the case of Dr. Berncastle, who, as assistant to Mr. Bottomley, of Croydon, attended a pauper, on being summoned by the friends, in a case of midwifery, paid some three or four visits, and devoted several hours of valuable time, while the parties were hunting up the relieving officer, and referred from that authority to the Board of Guardians, for an order. The order was ultimately refused. Dr. Berncastle was forbidden to attend on the part of the parish authorities; he, consequently, withdrew his attendance, having, however, transferred the case to another practitioner. The case turns out unfortunately; the patient sinks, it is said, from exhaustion; an inquest is held, and Dr. Berncastle is by the verdict pointed out for public reprobation. Why? Because he humanely gave his time and services until the parish authorities could make up their minds to grant the medical assistance required?—or when they refused that assistance, for withdrawing from the case, as their officer, and leaving it in the hands of another practitioner?

The unfortunate sufferer was, however, either a pauper or not. If she was a pauper the order should have been forthcoming; if not, what had the guardians to do further with the matter; yet we find them assembling together,

discharging Dr. Berncastle, and censuring Mr. Bottomley, their own officer, because Dr. Berncastle, over whom they had no control, had ceased attendance upon a case in which they had declared they had no concern! But we hold that by this act they have admitted that the case was under their own jurisdiction,—that it was not the case of a private patient, but of a pauper, and by refusing the order in the first instance, they must have intended to betray their medical officer into a gratuitous attendance on a pauper case, and on his failing to do so, they are themselves solely responsible, not only for the injustice done to him, but for the whole of the mischief which resulted.

To return to the inquest: we are of opinion that the Coroner's Court properly conducted is a most important aid to public justice, and that the Coroner's inquest affords a wholesome check on the perpetration of crime and abuses of various descriptions. No Coroner ought, however, to sanction an intermeddling spirit; and if juries expect their verdicts to carry due weight with them, very careful should they be in the imputation of blame upon parties not concerned.

The question before the jury in this instance was the cause of death; but why should they have stepped out of their way to implicate Dr. Berncastle in it? Are medical practitioners, whose time is their estate, and the use of it their means of subsistence, to devote that to an unlimited extent at the call of, or under penalty of censure by, any public body, without fitting remuneration being assigned to them. If the case was a pauper one, the relieving officer, and the Board of Guardians, were the parties who should have been censured;—if not, why is Dr. Berncastle's humanity to be called in question, because having already given much, he did not give more? We are informed that the patient sank from exhaustion:—suppose these said twelve jurymen,—bakers, spirit dealers, &c.,—to have been severally informed of this, and roused at midnight for the supply of the necessary food and stimulus, and their wives called upon to come out and administer them on the plea that the woman had no nurse, nor the means of procuring one; would any one of them have bestowed as much attention on the request as Dr. Bernecastle did to the call upon him? Would they not have said,—No, the public provides for these things! go to the relieving officer! and then have closed their doors against the applicant, with a feeling perhaps, of personal injury, that such an application should have been made.

Now we should scarcely have deemed the conduct of such prejudiced and misjudging people worthy of comment, had it not been that we find some of the public journals joining in the cry, lending their aid to hunt down an oppressed man, and taking occasion also to cast most undeserved obloquy on a highly meritorious body of men. The following is the professed opinion of one of the most enlightened of these journals, whose usual acumen and straightforward dealing seem to have been sadly at fault in this matter:—

"It would seem that there is something peculiar to the position of a parochial surgeon, that renders him liable to a strange distortion of views on the subject of common humanity. In most of the cases of neglect that have shocked the public for the last few years in consequence of the mal-administration of the laws relating to the poor, it has been a remarkable fact that the medical officers concerned have apparently believed that there was nothing in their conduct to warrant the disgust it has elicited. This strange insensibility among a certain class of practitioners has enabled the parochial guardians to find candidates for offices that must have remained vacant if the entire medical profession had taken a proper view of its duties and its position. Such, however, has not been the case, and it has accordingly happened in numerous instances that a set of unfeeling directors or guardians of the poor have got hold of a medical man as heartless as themselves, and, by keeping each other in countenance, they have all been emboldened to the commission of acts of the most hardened cruelty. Their unconsciousness of having deserved the odium incurred is one of the most lamentable characteristics of the sort of offenders to whom we allude, for, as no fault can be avoided until it is seen, their blind obtuseness almost precludes all hope of amendment."

We quote this statement to shew the Union Medical Officers to what they are exposed, and the necessity which there exists for active exertions in making use of every effort to obtain for themselves their just right to an equitable payment for their services. We cannot go further into this case here, but before concluding we would take the opportunity of expressing the pleasure we have received in the perusal of the excellent leading article in the *Lancet* of January 29th, on the case of Dr. Berncastle, in which the whole subject is most ably discussed.

We have observed in the Norwich papers the subjoined honourable testimonials to the long-continued and valuable public services rendered by Mr. Page Nicol Scott, in the capacity of Surgeon to the Norfolk County Gaol. On the

occasion of Mr. Scott's retiring from this office, in consequence of ill health, after thirty-three years faithful discharge of its duties, the chairman of the Quarter Sessions writes to him as follows:—

"Shirehall, 7th January, 1848.

"SIR,—As Chairman of the Court of Quarter Sessions, I have been instructed, by an unanimous vote of the Justices assembled, to express their sense of the value of your long and faithful discharge of the duties of Surgeon of the County Gaol, and their regret, that the state of your health makes it necessary for you to resign the office.

"I remain, Sir,

"Your most obedient servant,

"HENRY DOVER, Chairman.

"P. N. Scott, Esq."

The following letter from the Government Inspector of Prisons was read in the Court, when Mr. Scott's retirement was announced:—

"Kensington, 16th December, 1847.

"SIR,—I have to acknowledge the receipt of your letter of the 4th instant, announcing to me your intention of retiring from the office of Surgeon to the County Gaol, at Norwich, and requesting me to bear testimony to the faithful execution of the duties entrusted to you.

"It is, I assure you, a very agreeable task to perform, although mingled with regret that the cause of your retirement from public life is serious illness, and generally declining health. My public reports have, on every occasion, stated the sedulous attention given by you in the performance of those duties, and the kindness and humanity which accompanied their execution. I may, perhaps, be thought to be travelling out of my present district, in confirming my *printed*, by *further written*, testimony of your good services, but I am so impressed with them that I rather subject myself to the imputation, than withhold what is justice to you and pleasure to myself.

"I am, Sir,

"Your obedient humble servant,

"W. J. WILLIAMS,

"Home Inspector of Prisons.

"P. N. Scott, Esq."

We learn that a proposal was made that a retiring pension should be granted to Mr. Scott, but was not entertained, from the circumstance that the office is an annual appointment. There was, however, a general feeling of regret expressed by the magistrates at their supposed inability to reward the humane, the skilful, and as the Reverend Canon Wodehouse expressed it, the "generous," devotion at a salary manifestly inadequate and unremunerative, with which Mr. Scott had so long discharged the duties of his office. The chairman of the Court, however, recommended that the friends of Mr. Scott should make a representation to the Home Secretary of the circumstances of the case, and moved that a letter should be written and signed by the chairman on behalf of the Court, in aid of such representation.

The granting of retiring pensions to meritorious public officers for long and faithful services is no anomaly in the history of this country, and we will venture to entertain the hope that the Government will not be indisposed to seize the present opportunity, not only of rewarding valuable services, but also of discharging a long-standing debt of gratitude, due to Mr. Scott, for the prevention of an act of that most fearful of all public horrors—judicial murder.

Mr. Scott's efforts in saving the life of Mary Ann Wright, when under sentence of death, are well-known; and the case not only offers "a curious parallel" to that of Mary Anne Hunt, as observed by one of our contemporaries, but, by the precedent then established by him, was probably a leading cause of the attention which has been so satisfactorily devoted to that case.

Review.

On the System of the Great Sympathetic Nerve. By C. RADCLYFFE HALL, M.D., M.R.C.S., &c., &c. Parts 1 and 2. 8vo. pp. 163, with illustrations on copper.

The prevailing ideas on the ganglionic system of nerves are vague and indefinite. Loose and floating notions that they are in some way concerned in general nutrition and secretion, or in the movements of the involuntary muscles, or in cutting off sensation from the viscera, or in producing general harmony of action between related parts, and between one part and the rest of the system, evince the importance attached to the ganglia, and at the same time the inexactness of our acquaintance with their real influence, the mode in which this is elicited, and the laws which regulate its operations. The aim of the work before us is to render our knowledge of the ganglionic system more exact and precise. Commencing his inquiries with a series of minutely narrated experiments, the author deduces from these, certain definite conclusions respecting the function of the ophthalmic ganglion, and the mode in which it is exercised. Having thus obtained exact data as regards one ganglion, he proceeds to apply them to elucidate the physiology of the ganglia in general. In considering his subject, the author takes a comprehensive range, and draws facts largely from structural and comparative anatomy, and from pathology. He takes pains to prove his position step by step as he goes on, and usually sums up in a few brief statements at the end of each argument, the conclusions at which he has arrived. This mode of summing up at the end of an argumentative disquisition is adopted by many of the most systematic foreign writers, and certainly possesses several advantages. In the first place, the

reader who is disinclined to study for himself an abstract question, may arrive at the conclusions without wading through the detail; secondly, the reader who doubts the validity of the arguments has the inferences of the writer presented to him in a tangible form for acceptance or rejection; lastly, by no means the smallest recommendation is that it compels the author to understand his own meaning.

The views entertained by Dr. Radclyffe Hall may be stated as follows:—The ganglionic nerves do not confer upon the part they supply, any capability of nutrition or secretion which it did not possess already, but merely stimulate it to the more active discharge of its natural function. For example, the organic nerves of the liver excite the secretion of bile, those of the kidney, the elimination of urine; but theoretically considered, either organ has the power of secreting its special product just as well without the nerves as with them. Concerning the nature of the ganglionic force nothing is known, but it is assumed to be precisely the same in all the ganglia, and the same in the ganglia as it is in the brain and spinal cord, "the difference in result being due to inherent difference of vital endowment in the molecule subjected to nervous influence." Thus, the same kind of force which, when conducted by a motor nerve from the spinal cord to muscular tissue, excites contraction, would, if conducted by an organic nerve from a ganglion to a gland, excite that gland to increased secretion. Every ganglion, with few exceptions, is a compound body, consisting of a spinal element, a cerebral element, and of ganglionic cells. The spinal and the cerebral elements are merely transmitted nerve-tubes, and although essential in maintaining the relationship of the ganglion to other parts, are but accessory constituents of it as a nervous centre. All the nervous force which originates in the ganglion belongs exclusively to the proper ganglionic element, viz., the grey cells, and is conveyed to its destination solely by the grey nerves which arise from them. The real destination of these grey purely ganglionic nerves has yet to be decided, but in the mean time it is assumed that every organized molecule in the body which is not already supplied by a nerve of sensation or of motion, nor yet so placed as to be exposed to the influence of the nerve-cells themselves, is related to a grey organic nerve in such a way as to be brought under the control of a ganglion. The nervous force being considered to be the same kind of stimulus in whatever centre generated, nothing would be gained by distributing ganglionic nerves to the points where cerebro-spinal nerves terminate, since any influence exercised over nutrition by the former, might be equally well fulfilled by the latter on the molecules which lie in close proximity to their termination. Hence, Dr. R. Hall conjectures that the sentient papillæ, the muscles, and also the substance of the nervous tissues themselves, do not receive any purely ganglionic nerves. As grey nerves do not terminate in muscles, mere ganglionic action never occasions muscular contraction; but the spinal nerve transmitted by the ganglion, if a motor one, most frequently excites muscular movement at the same time. On the circumstance of the transmission or non-transmission of motor nerve-fibres, the author founds his division of the ganglia. The simple or single ganglion consists of grey cells and grey nerves only. In the spinal or double ganglion, impressional nerves are superadded; and in the sympathetic or triple ganglion, both impressional and involuntary motor nerves pass through the bed of ganglionic cells. The term "impressional" is used by the author to signify all the non-motor portions of a cerebro-spinal nerve; impressibility being an attribute common to cerebral fibres of sensation and of spinal excitor fibres, both of which are related to the ganglia in a similar way. Wherever the cerebral portion is transmitted, the spinal is likewise, and both without doubt must affect alike the ganglionic cells. It is indeed inferred that all the cerebro-spinal nerves which pass through a ganglion are capable of reacting upon it equally, so as to call forth the action of its cells, whether the nerve-tubes transmitted be sensory or motor, purely spinal, or purely cerebral.

"Hence, in a sympathetic ganglion, the grey cells and nerves are submitted to a double excitement. Stimulated on the one hand by the impressional, on the other by the motor nerves, organic activity corresponds both to the impression made, and to the movement which results. In this, as in every other arrangement of nervous mechanism, the final cause is two-fold,—perfect obedience to a normal stimulus; perfect protection from abnormal irritation. By the response of the sympathetic ganglion to the impressional nerve, defensive mucus is instantly poured out; by its further response to the motor nerve, the mucous channel becomes still more lubricated, whilst the cause of irritation is passed on. In this view the cord is made the key-stone of the arch in the action of every compound ganglion; and it generally is so, because increased ganglionic action in most instances responds to stimulation of some surface, and the grey are not surface-nerves."

The spinal ganglia having no motor constituent, respond to excitement of the impressional nerves only. "An impression on the skin stimulates the cutaneous nerve at its periphery. The excitement affects the entire length of the nerve, and where the white tubes separate from each other to inclose the grey cells of the ganglion, they impart the excitement to these cells. Thus excited, the grey nerves of the ganglion cause increased organic activity in the part to which they are distributed, which is always the same as that which the corresponding impressional nerve supplies. The result may show itself in mere attraction of blood to the capillaries, (rubefaction from friction,) or in secretion, (sweating or vesication.)"

From considerations respecting the ciliary ganglion, Dr. R. Hall infers that "during ordinary excitement the ganglionic nerve-vesicles have not the power of exciting to action the white nerve-tubes which lie amongst them in their passage through the ganglion." The excitement of one transmitted nerve-tube therefore may be imparted to the cells of a given ganglion, without necessarily affecting any other nerve-tubes transmitted by the same ganglion. "This, which is an important law, is proved by the structure of a complicated ganglion, such as the superior cervical, as distinctly as it could be by the most accurate experimental investigation, were the question open to complete solution by such means.

Unless the white tubes which pass through a ganglion do influence it, of what use would be their transmission? Unless all (whatever their functional endowment,) influenced it alike, would there not be some difference discernible in their relative arrangement? and unless each nerve would act on the ganglion without exciting its fellow white nerves, would not strange confusion of action result? When gastric excitement, for example, through the medium of the *par vagum*, acted on the superior cervical ganglion, stimulated the *nervi molles*, and distended the capillary system of the face, producing heat and flushing, if the excitement spread to the other nerve-tubes transmitted, we should have always, and of necessity conjoined, the muscular actions presided over by divisions of the facial, hypoglossal, spinal accessory, and upper cervical nerves, in addition to a conjoint excitement of the transmitted impressional nerves. The influence of the transmitted tubes on the ganglionic cells is deducible again from the double gangliation of several important nerves. Unless it can react on the grey cells, why is a motor tube so carefully excluded from a spinal ganglion which supplies parts, whose organic activity would be injured by direct, and therefore constant, connection with muscular movement, whilst it is always admitted into a sympathetic ganglion, which governs organic processes constantly under the influence of muscular contraction? The lower ganglion on the vagus, on the glosso-pharyngeal, the various subsidiary ganglia on the branches of the fifth, exist, not because the ganglia on the roots of these respective nerves could not have furnished organic nerve-force sufficient, but because a portion only of the nerves must have its supplied parts associated with muscular action; whilst the remaining and larger portion of the nerves is distributed to parts not constantly under the influence of muscular movement. For the same reason are the ganglia on the spinal nerves so accurately restricted to the posterior roots. The anterior motor roots avoid the spinal ganglion, not because their voluntary power would be checked by the mere circumstance of their passing through it, but because the uncertain, unequal, irregular action of a voluntary nerve would greatly interfere with the functions presided over by the ganglion. For the same reason it may be, are spinal ganglia necessary at all to constitute centres distinct from the cord, and sympathetic ganglia to constitute centres distinct from both, since in man, (as we found in the invertebrata,) nervous centres are amalgamated or disjoined, according as the functions governed are connected or dissociated. But for this, the sympathetic vagus, and glosso-pharyngeal, would not need three separate, but similarly constituted, ganglia, lying side by side, nor would the eye require an especial ganglion, whilst the lacrymal gland does not."

The passage above may be taken as a fair specimen of the mode in which the author seeks to educe general principles from the inferences he has obtained from his experiments.

To the reaction of the cerebro-spinal nerve-tubes upon the grey cells of the ganglion through which they pass, Dr. R. Hall applies the term of "synergetic action," and this he considers to be the only mode of action of which the ganglion is capable, so far as the white nerves are concerned. He considers it certain that excitement can spread from one ganglion to another directly through the grey nerve of inter-communication, which is always found to connect one ganglion with another, and deems it probable that "peripheral stimulation of a grey nerve may occasion change of action in the ganglionic cells, and in virtue of this change have its own influence over capillary and molecular actions affected, distinct from and independently of any excitement of spinal or cerebral nerve-tube."

A reader unaccustomed to reflect on such subjects may find it difficult to realize the full signification of these general views when presented in an abstract form; but illustrated by direct application to individual ganglia, they appear to be sufficiently simple and intelligible.

Having concluded the first part with an exposition of the general laws of ganglionic action, the author devotes part second to the intervertebral ganglia, which are considered under the heads of their comparative anatomy, structural connexions, and supposed physiological and pathological relations. Setting out with this acknowledgment, that he does not deem the physiology, nor consequently, the pathology of these numerous ganglionic centres established, he founds his conclusions chiefly on anatomical arrangement, and on analogical reasoning. He appears desirous of giving to the principles laid down in the first part a practical application, and derives his illustrations from the most familiar conditions. We have successively passed under review the part played by the spinal ganglia in the various instances of sympathy between the skin and the mucous membranes, in perspiration, heat of surface, cutaneous reaction, the effects of hot and cold applications, counter-irritation, palsy with increase of temperature, hysteria and spinal irritation. The usual summary of conclusions follows.

Amongst the many debateable points interesting to the physiologist, which come under discussion in various parts of the work, and on which the author has something new to offer, we may notice the following:—An explanation is given of the previously unexplained fact that section of the fifth nerve is invariably followed by dilated pupil in dogs and cats, and by contracted pupil in rabbits and guinea-pigs. The opinion of Valentin that a special nerve presides over the dilating action of the iris, and that this nerve is furnished by the cervical flexus, is shown to be untenable. The influence which the fifth nerve exercises upon vision is referred to the power possessed by this nerve of modifying the circulation in the capillary system of the retina through the medium of the ophthalmic ganglion. The structure of the ganglia both spinal and sympathetic, is demonstrated by the microscope to be identical in kind with that of the brain and spinal cord. The direct origin of nerve-tubes in nerve-cells partially established before, is confirmed. The double mode of development of primordial cells by budding, or by bursting of the parent cell, which recent researches prove to be so general in the generation of vegetables and of the lower animals, is well illustrated in the highest tissue of the highest animals by its occurrence in the cells of all the nervous centres, (p. 60.) The varicose condition of certain nerve-tubes ordinarily ascribed to artificial interference, or to *post-mortem* change, is considered to be the normal form, and has its special office suggested. The zig-zag flexions in which the

nerve-tubes are arranged in their sheath are particularly described, and their presumed use assigned. The extensively-received opinion that the ganglia are excito-motory centres, in which the reflex actions of the involuntary muscles originate, which has recently been supported experimentally by Volkmann, is discussed at considerable length, and opposed by various arguments founded on anatomy and on experiments. In examining into the manner in which the ganglia are influenced by emotional states of the mind, reasons are given for assuming that all nerves act centrifugally only; that the nervous force is conducted outwards from its source in the grey cells of a nervous centre as much in a nerve of sensation, as it is generally admitted to be in one of motion; but this assumption the author expressly states is in no respect essential to the remainder of his views, and may be received or not, without affecting the rest. The decussation of the greater part of the tracts of common sensation, corresponding to the decussation of the common motor tracts, is figured as occurring in the *pons Varolii*, and illustrated by three finished engravings of the brain in the dog and sheep. Agreeing precisely with the description given by Mr. Solly, in the new edition of his work subsequently published, from the coincidence of the observations thus independently made, the assertion of this anatomical fact derives considerable support.

We shall conclude this catalogue *raisonnée* by remarking, that in the tabular classification of the ganglia given at the end of part first, we find one which is new to us, specified as being fixed on that part of the *portio dura*, within the Fallopian duct, from which the *corda tympani* takes its rise.

The illustrations are drawn by the author from nature, and neatly engraved on copper. We have much pleasure in recommending the work to the notice of our readers.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

ABSTRACT OF A PAPER ON

THE PATHOLOGY OF BURNS.

By John Erichsen, Esq., F.R.C.S.
Lecturer on Physiology at the Westminster Hospital.

The following abstract of Mr. Erichsen's paper will, it is hoped, direct the attention of the members of the Association to the morbid anatomy of burns, and the necessity of great attention to the *internal* treatment of those accidents :—

Mr. Erichsen begins with stating that the "frequent occurrence of structural changes in the organs contained within the head, chest and abdomen, as a consequence of severe or extensive burns, is a fact familiar to all surgeons; but the precise nature, comparative frequency and immediate cause of the different lesions that may occur in these injuries, have not" as it appears to him, "been as yet, ascertained with a proper degree of precision;—no sufficiently extensive series of observations having been made on the subject." In order to clear up these points Mr. Erichsen, has collected together and arranged in a tabular form; all those *fatal* cases of burns that he could find carefully reported in different periodicals and treatises, or that have fallen under his own observation. The results of an analysis of the *post-mortem* appearances observed in these cases are given in Mr. Erichsen's paper. The table, (which occupies six pages,) gives the name, age, sex of the patient; the degree of the burn, and the pathological appearances in the head, chest and abdomen; the day after the burn on which the patient died, and references to the source from which each case was ascertained. The cases are arranged under three heads, namely,—1st., those that died during the period of *congestion;* 2ndly, those that died during the period of *inflammation;* and, 3rdly, during the period of *suppuration.*

Class 1.—The first period, (that of congestion,) is limited to the first 48 hours, in which death occurs before inflammatory action comes on; or, at all events, is fully established. On examining the table it will be found that the number of cases contained in this class amounts to sixteen. Of these, the brain and its membranes were found congested, with more or less serous effusion into the ventricles or arachnoid in fifteen cases.

The contents of the cranium not examined in	1
Lungs congested, with more or less redness of the bronchial membrane, and effusion into the pleura, in	8
Lungs hepatized in	1
State of the thoracic viscera not mentioned in	2
Thoracic viscera healthy in	5
Abdominal organs healthy in	2
.. .. not mentioned in	2
.. .. congested more particularly in the mucous membrane of the stomach and ileum, in	12

In one of these last cases there was air in the peritoneum; in four others there was serum effused, and in one that membrane was dry. Thus it will be seen that in all the patients who died during the period of congestion, there were found sufficient structural lessions, more particularly of the brain and its membranes, to account for death,"

Class 2.—The cases contained in the second class, the period of inflammatory re-action and inflammation, extend over a larger space of time, from the second day to the end of the second week; they are necessarily more numerous than those of the first class, being twenty-five in number.

Of these, the state of the brain and its membranes was not mentioned in eight cases; of the remaining seventeen cases,—

There was congestion or evidences of inflammation, with more or less of effusion of serous fluid, principally of a bloody character, in	11
There was serous effusion only in	3
A healthy condition in	3

The state of the *thoracic* viscera is not mentioned in six cases. Of the remaining nineteen,—

There was congestion (probably in many instances inflammatory,) in the lungs, with more or less effusion of serum or lymph in the pleuræ, with redness of the bronchial mucous membrane, in 10
Lungs hepatized in 5
Lungs, &c., healthy in 4

The state of the abdominal organs not mentioned in three cases. Of the remaining twenty-two,—

There was increased vascularity chiefly of the mucous membrane of the small intestines, with, in some cases, evidences of peritonitis, in 11
Ulcers in the duodenum in 6
Abdominal organs healthy in 5

Thus it will be seen, that the cases in this class differ in some very important respects from those in the preceding one. The cerebral lesions are found to be not quite so frequent, but when they do occur, they present more unequivocal evidences of inflammatory action. The lungs are rather more frequently affected, and show decided marks of pneumonia, or of intense bronchitis, as manifested by the former disease having, in several cases, advanced to hepatization, and by the inflamed state of the bronchial membrane, which is usually coated with a thick frothy mucus. Appearances indicative of pleuritis are also by no means uncommon in those cases that prove fatal during this period. The most marked characteristics of it, however, are to be found in the lesions of the abdominal organs, which, although not so frequent as in the stage of congestion, are unquestionably of a far graver nature; that very remarkable and serious *sequela* of burns perforating ulceration of the duodenum being found in no less than six of the 22 cases, or one of every 3.6 deaths that occur during this period. In one instance ulceration of the duodenum was found in a patient who died on the fourth day after the infliction of the injury, the only case on record, I believe, in which this lesion has been noticed at so early a period. Besides the lesion just mentioned, there are abundant evidences of the existence of peritonitis, and of congestion (very probably inflammatory,) of the intestinal mucous membrane of those who die during this period.

Class 3.—The cases contained in the third class (those in which death occurred during the period of *suppuration*,) are nine in number; and these we shall find to be distinguished by several interesting peculiarities.

The *brain* and its membranes were not examined in four cases. Of the remaining five,—

There was effusion with congestion in 1
There was effusion without congestion in 2
Preternatural dryness in 1
Healthy condition in 1

State of the *thoracic* viscera not mentioned in two cases. Of the remaining seven,—

There was congestion of the lungs, with effusion into the pleuræ, in 2
Purulent infiltration of the lungs in 2
Hepatization of the lungs in 1
Recent lymph effused into the pleuræ in..... 1
Lungs healthy, but exsanguine, in 1

The condition of the *abdominal* viscera not mentioned in two cases. Of the remaining seven,—

Inflammation of duodenum, and congestion of ileum, in 1
Congestion of ileum in 1
Cicatrized ulcer in stomach: otherwise healthy, in 1
Healthy in 4

Thus it will be seen that in the third class of cases lesions of the lungs are the most common;—of the brain, least; whilst those of the abdominal viscera are but of infrequent occurrence.

Of six cases in which morbid changes were found in the lungs or pleuræ, one died on the 24th, and the remaining five between the 30th and 39th days. The pneumonia will at this period be found to be in a more advanced stage, having, out of the five cases in which it occurred, gone on to purulent infiltration in two, and to hepatization in one. There is one case of peculiar interest in this class,—viz., that in which a recently cicatrized ulcer was found in the stomach, which lesion must, like the duodenal ulcers, have occurred during the second period, the patient dying in the third of pneumonia and bronchitis.

Thus then it will be found, that of the cases that occurred during the first period,—

The cerebral organs were diseased in..... 15 out of 15 or 100 per ct.
The abdominal organs were diseased in.... 12 out of 14 or 85.7 per ct.
The thoracic viscera were diseased in .. 9 out of 14 or 64.2 per ct.

In the second period the comparative ratio is as nearly as possible the same; if anything, the cerebral organs are a little more frequently affected.

The brain and its membranes diseased in .. 14 out of 17 or 82.3 per ct.
The thoracic viscera diseased in..... 15 out of 19 or 78.9 per ct.
The abdominal organs diseased in ..... 17 out of 22 or 77.2 per ct.

In the third period—

The thoracic viscera diseased in..... 6 out of 7 or 8.57 per ct.
The cerebral organs diseased in ..... 4 out of 5 or 80 per ct.
The abdominal viscera diseased in ..... 2 out of 6 or 33.3 per ct.

On taking the total amount of the whole of the cases, and reducing it to decimals, it will be found that,—

The cerebral organs were diseased in .. 33 out of 37 or 89.1 per ct.
The thoracic viscera diseased in..... 30 out of 40 or 75 per ct.
The abdominal viscera diseased in ..... 31 out of 42 or 73.8 per ct.

The period at which death may be expected to occur

varies, necessarily very considerably, according to the nature of the individual case, the extent or severity of the burn, and the age or constitution of the patient. On taking, however, the aggregate of the 50 cases, without reference to these modifying circumstances, we shall find that 33 or 66.0 per cent. prove fatal during the first week. Of these 33, no less than 27 died during the first four days, and the remaining six on the three following days.

Of the 17 that were left—

8	died during the	2nd	week.
2	..	3rd	..
2	..	4th	..
4	..	5th	..
1	..	6th	..

Thus it will be seen that the greatest number of deaths occur during the first few days, in the stage of congestion, or whilst that condition is passing into an inflammatory one. After this period the mortality diminishes progressively until the fifth week, the period of suppuration, when the chief dangers to be apprehended arise from exhaustion, purulent infiltration of the lungs, and inflammation of those organs.

The relative frequency with which different organs are affected at different ages, varies somewhat, though but to a very trifling degree. On dividing the whole of the cases into two classes, those which occur below the age of puberty or fourteen years, and those which occur above that age, it will be found, that 29 cases fall into the first division, and 20 into the second,—the age not being mentioned in one.

Of the 29 cases, or those that occurred below the age of puberty—

The brain, &c., not examined in	8	
.. .. healthy in	4	
.. .. diseased in ..	17	or 80.9 per cent.
The thoracic viscera were not examined in	5	
.. .. healthy in	6	
.. .. diseased in	18	or 78.2 per cent.
The abdominal viscera not examined in	2	
.. .. healthy in	6	
.. .. diseased in	21	or 77.7 per cent.

Of the 20 cases that occur above the age of fourteen—

The brain and its membranes not examined in	5	
.. .. healthy in ..	0	
.. .. diseased in ..	15	or 100. per cent.
The thoracic viscera were not examined in	3	
.. .. healthy in ..	3	
.. .. diseased in ..	14	or 82.3 per cent.
The abdominal viscera were diseased in	13	or 81.2 per cent.
.. .. healthy in	3	
.. not examined in	4	

Mr. Erichsen then proceeds to point out the analogy between the morbid appearances observed after death from burns, and those which are observed in death after some of the eruptive febrile diseases, such as small-pox, measles, scarlatina, and erysipelas, in which the functions of the skin, as an eliminating organ, are more or less extensively suspended.

Both after burns and the eruptive febrile diseases, "nothing is more common than to find the mucous membrane of the stomach and bowels congested or inflamed, the follicles being enlarged and prominent; together with evidences of meningitis, whether consisting in the deposition of lymph, or the effusion of serum, with more or less congestion of the cerebral substance. Inflammation of the bronchial membrane is also of very frequent occurrence, and inflammatory congestion of the tissue of the lungs in its different stages is by no means rarely met with. Thus, then, the lesions that occur, as a consequence of the eruptive febrile diseases, are very similar, in many respects, to those that are found in fatal cases of burns."

"When we consider that the average quantity of the cutaneous secretion amounts in a healthy adult to eleven grains in the minute, or between two and three pounds in the twenty-four hours, (Seguin,) we cannot suppose that this secretion should be suddenly arrested to the extent of one half, or even more, as it necessarily must be, when a corresponding portion of the skin is injured by the action of caloric, without its being absolutely necessary that one of two things should happen; either that an antagonistic secretion, to a corresponding amount, be set up from some other tissue or organ, or else that a degree of plethoric distension of the whole vascular system, giving rise to congestions of internal organs and membranes, and effusions into serous cavities, take place. Now, the first does not occur in most cases of burns to a sufficient extent, but the system becomes hyperæmic. Congestions ensue in the mucous membranes, partly from the condition that is common to all the tissues, and partly from the increased afflux of blood that is always attendant upon increased functional activity of a part. The brain and lungs, as well as other large organs, occasionally become engorged, effusion of a more or less bloody fluid takes place into the different serous sacs, the arachnoid amongst the rest, and death ensues from causes that are themselves the immediate effects of suppression of the natural secretion of the skin. By this means we may account for the occurrence of death in the earlier period of burns, before there has been time for inflammation to be lighted up, and also for the fatality of those injuries of this nature, that are extensive but superficial,—burns of the first and second degree,—in which cases the functions of the skin injured are entirely and suddenly arrested.

The practical bearing of the facts that have been mentioned in the first part of this paper, on the constitutional treatment of burns, is sufficiently obvious. If, as has been stated, the immediate cause of the occurrence of internal congestions and consecutive inflammations be the suppression of the cutaneous transpiration to a greater or less extent, and consequent retention in the system of a large quantity of fluid that ought to pass off by the skin, we should, in order to prevent the supervention of these secondary diseases, endeavour to set up such a drain on the system as would, as rapidly as possible, compensate

for the arrest of the secretions of that tissue, and have a tendency to restore the balance of the circulation, disturbed by the accumulation of an unusual quantity of fluid in the system. This may either be effected by the employment of diuretics, so as to induce an increased action of the kidneys, by guarded blood-letting, carried to such a length as the powers of the patient would allow, or else, (what would be better, if time and the nature of the case would admit of it,) by encouraging the process of suppuration as quickly as possible. It is a question whether diuretics or blood-letting might not be of advantage in preventing internal congestions in extensive *superficial* burns, in which the suppurative process would, probably, not be established; the injury not being sufficiently deep for that purpose. On the other hand, when the burn extends to a greater depth, if there be no immediate occasion for the loss of blood, from the actual occurrence of visceral mischief, the process of suppuration should be hastened and maintained, consistently with the powers of the patient, as a useful drain, and as perhaps the best mode of relieving the system from the pressure of the fluid retained within.*

Mr. Erichsen then points out the necessity of watching carefully for the occurrence of any cerebral symptoms in cases of burns, and of meeting them with vigorous measures, on account of the rapid progress of the inflammatory congestion and effusion in such cases. He says that there can be no doubt that this may be frequently accomplished by prompt venesection or bleeding; and he quotes a case which occurred in Mr. Cooper's practice, at University College Hospital, in a child of six years of age, who was admitted "for an extensive burn, (of the first, second, and third degrees,) of the upper part of the trunk, arms, and face. Symptoms of encephalitis, followed by violent convulsions, and complicated with an extensive bronchitis, set in, a few days after admission; for these she was bled twice in the jugular vein, and treated in an active antiphlogistic manner, and notwithstanding the injury for which she was admitted, and the serious nature of the affections with which it was complicated, she recovered perfectly, although there can be little doubt, that had less energetic and prompt measures been had recourse to, a fatal result would have occurred. A somewhat similar case is reported in the *Lancet*, by Mr. Thomas: it occurred at the Middlesex Hospital. Next to the brain, it is necessary to observe the condition of the lungs; any symptoms of mischief in them, however trifling, must be anxiously watched, and promptly treated. If mischief is perceived in the chest, as active treatment as the case admits of must be adopted to meet it. Mr. Erichsen puts in a caution against forgetting the reduced condition of the patient after the burn, and the need he will have for strength to support him through the suppurating stage. He thinks there is greater risk from inactive treatment in the early stages of visceral inflammation caused by burns, than from too great a depression of the vital powers at a more advanced period, from too energetic depletory measures. It is easier "to build up the strength" than to "check the course of inflammation without due depletion."

Mr. Erichsen concludes with the following words:—"On taking, then, a general review of the constitutional treatment of burns, it may be stated that the first object should be to relieve the system of the abnormal quantity of fluid that must have accumulated in it, in consequence of the arrest, to a greater or less extent, of so important a secretion as the perspiration. This may be accomplished either by the administration of diuretics, by guarded blood-letting, or by encouraging the process of suppuration, if it be deemed prudent to wait till this be established. Secondly, that any appearance, however slight, of the supervention of inflammation in the organs contained within the head, chest, or abdomen, should be watched with the utmost anxiety, and treated, if it do occur, as the circumstances of the case will admit. And, thirdly, that the process of suppuration should be maintained or arrested with a due regard to the state of internal organs, and the condition of the powers of the system."

* Mr. Crompton will be thankful for any practical facts bearing on the above remarks of Mr. Erichsen. Dr. Kentish recommended *saline* purgatives in burns. He says (at page 122, 2nd edition of his Treatise on Burns,) "As secretion (from the burnt surface,) frequently appears on the third day, the necessity for stimulants will cease, and they must give way for a different mode. *Saline purgative* medicines should be given after secretion takes place, both with a view of tranquillizing the system under the inordinate action excited by the stimulants, used at the outset, and to lessen the secretion of pus." At page 128, he says, "If the secretion of pus should continue profuse when the eschars are detached, *a counter-irritation upon the mucous membrane of the intestines will be necessary. A brisk cathartic with calomel and jalap, according to the strength of the subject, given once or twice a week, will astonishingly facilitate the cure.*"

Mr. Henry Earle confirms the above statement as to the value of purgatives. At page 26 of his tract on Burns, he says, "Diarrhœa sometimes supervenes, and is occasionally beneficial when the discharge is very copious. From observing the occasional good effects resulting from spontaneous diarrhœa, when the discharge was profuse, in accelerating the healing process, Dr. Kentish strongly recommends the free use of purgatives under such circumstances, *and I have known them very useful.*"

COMMUNICATIONS ON BURNS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the last number of your Journal, at page 44, it is stated that clothing is said to be rendered fire-proof, by being steeped in alum-water. I have heard the same observation made by some friends. It may be well to state that I have steeped cotton and woollen in a saturated solution of alum, and that they are not thereby rendered fire-proof, on the contrary, they take fire readily. I now forward you the subjoined communications:—

By Dr. HERBERT BARKER, of Bedford.

As dresser and House Surgeon under Liston, whose premature death the profession now so keenly laments, I had ample opportunities of observing the good effects of the external application of flour; and so convinced was this distinguished surgeon of the superiority of

that over all other applications, that he proscribed everything besides. His mode of applying it was by means of the common dredger, taking care to cover every part of the affected surface. He enjoined the repeated application of the flour to those parts where the discharge of serum oozed through the first applied portions of the powder. He was also careful not to disturb the application until it had completely caked together, and had become loosened by the discharges underneath.

This is the plan of treatment which I have since invariably followed. The application of the flour is very soothing, and in a few cases in which other modes of treatment had been previously resorted to, the application of the flour has speedily been followed by the most marked relief of pain, and diminution of the consequent constitutional irritation. Flour of the finest and best quality should be used; it should be lightly and freely applied, and the complete exclusion of the air should be secured by repeatedly dredging the parts where the escape of serum takes place; perfect quiet should be enjoined, and the application should be allowed to remain until thoroughly undermined by the discharges. Several days, in some cases, will be required to effect this, when the masses of caked flour may be readily removed. I have then had recourse to water-dressing, by means of lint and oiled silk. Cicatrization, if tardy, has been promoted by the substitution of a weak solution of sulphate of zinc for plain water, and exhuberant granulations have been effectually repressed by lightly rubbing over the surface a smooth piece of sulphate of copper. The most important indication in these cases is the alleviation of pain and constitutional irritation, by the thorough shutting out of the air; and no application appears to me so effectually to accomplish this as the application of fine flour. It would seem to act less as a foreign body, and better to supply the place of the cuticle, than any other application with which I am acquainted. Indeed, such good reasons have I had to be satisfied with this mode of local treatment, that, unless the weight of evidence which you may collect should greatly preponderate in favour of some other application, I shall not be induced to try any other.

With regard to the constitutional treatment, I have little to say more than that, in my hands, the *muriate of morphia* has been found to be the most eligible form of anodyne. It is followed by less inconvenience than any of the crude opiates. Stimulants have been found to be very beneficial in some cases of early depression of the vital powers, but it must be confessed that the greatest caution is required, and that it would be difficult to lay down precise rules for their administration. I have generally used from the first a liberal allowance of good beef-tea, and castor oil is the only laxative I have dared to administer in these cases, unless contra-indicated by nausea and vomiting.

The position of the injured parts during cicatrization should, of course, claim the greatest attention in reference to the prevention of deformity. So gradually and almost imperceptibly, yet so powerfully, will the process of cicatrization lead to the contraction of parts, that the surgeon cannot be too careful to guard against it. Where the limbs and surfaces of the joints have been involved, I have had recourse to the careful adjustment of splints, with considerable success, but it is necessary to keep them applied much longer than at first sight would appear to be required, in consequence of the *after-contraction* of the cicatrized surface.

Of attempts to relieve deformities from cicatrization, I cannot speak favourably, having made the attempt in one case of union of the lower lip and chin to the front of the neck, but without success. A very successful case of this kind, however, is described and figured in Fletcher's "Surgical Notes and Illustrations."

In conclusion, the application of flour to burns and scalds is probably that which could be more promptly and readily adopted by the public than any other. I would suggest, if the medical attendant be not within immediate call, that the patient be placed upon a firm bed or mattress, with the head somewhat elevated, and the injured parts of the surface uppermost; if the limbs be involved in the injury, that they be placed in a straight position; fine flour should then be perseveringly sprinkled over the affected parts by means of a dredger, so as thoroughly to cover the surface. Should the injury be severe, and the distance from the surgeon so great, as to render it impracticable for the case to be seen early, strong beef-tea may be freely administered, but in no case should stimulants be given, unless under medical direction. These are all the instructions on the subject which I consider as necessary for the public, and it is my decided opinion that the immediate application of flour in the manner directed would be followed by much less suffering than of any of the thousand and one popular remedies which we are accustomed to meet with.

By W. Newnham, Esq., of Farnham,

From the first time of my dressing for Sir Astley Cooper, at Guy's Hospital, till the present moment, I have observed that a certain amount of burn or scald proves fatal under any method of treatment; and *that* especially when the sensitive nerves of the skin have been exposed. Thus a severe scald will prove more rapidly fatal, than an equally extensive burn, *provided* that the latter had been gone beyond the stage of vesication and has disorganized the true skin. I should say, therefore, that my practice has been founded upon this distinction,—in the former state, to prevent as far as possible the exposure of the nerves; and in the latter, as early as constitutional circumstances permitted, to stimulate the skin to throw off the disorganized structure.

1. I have not seen Dr. Kentish's plan extensively tried, and when I have seen it, the result has been unfortunate.

2. In burns of great extent, such is the depression of the powers of life, that I question the propriety of cold applications; in burns of a small surface, there may be no objection, though,—

3. I think the dressing by cotton far more useful,—even more so than flour, because it more effectually covers and protects the exposed nerves.

4. *Immediately* after burns, &c., I have usually found a gentle stimulant desirable, especially ammonia rather than alcohol, and the subsequent medicinal treatment must be determined by the degree of re-action, and the kind of constitution in which it is taking place; each individual case being decided upon its own merits.

5. *Extent* rather than *situation* I have found to be the principal cause affecting the result; at the same time there are situations of the body where the nerves are more exquisitely sensitive, or are more liable to irritation, or are supplied in an especial manner, which would, of course, *cæteris peribus*, add to the constitutional irritation and consequent danger.

6. I have no experience beyond that of care during the process, and for a considerable time after the completion, of cicatrization.

7. I have no personal experience.

8. The grounds of *prognosis* I have already given; and I think I have seldom failed to judge correctly as to the event, from taking as my guide the extent of burn or scald, and the immediate amount of constitutional depression.

9. On this question I have no personal experience.

10. I should say extinguish the flames instantly, by enveloping the patient with a rug, blanket, carpet, great-coat, or such-like article; and then apply cotton-wool, to secure the burned parts from exposure.

11. I should here only refer to general principles.

12. I have none to give.

By Dr. Glass Black, of Torquay.

As I observe by your letter in the *Provincial Medical and Surgical Journal*, that you are anxious for the accumulation of facts, I beg to throw out one hint, which I have not seen noticed, on the use of cotton-wool, which I have employed for many years in the treatment of burns and scalds. It is this, that it should never be *removed* from the *surface* of the sore; the outer portions which are saturated with the discharge may be cut off, and clean applied, but that covering the wound *never*. In the observation of this caution, I believe *mainly* depends the superiority of this remedy to any other application. That it is preferable to flour, was evinced by the following case:—A tradesman's wife scalded her instep with boiling water, and covered it well with flour; a few days afterwards, on going to the house to see her husband, she mentioned it to me, and complained that the wound was very painful, and would not heal. I recommended the whole to be removed, and the part covered with cotton wool, as soon as it could be procured, on doing which the pain was instantly relieved, and the ulcer quickly healed.

I hope that those members of the Association who are connected with Hospitals and Dispensaries will forward to me statements of the practice adopted in their respective institutions, and its results. I wish it to be borne in mind that there will be only about twelve more publications of the Journal prior to the Annual Meeting.

I am, Sir,
Your most obedient servant,
SAMUEL CROMPTON.

71, Grosvenor Street, Manchester,
January, 1848.

[With the foregoing communications, several others of importance were forwarded by Mr. Crompton, including letters from Mr. Wood, of Rochdale, Mr. Greenhow, of Newcastle-upon-Tyne, and Mr. Dorning, of Swinton. Owing to the space occupied by the abstract of Mr. Erichsen's valuable paper, these communications are unavoidably postponed to the next number of the Journal.]

Foreign Department.

ON POISONING BY ARSENIC.

By MM. Orfila and Jardien.

The October number of the "*Annales d' Hygiène*," contains lengthened official reports of the medico-legal investigations, which were rendered necessary by the murder of the Duchess de Praslin, and the suicide of the husband. The portion relating to this latter event contributed by MM. Orfila and Jardien, contains some points worthy of notice.

On the evening of the 18th of August, the murder having been committed on the morning of that day, the Duke was seized with vomiting, accompanied by a very small pulse, and great exhaustion. This state continued the next day, and on the 20th M. Andral was called in. He found him better, his powers having rallied, and his voice become firm. His aspect and respiration were natural, and he complained of no pain on pressure of the epigastrium. With these conditions, which seemed satisfactory enough, two remarkable symptoms were present, viz., such *extreme smallness of the pulse* that it could hardly be felt, while it was also irregular, and an *icy coldness of the extremities*. M. Andral gave it as his opinion, that although these symptoms might result from the intense moral emotions to which the Duke had been subjected, they might also be due to the ingestion of poison, and advised that all matters evacuated in future should be analysed. It seems singular, indeed, that under the circumstances in which this man was placed, his having poisoned himself should not have been the first idea that presented itself to his attendant, M. Raymond. In the evening some re-action took place, the pulse became developed and regular, but frequent, and the hands regained some warmth. On the 21st he was removed to prison, and in the evening his pulse again became filiform, and his extremities cold; great constriction of the throat, intense thirst, and meteorism of the abdomen were present; but little or no urine or stools were passed, and the vomiting had not re-appeared since the 19th and 20th. Every symptom was aggravated; the tongue and buccal mucous membrane were intensely

red, and there was a sense of burning, extending from the mouth to the anus; pulse very frequent, sometimes weak, and sometimes strong; no vomiting; two stools from enemata, and hardly any urine. From this time the patient gradually sank, but lingered on to the 24th, his intellect remaining clear to the last.

At the autopsy, the appearances rendering poisoning probable were as follows:—1. The dissemination on the inner surface of the left ventricle of a large number of small hæmorrhagic spots, produced by the effusion of blood beneath the endocardial membrane, some of these penetrating into the fleshy substance of the heart. 2. Within the large curvature of the stomach, seven large black eschars were discovered; they were clearly defined by a yellowish white border, the mucous membrane surrounding them being softened and of a deep red. The eschars did not involve the whole thickness of the walls of the stomach; nowhere did ulceration or perforation exist; the intervening mucous membrane was sound. 3. At the upper portion of the duodenum, and lower portions of the ileum, the mucous membrane was found of a deep red, inflamed, but nowhere ulcerated. The other viscera were sound.

In reference to the *eschars*, M. Orfila remarks, it would be a great error to suppose they arose from the local action of the arsenic; they in fact resulted from the absorption of the poison, analogous alterations appearing in animals that have been poisoned by introducing arsenic into the subcutaneous cellular tissue at the inner part of the thigh. Such alterations are seen when the quantity swallowed has been considerable, and especially where death has been long delayed; for when this occurs promptly after the poisoning, not only is no eschar present, but scarcely even a slight inflammation. The liver and intestinal canal, when submitted to analysis, afforded abundant proof of the presence of arsenic. M. Orfila makes some important remarks upon the different modes of operating on the liver by means of chlorine, according to the quantity submitted to analysis; and in a note lays down some rules (p. 405,) which the practical toxicologist will do well to consult.

In the two first questions put by the Chamber of Peers upon the *cause* of the death of the prisoner, and the *nature of the agent* by which it was effected, the answers given were obvious. "We had not," observes M. Orfila, "to determine what quantity might have been taken, for as a general rule, such a question ought neither to be put nor replied to. As in no case is it possible to know in what proportion the poison disseminated throughout the body exists in this or that organ; as the variations in absorption, the different modes of excretion, and the amount of evacuations, necessarily render the amount eliminated variable and indeterminable; and, as on the other hand, a portion of it is invariably lost in the operation of examining it, whatever process be followed, it is evident that the solution of this problem should never be sought, and that the only thing truly important, is the proof of the presence and the nature of the poison."

At what period was the poison swallowed? By a negligence almost incredible in such sharp-sighted persons as the Parisian police, it seems that, although the clothes which the prisoner took off on his apprehension were carefully examined and put under a seal, a dressing gown which he desired might be given him in place of the one removed, was afterwards found to have had in its pocket a phial containing arsenic! Until four in the afternoon he was surrounded with persons, and no symptom whatever of deranged health had yet manifested itself. At ten in the evening vomiting first appeared. Can we state the time which should elapse between the swallowing of the poison and the manifestation of the symptoms? There is nothing positive in this respect. Several circumstances may cause the limit to vary, and more or less retard the manifestation of symptoms. The form of the poison, the presence or absence of acid or other fluids in the stomach, the fulness or emptiness of that viscus, the rapidity or slowness of absorption, may accelerate or retard the action of the poison. In this case, the arsenic being taken in the solid form, and in a state of coarse powder, and no great quantity of liquid being swallowed with it, might not reveal its symptoms until after a certain period. But, fixing the time as remote as possible, we can scarcely admit, except under some very peculiar circumstances, that the effects could be delayed beyond three or four hours.

Is there anything in the present case to tend to the belief that another dose of poison had been taken at an epoch nearer death? No. The cessation of the vomiting on the second day might have led to the opinion that a real amelioration had manifested itself; but this was only apparent, other symptoms announcing the man to be still under the influence of the poison, such as frequent syncope, involuntary evacuations, feeble pulse, and excessive thirst. Many examples may be cited of persons dying several days after ceasing to vomit, although no more poison had been taken. "It is very common in fact" observes M. Andral, "to find in these cases the symptoms diminishing after the early vomitings, and the poison by its presence in the economy determines new accidents, which result both from the progress of the inflammatory re-action, and from the dispersion of the arsenical molecules among the various organs."

Has the action of the poisonous substance been interfered with or destroyed by any other agent? "It is by no means impossible that a narcotic may, in certain cases, by paralysing the absorbent action of the mucous membrane of the stomach, retard or even destroy the effects of such a poison as arsenic. We have shown by recent experiments, (*Annales d' Hygiène*, tom. 38, p. 199,) that by means of small doses of an opiate compound, we can thus diminish vomiting and retard its appearance, render the pains less severe, and prolong life." There is, however, no reason to believe that the prisoner took landanum or opium with the arsenic, the contrary indeed being proved by the symptoms before, and the examination after, death.—(*Annales d' Hygiène Publique*, tome 38, p. 390—412.)

General Retrospect.

PATHOLOGY & PRACTICAL MEDICINE.

SPONTANEOUS RUPTURE OF THE SPLEEN DURING THE COURSE OF TYPHOID FEVER.

This is so rare an accident, that the following case, which occurred in the practice of M. Chomel, may be considered almost unique:—

A labourer, aged 28, of robust constitution, entered the Hotel Dieu on September 10th, 1847, in the following state:—Intelligence perfect; countenance depressed; eyes dull; violent frontal headache; tongue moist and red, with a white centre; slight meteorismus, *gargouillement* in the right iliac region, with abdominal tenderness; skin dry, covered with roseate patches; pulse 100. He was bled with relief to the headache, but his other symptoms were increased. The face assumed a stupid expression, prostration ensued, and the patient had muttering delirium. He died on the 21st. The following appearances were observed after death:—

Injection of the dura mater; turbid serum in the ventricles; medullary substance slightly injected. The lungs were healthy, as also the heart. In the peritoneum *a large quantity of blood was observed to be effused; and on examining the spleen, a rent in a vertical direction indicated its source.* The tissue of the spleen was friable, in fact almost softened into a putrilage, but its envelope was firm and resistant.—*Gazette Médicale*, No. 47, 1847.

DISCHARGE OF A TOOTH FROM THE EAR.

The following curious case occurred in the practice of Mr. Coates, of Great Malvern:—A poor old man had suffered for some days from severe pain over the whole of one side of the face and head, but more intensely still about the ear. He was feverish, in great pain, and incapable of opening his mouth; the pinna and skin, lining the external meatus, were highly inflamed and swollen. Warm fomentations, poultices, and purgatives, were ordered. Two days afterwards Mr. Coates paid him a visit. He was then in great pain, and, otherwise, much in the state already described, but, in addition, there was an oozing of pus from the meatus, and almost entire closure of that passage by a whitish substance, which the patient conjectured to be a piece of onion, introduced there on the recommendation of some old woman, but which a probe detected to be bony. The patient declining to have this removed, he was recommended to continue to foment and poultice. The same night a fit of sneezing forced out the piece of bone felt by the probe, which proved to be one of the wisdom-teeth of the upper jaw; after that the man got well.—*Lancet*, Nov. 6th, 1847.

OINTMENT IN SCALD HEAD.

Norway Pitch	30	Parts.
Turpeth Mineral	15	„
Red Oxide of Mercury	15	„
Lard	100	„

Mix. The ointment to be applied night and morning.—*Journ. de Méd.*

NEW VEHICLE FOR HOLDING CAMPHOR IN SOLUTION.

Sir James Murray proposes a new vehicle for holding camphor in solution in doses considerably greater and with less irritation than it has hitherto been given. It was known that camphor is insoluble in water, and that when given in almond emulsion, it very readily separates on the addition of water, and that the same separation takes place on adding water to a solution of camphor in spirits of wine. The opinions respecting the effect of camphor are various. Some describe it as a stimulant, and some as a sedative, but this difference of effect depends mainly on the quantity given. Now, Sir J. Murray found that the fluid magnesia was capable of dissolving camphor to the extent of three grains to the ounce of the solution, and that adding water to the mixture did not cause any cloudiness or separation of the camphor. An ounce of this solution contains three grains of camphor, which appears perfectly clear like water; and if anything is added to the solution capable of withdrawing a portion of the water, such as dry common salt, a rough estimate may be formed of the quantity of camphor it contains. To employ camphor as a sedative, it must be given in large doses, but it is also necessary to have it perfectly dissolved, for when free, it acts as a powerful stimulant. It is obvious, then, that given for this purpose it would not do to employ the camphorated spirit, nor will the solution in emulsion be any better, as it readily separates from it in the stomach. We have therefore, he observes, a menstruum in the fluid magnesia which answers better than any method hitherto known.—*Dublin Medical Press*, Dec. 15th, 1847.

METHOD OF REMOVING THE STAINS OF IODINE FROM THE SKIN.

The *Annales de Thérapeutique* contains an article in which it is stated that the stains of iodine may be removed from the skin by washing for a few minutes in milk. The stains must, however, be quite fresh, as, if dry, the milk has no action upon them.

SURGERY.

ERECTILE TUMOURS.

M. Fayalle (de Gûerat) proposes a new method of treating erectile tumours, which he thus describes:—The necessary instruments are, a number of needles of different sizes, some waxed ligatures, consisting of three threads each, and a nippers to cut the needles. The operation is to be performed in three parts. First, the thickness of the tumour being ascertained, a needle is introduced through the sound skin a line and a half from the margin of the tumour; this is followed by a second, which is tangent to the circumference of the tumour; a third needle, parallel to the two preceding, and a line and a half from the second, is to be introduced through the sound skin, and all these are pushed on below the presumed thickness of the tumour, and pierce the opposite side also through the sound skin at the same distance from the tumour as they had been first introduced. Secondly, a knot of ligature is put round the first needle, and the end made to go round the opposite point of the second, from that to the

opposite end of the third, and so on, back again, so as to make a regular twisted suture. Thirdly, the end of the ligature being secured by a knot, the ends of the needles are to be cut off as close as possible to the ligatures. The number of needles employed are of course to be in proportion to the size of the tumour, so as to include the whole extent of the disease. Immediately that the threads are tightened, the colour of the tumour disappears, and the swelling is effaced. If we withdraw the needles on the fourth day, there remains at the place which the swelling occupied only a slight bluish white spot, and the skin appearing a little hardened; if the needles are not disturbed until the sixth day, the whole tumour is detached, and leaves behind a linear cicatrix. The essential conditions of the operation are—first, that the needles are passed through the *sound* skin round the affected spot, for if this be not done there will remain a vascular areola, the actual circumference of the original tumour, which is extremely difficult to cure; secondly, that the course of the needles should be through the sound tissues below the presumed thickness of the tumour, otherwise when the swelling comes away, the bottom of the place it occupied will sometimes have a brownish-red colour, with furrows corresponding to the places which the needles had occupied, and when this occurs the return of the disease may be apprehended; third, it is necessary that the constriction of the ligatures should be considerable, but progressive, so as to expel all the blood from the vascular sponge of which the tumour is composed.—*Journ. de Méd.*

TREATMENT OF INDOLENT ULCERS BY ELECTRICITY.

Mr. Bransby Cooper, in his lectures, (*Medical Gazette,*) mentions the advantages to be derived from Grapengiesser's mode of applying a stream of negative electricity, as suggested by Dr. Golding Bird. It is as follows:—

At a convenient distance from the original ulcer, not less than five or six inches, a vesication the size of a half-a-crown is made. The cuticle is detached and on the exposed cutis a piece of zinc-foil is placed of the size of the denuded spot. A plate of silver-foil is laid on the original ulcer, and the two plates are connected by means of a thin copper wire. Both plates are then covered with moistened lint and oiled silk. In a few hours the surface beneath the zinc becomes white and a slough forms. In the meantime a great change has taken place in the original ulcer; it has thrown aside its indolence; new skin forms at the margin, and granulations arise. The rationale of the process is, that the water and chloride of sodium existing in the tissues are decomposed, resulting in the evolution of chlorine, hydrogen and soda. The chlorine uniting with the zinc, forms the well known escharotic, chloride of zinc.

[It is not necessary to take into consideration the electrical action of the above process in explaining the healing of the original ulcer. M. Bresciano (*Half-Yearly Abstract*, vol v. p. 227,) is in the habit of healing old ulcers upon the same principle, by establishing one or more new sores in the vicinity, by caustic potass. He has thus cured ulcers of several years' standing.]

FISTULA IN ANO.

Dr. Van Camp has communicated to the Society of Medicine of Anvers, a method of curing fistula in ano without operation, by means of injections of iodine. A workman, aged 24, had had an enormous abscess at the anus, which became fistulous, its inner opening being very high up in the gut. Wishing to avoid operating in the case, a solution of nitrate of silver was tried as an injection, but it failed to do any service, and recourse was then had to an injection of equal parts of tincture of iodine and water, which was thrown into the fistulous cavity twice a day for five days. The first injections were attended with severe pain, and when the inflammation produced by it was considered sufficient, the proceedings were suspended for three days; they were then renewed, as a little fæcal matter was discharged from the wound, but the cavity had diminished to an inch in height, and by the sixteenth day the cure was complete.—*Jour. de Méd.*

STRANGULATED HERNIA.

The following method for promoting the reduction of strangulated hernia, has been described by Mr. Allen, and will be found in some respects confirmatory of the observations on the same subject, published in a late number of this Journal. Mr. Allen says:—

"What appears to me to be indicated, without entering into all the modifying circumstances, is to adopt such measures as tend to equalize the circulation, contract the vessels, and thus lessen the tumefaction, besides moderating other aggravating conditions, as inflammation, &c., and so apply your means to specific objects. Before the taxis is much tried an attempt should be made to correct the faulty circulation; and if inflammation be present, it should be subdued before much force is employed to lessen the tumour, and overcome the resistance. Now, in addition to what has proved beneficial, I would suggest a plan which I deem highly useful, as in the worst cases I have seen it succeed. It is this: when the strangulation is such as to resist the efforts of the patient and a moderate attempt by the taxis, cautiously to apply to the part fomentations, at about the temperature of the surface, the degree of heat to be progressively increased as high as the patient can tolerate, then to be gradually reduced until the applications are quite cold, which should be persevered in for half an hour, or even an hour. If the hernial tumour is not sufficiently reduced in volume so as easily to be returned, the parts must be again submitted to the same gradual exaltation and depression of temperature, the transitions from one extreme to another being so progressive that the patient is hardly sensible of each immediate alteration: the time from one extreme to the other should not be less than an hour. This plan produces an astonishing reduction in the volume of the hernia when all others have failed."—*Medical Gazette.*

HERNIA OCCURRING THROUGH A LACERATION IN THE FUNDUS UTERI.

Among the "curiosities" of hernia may be mentioned the following, reported by M. Chaptois:—The subject

was a woman, aged 60, who had been long affected with vaginal hernia, which had for some time given her but little inconvenience. As the hernia increased in volume, the dragging sensations, dysuria, &c., were so increased that she could scarcely stand upright. Under these circumstances M. Chaptois was called to her, and discovered that a large quantity of small intestine, together with a portion of colon, had passed through a rent in the fundus uteri, which was completely inverted, and depending from the vulva. After washing the parts, M. Chaptois returned the bowels, and replaced the uterus, still inverted within the vagina, and confined it in situ with a suitable apparatus. Although the symptoms of strangulation had been severe, the patient recovered.—*Gazette Médicale*, No. 51, 1847.

SELF-SUPPORTING DISPENSARIES.

Meeting at Burton-on-Trent.

At a public meeting held in the Town-hall, Burton-on-Trent, January 5th, 1848, the Rev. Samuel Stead, Vicar, in the chair, the Rev. Chairman introduced to the meeting H. S. Smith, Esq., M.R.C.S., of Southam, as having seventeen years previously introduced into the town the "*Self-supporting Dispensary*," which had worked so satisfactorily, and proved so beneficial, to the working classes.

Mr. Smith entered upon the subject of mutual Associations, as the best means of meeting the possibly impending plague of cholera, and elucidated his subject by reference to ancient and modern history. The able and interesting discourse was listened to with the most marked attention by a very crowded and respectable auditory, after which,—

1st.—It was moved by William Daniel, Esq., and seconded by the Rev. R. Greer:—

"That in the event of cholera appearing in the kingdom, the machinery of the '*Self-supporting Dispensary*,' which has worked so efficiently, be made immediately available to meet the emergency, in such a manner as the Committee of that Institution may think most desirable."

2nd.—It was moved by the Rev. W. Morgan, seconded by Thomas Fosbroke Salt, Esq.:—

"That, of the many means of improving the condition of the working classes, there appears to be none that exceed in practical usefulness 'the providing' them with medical attendance in '*sickness by their own small payments*;' and the free members of this Dispensary will assist and co-operate with Mr. Smith, in extending a knowledge of a plan that has been so useful at Burton."

3rd.—It was moved by Robert Sherrat Tomlinson, Esq., M.R.C.S., and seconded by the Rev. T. F. MacMichael:—

"That *due care* being exercised that no improper persons be permitted to enter the Institution, there are no other means by which payments for drugs and attendance can be procured from the industrious with so much advantage as the '*Self-supporting Dispensary*,' which in many instances prevents them from incurring debt,—from going to the parish-doctor,—from quacking themselves,—or from begging *tickets for a charity which they can support themselves*."

4th.—It was moved by Robert Thornewill, Esq., and seconded by the Rev. H. Yate:—

"That the proceedings of this meeting be published in the *Provincial Medical and Surgical Journal*, and a copy of the same be forwarded to the Secretaries of the Provident Dispensaries, at Coventry, Northampton, and Birmingham, and the *Self-supporting Dispensaries* at Grantham and Derby, or such others as may be acting on the principle of self-support."

Mr. Tomlinson, in moving the third resolution, entered fully into a description as to the relative proportions of benefit and injury the self-supporting dispensaries were likely to cause to the medical profession, shewing that the benefits far exceeded other institutions for general adoption.

Mr. Thornewill appended to the fourth resolution a vote of thanks to Mr. Smith, for the great and substantial benefit he had conferred on the town by the establishment of the Dispensary, as well as his kind and instructive lecture; this was unanimously and cordially responded to by the meeting, and the whole proceedings of the evening passed off most satisfactorily.

CONFERENCE OF POOR-LAW MEDICAL OFFICERS WITH THE ROYAL COLLEGE OF PHYSICIANS.

The College authorities having fixed Tuesday, January the 25th, for receiving a Deputation from the Committee appointed by the Convention of Poor-Law Medical Officers, the Deputation, consisting of Dr. Hodgkin, Mr. Vallance, Mr. Peter Martin, Dr. Barnett, Mr. Lord, and Mr. Healey, the Honorary Secretary, met at the College of Physicians, and were received by Dr. Paris, the President, Drs. Clendinning, Todd, Sutherland, and Hawkins, the Registrar.

Dr. Hodgkin, in introducing the Deputation, remarked generally on the objects sought by the Convention, and the manner, (temperate but firm,) in which the Committee desired to carry out those objects. He dwelt on the claims which the profession had when aggrieved, to the assistance of its seniors, and especially of a corporation exercising privately by its members, as well as publicly by its legal position, so much influence as the College of Physicians. The Deputation, in seeking that conference, had it in view to secure the advantage of the College's assistance, and he expressed his hope and confidence as one of its Licentiates, that that assistance would be cheerfully accorded.

The President here remarked that the College did feel a warm interest in the subject which the Deputation was submitting to it, and that in the parliamentary committees under Lord Ashley, he had himself given evidence in favour of a great improvement.

The Deputation then submitted in detail to the President and Censors the different grievances under which

the Poor-Law Medical Officers suffered throughout the country, particularly adverting to the inequality of payment,—its inadequacy,—the short tenure of many Poor-Law Medical Appointments,—the system adopted in giving orders, and the mischief which from all these causes constantly arose to the pauper sick. They referred to instances in illustration, and adverting to the influence the position of the College necessarily gave it with the government, urged on it, that by representations to the government on the one hand, and by joining on the other, (through the President,) a Deputation to Sir George Grey and Mr. Buller, to be sent from the Committee, the College would exercise all its power to mitigate an evil alike mischievous and dishonouring to the whole profession.

The President and Censors having promised to give their best consideration to the statements of the Deputation, expressed the warm interest they felt in removing the grievances complained of, with an assurance that the College would be glad on every occasion to communicate with the Committee, and to second, as far as practicable, their exertions.

The Deputation having expressed their acknowledgements for the marked courtesy and cordiality with which they had been received, and their representations heard, then retired.

AGE OF PUBERTY IN ENGLAND: MR. WHITEHEAD AND MR. ROBERTON.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I shall feel greatly obliged if you will allow me, through the medium of your next publication, to correct an error which I inadvertently committed in my letter inserted in the *Provincial Medical and Surgical Journal* of last week. I may just be permitted to remind your readers that the object of the letter in question was to rectify two statements, presently to be repeated, which appear in my work "On Abortion, Sterility, &c.," regarding Mr. Roberton's researches on the age of puberty, conducted among the patients of the Manchester Lying-in Hospital.

Relying upon an imperfect recollection of my former reading, and not having at the time an opportunity of again consulting the necessary documents, I stated in my letter that the conclusions at which Mr. Roberton had arrived respecting the age of puberty in this country,—namely, that the average age of female puberty was, for England, fourteen years and ten months; and that the proportion of instances in which puberty was developed before the age of eleven years, was 3.15 per cent., as stated in his paper published in the *Edinburgh Medical and Surgical Journal*, vol. 66,—were deducted from a table comprising the result of his own inquiries and those of Professor Murphy, inserted in the 26th volume of the *Dublin Journal of Medical Science*; and that the inquiries of the latter were made among the Irish. On referring to the paper in question, I found, at a period, however, when it was too late to correct the errors in my last communication, that Professor Murphy's table was, on the contrary, compiled from his own investigations and those of Dr. Robert Lee, both made in London, including also the inquiries of Mr. Roberton, instituted at Manchester.

The following statement exhibits the results of Mr. Roberton's and my own investigations respectively, as they ought to have stood in my treatise:—

Average age of puberty for England, according to Mr. Roberton's table . 15 years and 3¾ mths.
The result of my own inquiries 15 years and 7 mths.

Proportion of instances arriving at puberty before the age of 11 years, according to Mr. Roberton 2.22 per ct.
The result of my own inquiries . . 0.225 „

That the above-mentioned errors have occurred, is a circumstance that I much regret. And should they have caused some degree of pain to the gentleman referred to, Mr. Roberton, (as I am privately informed has been the case), the explanation now given will, I trust, entirely satisfy him that nothing was farther from my thoughts than to misrepresent any of his views and statements.

I am, Sir,
Yours very respectfully,
J. WHITEHEAD.

Manchester, Jan. 31, 1848.

Medical Intelligence.

MORTALITY OF MEDICAL PRACTITIONERS IN IRELAND FROM FEVER.

It is with deep regret that we notice the ravages which fever continues to make in the ranks of our medical brethren, in Ireland. Scarcely a week passes without the loss of three or four district medical officers from this cause being announced in the *Dublin Medical Press*. During the late epidemic, of twenty-seven physicians attached to fever hospitals and districts in the province of Ulster, attacked with fever in the discharge of their duties, fourteen, or more than half, died, leaving nine widows and thirty-seven children, for the most part but scantily or not at all provided for. These gentlemen have fallen a sacrifice in the faithful discharge of duties entrusted to them by the public, in the endeavour to restore health to the sick, and administer assistance to the dying; surely their families are at least as much entitled to a provision at the hands of the government, as those of any other class of public servants.

DEATH FROM THE USE OF CHLOROFORM.

We regret to state that a case has occurred in which death was apparently owing to the employment of the vapour of chloroform. The operation was that of removing the toe-nail, and about a drachm of the chloroform was used to induce insensibility; the patient was a girl of fifteen, much reduced in her general health, who had undergone the same operation at the

Newcastle-upon-Tyne Infirmary, in which chloroform was also employed, about four months ago. The fatal event took place about three minutes from the first inhalation of the chloroform, the nail having been removed in the interval. An inquest was held, and the immediate cause of death was stated by Sir John Fife and Dr. Glover to have been congestion of the lungs. The verdict of the jury was, "that the deceased, Hannah Greener, died from congestion of the lungs, from the effect of chloroform, and that no blame can be attached to Mr. Meggison, surgeon, or to his assistant, Mr. Lloyd."

APPOINTMENTS.

William Thomson Barker, M.D., has been elected one of the Physicians to the Dumfries and Galloway Royal Infirmary, in the room of Dr. Robert M'Lellan, deceased.

Campbell De Morgan, Esq., F.R.C.S., has been appointed Surgeon to the Middlesex Hospital, in the room of Mr. Tuson, resigned; and Charles Hewitt Moore, Esq., has been elected Assistant-Surgeon, in the room of Mr. De Morgan.

James Dixon, Esq., F.R.C.S., Surgeon to the London Ophthalmic Hospital, has been appointed Assistant-Surgeon to St. Thomas's Hospital, in the room of Mr. B. Travers, jun., resigned.

The appointment of Dr. Meyer as Physician to H. R. H. Prince Albert, mentioned in the last number, is, we have authority in stating, an error. Dr. Meyer is not a Physician, but a Doctor of Philosophy, and has been for some years attached to the establishment of Prince Albert as Librarian.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on Monday, February the 28th:—J. Jordan, N. Marsh, H. Armstrong, R. Gorst, P. Y. Gowland, J. T. Jackson, H. Dermott, T. J. Sayer, A. Goodchild.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, January 20th, 1848.—James Bailey, Wednesbury; George Robart Hanbury, Hereford; Frederick Greenwood, Huddersfield; John Broadbent, Leeds; Josiah Clarkson, Birmingham.

Gentlemen admitted Licentiates, Thursday, January 27th:—Henry Christmas Walton, Liverpool; John James, St. Just, Penzance; Thomas Wise, Malton; George Reynolds Schofield, Leeds; James Rice; George Fry, Mayfield, Sussex.

OBITUARY.

Died, January 1st, at Fintona, of fever, Andrew Allen, Esq., late Surgeon, Royal Navy.

January 6th, at Kendal, aged 79, Edmund Tatham, Esq., Surgeon.

January 7th, William Finch, M.D., F.L.S., Physician to the Laverstock Lunatic Asylum, Salisbury.

January 9th, of fever, Samuel Edward Barnes, Esq., Surgeon to the Ballymore Eustace Dispensary.

January 11th, at Kilrea, aged 34, of fever, John Chaine Hunter, Esq., Surgeon to the Tamlaght Dispensary.

January 16th, at Baldock, aged 40, Robert Inverarity, Esq., Surgeon. Mr. Inverarity had scratched one of his fingers, and afterwards dressed the arm of a patient affected with phlegmonous erysipelas. Shivering occurred the following afternoon, diffuse inflammation of the cellule texture supervened, and he died on the eighth day from the attack.

January 23rd, of fever, Charles Hyndman, Esq., M.B., Physician to the Sick-Poor Institution, Meath Street, Dublin.

January 25th, at Edinburgh, J. W. Reid, M.D., Surgeon, R.N.

January 27th, of fever, Richard Strong Sargent, M.D., Physician to the North Dublin Union Fever-Sheds.

January 29th, at Edinburgh, of fever, Joseph Bell, M.D.

January 31st, at Sevenoaks, aged 51, James Gellatly, M.D.

Lately, George Leopold Perfect, M.D., Town Malling, Kent.

BOOKS RECEIVED.

Susrutas. Ayurvédas. Id est Medicinae Systema a venerabili D'Hanvantare demonstratum a Susruta Discipulo compositum. Ex Sanskrita in Latinum Sermonem vertit Dr. Franciscus Hessler. Erlangae apud Ferdinandum Enke. Tom. I. 1844. Tom. II. 1847. pp. 206, and 248.

Ventilation Illustrated: a Tract for the Schools of Rich and Poor. London: Churchill. 1848. 8vo. pp. 36. Wood-cuts.

The Cholera not to be arrested by Quarantine, &c. &c. By Gavin Milroy, M.D., Member of the Royal College of Physicians, &c. London: Churchill. 1847. 8vo. pp. 51.

Tenth Annual Report of the Suffolk Lunatic Asylum. December, 1847. Woodbridge: Munro. 8vo. pp. 28.

ERRATA.

Page 44, col. 2, line 14, for "W. H Evans" read—*Evan Evans.*

—— 45, col. 2, line 10 from the bottom, for "disgusting" read—*unsightly.*

—— 45, col. 2, lines 17 and 18 from the bottom, for "pleasant to find, &c.," read—*pleasant.* I find, &c.

TO CORRESPONDENTS.

Communications have been received from Mr. E. Ray; Mr. F. Buckell; Mr. J. Moore; Mr. G. King; Mr. W. Newnham; Mr. Crompton; Dr. A. W. Davis; Mr. H. W. Budd; Mr. Whitehead; Mr. H. Williams; The Birmingham Pathological Society; Professor Simpson; Dr. Robertson; Dr. Oke.

Dr. A. W. Davis.—The subject shall be attended to.

The communication from H. B. B. is in type, but is unavoidably postponed to the next number.

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

MEMOIR ON TURNING, AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS, IN DEFORMITY OF THE BRIM OF THE PELVIS, &c. &c.*

By J. Y. Simpson, M.D.,
Professor of Midwifery in the University of Edinburgh.

Sect. V.—Relative Periods of the Labour at which the Long Forceps, Perforation, and Turning, are respectively employed: Value of Auscultation in Operative Deliveries.

In the preceding section I have attempted to shew the comparative advantage of turning over the employment of the long forceps or crotchet, on the ground that we could thus accomplish the delivery much earlier in the course of the labour, and hence much more safely for the mother. In fact when the long forceps are used in instances of arrestment of the head at the brim, they are in general never applied till the cranium is thrust and wedged down into the upper pelvic aperture to as great an extent as can possibly be effected by the unassisted uterine efforts, and till symptoms of local irritation, or constitutional re-action or exhaustion offer to appear. But before all this state of matters is brought about, both much expenditure of muscular and vital exertion on the part of the mother, and also much expenditure of time is usually required; and the walls of the maternal passages are liable to have become injured by irritation and compression. Before the assigned conditions are produced, many long hours commonly elapse, each one of them directly and rapidly adding to the chances of danger to the mother. On the other hand, in the same set of cases, if artificial delivery by turning were adopted, it might and would be practiced as early as the passages were adequately dilated, before the head were pushed down into the pelvic brim, and long before any symptoms of local lesion or general irritation and exhaustion presented themselves.

But it is principally as a substitute for craniotomy that I venture to suggest the operation of turning in instances of arrestment of the head at or above the brim of the pelvis. And when we contrast the different times as far as regards the duration of labour, at which these two modes of delivery (craniotomy and turning,) would be respectively followed in the same class of cases, we shall perceive still more strongly the advantages of the alternative practice. For turning, as I have just now stated, would necessarily be performed early in the course of the labour, and so far at a period when the danger would be comparatively slight, according to the law of duration which I have attempted to establish. Commit, however, the same morbid cases to the usual rules of management, by which they would be treated under the prospective idea that they would in all probability ultimately become cases of craniotomy, and mark the difference. The labour is allowed to go on from hour to hour, and possibly for one or two long and weary days, in order to give the child every legitimate chance of being, at last, expelled alive, or, at least, expelled without operative mutilation. In the meantime, however, as the preceding tables abundantly prove, the chance of immediate or ultimate danger to both mother and infant increases fearfully in proportion as the labour drags on its duration. How long then shall we allow it to continue before we perforate and break up the child's head? Most modern authorities would answer that question by earnestly inculcating the propriety of not applying the perforator till the child were distinctly and certainly dead, (unless indeed the appearances of danger to the mother were extremely marked and imminent,) for almost all eagerly and properly declare their abhorrence at the idea of "plunging an iron instrument into the centre of the skull of a living human being."

But how long must we probably wait before the child really dies? We have seen, (Table III.,) that the infantile, like the maternal, mortality increases in a ratio progressive with the increased length of the labour; and that out of all cases in which, in the Dublin Hospital, the process of parturition was prolonged beyond thirty-six hours, one in every two of the children was lost. But still the labour may go on to the fortieth, fiftieth, or sixtieth hour, and yet the child live. Out of twenty-seven cases in all, reported by Dr. Collins, in which the labour was prolonged to sixty hours and upwards, in sixteen the child was ultimately born dead; and in the remaining eleven it seems to have still survived and ultimately to have been expelled

* Continued from page 60.

alive. Whilst, however, we are thus waiting and watching for the certainty of the child's death *before* we operate, the chance of the mother's death increases with the lapse of every hour. Out of these same twenty-seven cases of labour prolonged sixty hours or upwards, seven of the mothers, or one in every four, perished. We may thus wait with the expectation of the infant's death, till at last we run the imminent hazard of also losing the mother; and even then, when at last we find ourselves driven to have recourse to craniotomy in order not to place the parent in greater jeopardy, we may be unwillingly compelled to practice the operation while the child still really lives, goaded on by a dire but now irresistible necessity to attempt to save the life of the mother by taking away the life of her child.

Auscultation is the criterion upon which all modern accoucheurs properly and mainly depend for ascertaining the death of the infant, and fixing the date at which it threatens to perish, or actually does perish, during a protracted labour. And certainly, in the progress of a prolonged case, auscultation is, as Dr. Collins states, of "immense value in ascertaining the life or death of the child." "I know (he remarks,) of no case where the advantage derived from the use of the stethoscope is more fully demonstrated than in the information it enables us to arrive at with regard to the life or death of the fœtus, in the progress of tedious and difficult labours. It is, in my opinion, one of the greatest improvements made in the practice of midwifery."* The whole evidence of Dr. Collins' general remarks and individual cases shews, that in protracted parturition the special advantage which he has found, and expects others to find, from the employment of auscultation, is a far more precise and certain knowledge than we could otherwise possess, of the life or death of the infant, and of the exact time at which it does die, with a view of fixing more exactly the time at which we should deliver it by craniotomy. Actuated by the best and most humane feelings, Dr. Collins believes that in tedious and difficult labours obstetricians should rarely or never perform craniotomy upon the head of a *living* child, and that auscultation will enable us to eschew this otherwise unavoidable error. For, in one set of cases, it will shew us the propriety of postponing the operation, by shewing us that the child's heart is still beating. In another set of cases it will shew us the propriety of practising it earlier than we would otherwise do, by shewing us that the child is already dead. At the same time we must still not use our perforator immediately after the fœtal heart ceases to be heard by the stethoscope, or indeed for some hours afterwards, lest life be not perfectly and entirely extinct in the child. "It is totally contrary (says Dr. Collins,†) to every rule of practice, to deliver the patient with the crotchet when the fœtal heart's action *first* becomes inaudible. It is only after frequent examinations, with some interval between each, that this is ever resorted to, except where the mother's life is in *very imminent danger* indeed."

Such is the use and value of auscultation in protracted labours, according to the opinion of Dr. Collins and of the Dublin school generally; and certainly, while for one, I most gladly and gratefully acknowledge that it is to that school that British midwifery stands indebted for the first introduction of auscultation into English obstetric practice, still I cannot help declaring my conscientious conviction here, as I have often done in lecturing upon the subject, that the preceding application of it in tedious labours is so far undoubtedly erroneous in two most important and fundamental points.

For, *first*, according to the principles upon which the Dublin practitioners use auscultation in tedious labour,—viz., in order to fix the fact of the death or life of the child, with a view to the immediate performance or future postponement of craniotomy, they altogether leave out of consideration the great influence which the mere duration of the labour exerts upon the maternal constitution and life. They forget that whilst they are delaying for the death of the child, the very delay is rapidly destroying the mother;—whilst they are waiting and watching for the fœtal life becoming extinct, the maternal life is every hour becoming placed in greater and greater danger. Under proper management, argues Dr. Collins, the death of the child takes place in laborious and difficult labours, before the symptoms become so alarming as to cause any experienced physician to open its head for the sake of the safety of the mother. But I believe his own facts totally and sternly contradict this argument. When for this or other causes he waited till the labour had continued from twenty-five to thirty-six hours from its first commencement, one in every seventeen of the mothers died; (see Table No. II.;) when he waited for twelve hours longer, allowing the labour to be prolonged from thirty-seven to forty-eight hours, then one in every six of the mothers was lost; when he waited for twelve more hours, (namely, forty-nine to sixty hours,) then one in every five of the mothers was lost; and when intereference was not adopted, or delivery completed, till the labour had gone on for sixty hours or upwards, then one in every four of the mothers perished; and that too, although, as we have already seen, in eleven out of twenty-seven cases, or in about one in two-and-a-half of these very same protracted labours, the child was still living, and was indeed ultimately expelled alive, thus *still* contra-indicating craniotomy, as far as its life was concerned, notwithstanding that the life of the mother was reduced to such an extreme degree of danger and hazard.

But, *secondly*, the opinions which Dr. Collins and

* Practical Treatise, p. 18.

† *Dublin Medical Journal*, Vol. xiii., 1838, p. 423.

others of the Dublin school profess with regard to the application of auscultation as a valuable aid to the management of tedious and instrumental labours are, I conceive, still more objectionable in another point of view. In cases of protracted parturition they use the stethoscope, as we have shewn, in order to ascertain the life or death of the child, and in order to decide and determine the proper time at which embryotomy should be performed. For this purpose they employ it with the special object of fixing the fact that the child is dead; and fixing, when requisite, the true time when it does die. But I am strongly of opinion that the mighty boon which auscultation offers us in protracted parturition is quite different, and far more important. For it is not by any means so valuable in thus often affording us evidence that the child is dead; it is not so much of real and practical use in shewing us that we may now perform embryotomy upon a dead infant, as in shewing us *when*, in protracted cases, we ought to extract the child by the forceps or other safe means, if we wish to *preserve* its life, as well as the life of the mother. In this way I have repeatedly found auscultation of incalculable benefit in protracted labours, and been, I believe, enabled by its evidence alone to save several times the life of the child by the timely application of the long and short forceps. And though the principle upon which I have thus acted in the management of tedious labours is not acknowledged by Dr. Collins under that subject, yet, certainly, the very same principle of using instrumental delivery for the sake of the safety of the child is acknowledged by him under another head, and in dependance upon another form of evidence of the danger of the infant. In speaking of the treatment of cases of prolapsus of the umbilical cord he observes:*—"The forceps I consider highly desirable when the child is so situated that the head can be reached with safety; but as the funis generally descends at the commencement of labour, it is very seldom that this instrument is applicable till fœtal life is extinct. We shonld not fail, however, to apply them when practicable, should any delay occur in the delivery likely to *endanger* the life of the child, or if we find *the pulsation in the cord becoming gradually slower and more feeble.*" Now, exactly on the same principle, when in tedious labours in which there is no contra-indication, we have evidence that the life of the child is becoming endangered, when by the stethoscope we learn that the pulsations in the fœtal heart are becoming gradually slower and more feeble, it is in my opinion equally our bounden and solemn duty to interfere by the same means in order to attain the same end, viz., the preservation of the infant's life. For I hold that neither in principle nor in practice does it make any difference whether with this view we ascertain the imminent danger of the child, and the fact that the pulsations of its heart are becoming slower and more feeble, by *feeling* the pulsations of the cord, or by *listening* to the pulsations of the heart itself. The sense of hearing affords us precisely the same evidence in the one case as the sense of touch affords us in the other, and it indicates also precisely the same line of treatment.

The bearing of this long discussion and digression upon the practice of turning in contracted pelves, &c., is sufficiently evident. Over both the operations for which I propose it as a substitute,—viz., delivery by the long forceps and crotchet, it possesses this great and weighty advantage, that it can be practised at a far earlier, and consequently at a far safer, period of the labour. But it is principally as an alternative for craniotomy that I feel anxious to introduce the operation of turning to the consideration of my professional brethren; and over craniotomy it possesses, in addition to the above, this other all-important advantage, that it offers the child a chance of life, while craniotomy implies the very certainty of death; and that while the existence of the sounds of the fœtal heart, and the continuance of the infant's life, would determine us to postpone, and postpone almost indefinitely, the delivery by embryulcio, the existence of these sounds, and the evidence they give of the continuance of the infant's life, would determine us to adopt, and form indeed, *cæteris paribus*, the very strongest reason for adopting delivery by turning. In the one operation we would delay, and perhaps delay long, and hence dangerously, the delivery of the mother, because the child was living; in the other operation we would promote and hasten the delivery of the mother on exactly the same grounds on which we postponed it in the first,—viz., because the infant was still living, and might still be extracted alive.

Perhaps the detail of one or two cases may impress this view more strongly than any more lengthened remarks. I shall select the two first from the Clinical Report of Dr. Lee, of London, who, like Dr. Collins, rejects the employment of the long forceps when the head is delayed at the brim, and prefers the extraction of it by the perforator and crotchet.

Case IX.—In a woman whose pelvis and extremities were distorted by rickets the labour began on the 9th of February, 1842.† "The membranes," to quote Dr. Lee's own words, "ruptured on the 10th. On the 11th, the os uteri was not dilated to the size of half a crown, the head was wholly above the brim, and the base of the sacrum easily felt. Active pains came on and lasted during the night, and till two p.m. of the 12th. The os uteri was still very imperfectly dilated. The head *entirely* above the brim now much swollen. It was clearly right to interfere, which I did, (by craniotomy,) and she recovered without a bad symptom, though I now feel persuaded that she ought *not* to have been left so long in labour. The danger (he adds,) of rupture and fatal contusion of the uterus is great in

* Practical Treatise, p. 344.

† Clinical Midwifery, Case 113, p. 51.

all such cases and delivery should be effected as soon as it is evident that the head cannot pass. I knew from the first, in this case, that it would not pass through the brim, but was *prevented from interfering in consequence of hearing the pulsations of the fœtal heart.*"

In the preceding case Dr. Lee states his conviction that the patient ought not in reference to her own safety, to have been left so long in labour. The continuance, however, of the pulsations of the fœtal heart prevented him for some time, from interfering and delivering by craniotomy. It is not stated whether the child continued alive or not when that operation was at last adopted. But the circumstance which thus directly deterred him from earlier delivery, viz., the life of the fœtus, would have directly urged him to the new practice which I am here venturing to propose in such cases. The reason he had for longer postponing the operation of craniotomy, would have been the strongest of all reasons for at once preferring the operation of turning, and giving so far, a chance of life to the child, and at the same time preventing the continued duration of the labour, from placing the mother in greater danger and jeopardy.

I quote the following case from the same author for the purpose of shewing, what I have omitted to insist upon in the course of the preceding remarks, that in instances in which the brim of the pelvis is contracted, the protracted duration of the labour may occasionally lead to the most deplorable morbid consequences on the part of the mother, even though it do not actually destroy her life. An earlier delivery by turning would, I believe, as has been already often stated, not only enable us to avoid these results to the mother, but offer a chance of escape and life to the child.

Case X.—The patient* had borne nine children; all her labours had been difficult, and the two last so much so that artificial assistance was required, and the children were still-born. Her tenth labour commenced on the 3rd of December, and the membranes were soon after ruptured. During the 4th the pains were feeble and irregular. Thirty-five drops of laudanum were given. On the morning of the 5th they returned, but again feebly and irregularly. At ten o'clock of the evening of the 5th two doses of the ergot were given, and soon several strong forcing pains were experienced. "The movements of the infant were not felt after this," and the uterine contractions appear to have ceased. When Dr. Lee visited her next forenoon,—viz., at eleven o'clock on the morning of the 6th, (three days after the labour had commenced, and the membranes had been ruptured,) the state of the patient was as follows:—"The discharge from the parts has become offensive; bladder filled with water; the vagina is swollen and tender; the head greatly swelled and compressed, is firmly fixed in the brim of the pelvis, and the finger cannot be passed around it without giving great pain; the ear cannot be felt, the greater portion of the head being still *above* the brim." Dr. Lee opened the head, and two hours elapsed before he could complete its extraction with the crotchet. He thus continues the report:—"December 7th. A bad night; retention of urine; great swelling and tenderness of the parts; pulse rapid; tongue loaded; headache; rigors. Sloughing of the vagina took place, and on the 14th a *fistulous* communication had been formed between it and the bladder. This unfortunate woman (adds Dr. Lee,) was soon after deserted by her husband, and has led a life of great indigence and misery ever since."

In offering some general concluding remarks upon this and sixty-five other cases* of "difficult labour from distortion of the pelvis, &c., &c., in which delivery was effected by the operation of craniotomy," contained in his second report, Dr. Lee observes,—"In thirty-eight of the cases in this report, the labour continued from forty to seventy hours."—"In a very large proportion of the cases the difficulty arose from distortion, or a contracted state of the pelvis. Rupture of the uterus took place in three before perforation, and the inflammation and sloughing of the uterus, vagina, and rectum, which proved fatal to eight others, were chiefly or solely produced by the long-continued violent pressure on the soft parts by the head of the child *before* it was opened and extracted. In those who recovered with vesico-vaginal fistulæ or contractions of the vagina from cicatrices, the unfortunate occurrences arose from craniotomy being too long delayed."—"In several, had the delivery been *sooner* effected, the fatal consequences which ensued would have been wholly prevented."

In some of the following cases from Dr. Collins' report, the delivery of the patients by craniotomy was evidently postponed till such time as the child was ascertained by the stethoscope to have died. The state of the fœtal heart is not mentioned by Dr. Collins in all, but the omission was probably made in order to avoid unnecessary repetition; and except for this counter-indicating circumstance (the continuance of fœtal life,) the mothers would probably not have been allowed to have their sufferings protracted, or so much constitutional excitement created, before resorting to artificial delivery. In the last or last two cases, the state of the mother probably ultimately necessitated delivery, independently of any considerations relative to the life of the infant. I shall quote the cases in Dr. Collins' own words.

Case XI.—"Was admitted in labour of her eleventh child; uterine action very frequent and strong; the os uteri dilated to the size of a crown, and the fundus very much inclined to the right side. In twenty-four hours after admission, (the head not having made any progress for the last eight,) *the fœtal heart having ceased to act for some time*, it was thought advisable to lessen the head, and deliver with the crotchet."†

* Clinical Midwifery, Case 84, p. 40.

* Clinical Midwifery, p. 59.

† Collins's Pract. Treatise on Midwifery, p. 480, No. 1032.

Case XII.—"Was admitted in labour of her seventh child; she had been delivered artificially in her previous labours, and had but one child born alive. She had been ill a considerable time before she was brought to the hospital, and in nine hours afterwards, there being no progress made, the pulse 132, her strength much exhausted, and the child *dead*, she was delivered by the crotchet."*

Case XIII.—"This patient was admitted in labour of her first child; uterine action was feeble, and continued so for seventy-two hours after she came in. As the *fœtal heart had ceased to act for some time*, and the pulse became hurried, it was considered advisable to deliver her. The *os uteri was not fully dilated;* the head was *high*, and resting on the pubes; it was lessened, and cautiously brought down with the crotchet."†

Case XIV.—"Was reported to have been in labour two days before admission; the head was high in the pelvis, and pressing strongly on the pubes. It remained in this situation for twenty-four hours after, during which time she suffered great distress, uterine action being almost constant. This was her tenth child; she had been twice force-delivered in this hospital; dreading every moment rupture of the uterus, the head was lessened and brought down by the crotchet, as it had still remained so high as to be scarcely within reach of the finger."‡

Case XV.—"Was reported to have been twenty-four hours in labour before admission. About twelve hours after she came in, it was discovered that the face was turned towards the pubes, and pressing so strongly on the urethra the catheter could with difficulty be passed. The pains continued strong for fifteen hours from this time, yet the head did not advance. It was deemed advisable to lessen it."§

Case XVI.—"Was thirty-three hours in labour of her third child without having made the least progress for the last twelve. The bladder was forced down before the head. Her pulse became much hurried, and strength greatly exhausted, rendering immediate delivery necessary. The head was lessened, and the child brought away by the crotchet. It was very large; all her former children were still-born."‖

Case XVII.—"S. B. was forty hours in labour; it was her fourth child; all still-born. The head not having made any progress for the last twelve hours, and the fœtal heart having ceased to act, the delivery was effected with the crotchet; the face was turned towards the pubes. She had been force-delivered in this hospital two years ago, when the face presented; (see 'Observations on Still-born Children,' No. 441;) pelvis very defective. The placenta in the present instance had to be removed by the hand, in consequence of hæmorrhage; it was firmly adherent to the fundus of the uterus. She died on the ninth day, and on examination, extensive ulceration of the vagina was found, forming a communication with the rectum. At one point the vagina presented the appearance as if a laceration had taken place."*

In these cases delivery by turning, instead of by craniotomy, by being performed earlier, would, I believe, have preserved the patients alike from the sufferings and the dangers which the continued duration of the labour entailed upon them; and the children, instead of being necessarily sacrificed by the operation adopted, and the delay attending upon it, might possibly have been saved by the adoption of turning, and by the earlier period at which delivery could thus have been practised. But it has been doubted whether the object I have just alluded to, namely, the preservation of the infant's life, could ever be the result of forcible extraction of the child through a contracted pelvis by turning. I shall next therefore notice this and other objections to the proposed practice on the allegation of danger to the mother, and disarrangement of the mechanism of parturition. The investigation of the objections urged on these several grounds will, I believe, leave us only with higher and more certain ideas of the real advantage of the proposed practice itself.

* Collins's "Practical Treatise," p. 136, No. 79.

(To be continued.)

* Collins's "Practical Treatise," p. 480, No. 1005.
† *Ibid.*, p. 481, No. 1038.
‡ *Ibid.*, p. 477, No. 808.
§ *Ibid.*, p. 470, No. 526.
‖ *Ibid.*, p. 470, No. 509.

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Ulcers on the Tonsils.—Ulcers on the tonsils are generally the first evident proof of the syphilitic poison having entered the system. When the poison has had a silent introduction, the ulcers are longer in appearing; but even in this case the intervening period seldom exceeds four months; and although there are instances where it has not been possible to trace the ulceration of the tonsils to any previous disease, yet it cannot be doubted that it must have been derived from a chancre. A sense of pricking in the act of swallowing usually precedes these ulcers. The ulcer is deep, and penetrates into the substance of the part; the surface is irregular, and is covered by a whitish slough; the gland is seldom much enlarged, and has a dark red circle surrounding the sore, which is most painful at night. These ulcers do not prevent deglutition, but they sensibly affect the voice, obstruct the hearing, and cause a disagreeable taste in the mouth. The ulceration does not proceed rapidly, even when mercury is not employed. The tonsils are more frequently affected than the soft palate, its arches, or the uvula, and these are not always affected by the spreading of the ulcers from the tonsils.

* Continued from page 34.

When the whitish slough has been removed by the use of mercury, the surface of the ulcer will look as if it had been scraped, an appearance seldom seen in sores that are not syphilitic, and in which mercury of course has not been used.

The virus often attacks the posterior part of the fauces, which becomes sloughy, and discharges a thick matter of a greenish colour. The epiglottis is seldom destroyed, though often ulcerated; and when the larynx is involved, the disease generally proves fatal. In this case there is a peculiar sound of the voice, a troublesome cough, and frequent retching.

In syphilitic sore-throat the lymphatic glands of the neck are seldom affected; and when they do become enlarged, it is probably from a scrofulous habit of body.

There are four morbid conditions of the throat, which more or less resemble the syphilitic.

1st. Ulcers on the tonsils in scrofulous constitutions, or in women of a delicate and lax habit of body. There is nothing which particularly characterizes this species, except that it cannot be traced to any specific cause, and that it will get well by medicines that improve the general health.

2nd. Specks of ulceration upon various parts of the fauces, resembling lupus, destroying and ulcerating more rapidly than lues, and quite as extensively. The tonsils, uvula, soft palate, larynx, or nose, are sometimes partitally or wholly destroyed, without the slightest proof of any syphilitic origin.

3rd. Cancerous ulceration of the tonsils to a great extent, with enlargement of the glands of the neck.

4th. Ulceration from the adhibition of mercury at an early period of the course. This species puts on an erysipelatous aspect; and as it appears to arise when the antidote is manifesting its curative action upon the disease, the ulceration cannot reasonably be imputed to the advance of the disease itself. But when this condition of the throat has existed two or three weeks, the diagnosis is by no means easy. It commits great ravages, and is attended with pain, erythismus, deafness, and a sallow countenance. These symptoms will, however, generally yield to sarsaparilla, bark, mineral acids, and a generous diet.

Sometimes there will be considerable enlargement and spongy appearance of the tonsils, with slight ulceration; both tonsils being affected generally at the same time. This case is not venereal, but probably arises from a tendency to become ulcerated upon common exciting causes from former syphilitic disease.

Treatment of Venereal Sore-throat.—It was formerly the custom to use mercurial fumigation in all venereal ulcerations of the throat, and it is very useful in speedily arresting the progress of the disease when rapidly destroying important parts, but so many inconveniences attend upon its use, that it is seldom employed in private practice, except in very serious cases. A proper fumigating machine should be procured, and the cinnabar thrown upon hot iron. [Nothing answers better than a *small* tin funnel, inverted over a circular thick plate of iron; the tube must be, of course, sufficiently long, and curved at the extremity with a nozzle.] Half a drachm or a drachm of cinnabar should be used twice daily. The fumes ought not to be drawn into the lungs, as they are apt to excite coughing and uneasiness in the chest; sometimes, indeed, the brain becomes affected by its use, so that it always should be cautiously watched during its operation.

Where the ulcers are foul and sloughy, they may be advantageously treated with equal parts of the muriated tincture of iron and honey of roses, or with the tincture alone. The following gargle also may be employed:—

R. Hydrargyri Bi-chloridi, ... gr. viij;
Acidi Hydrochlorici, ... gtt. xxv;
Decoct. Hordei, ... Octarium. Misce.

It is of great importance that the ulcer should be healed before the mercurial course is discontinued.

Unless a patient with a venereal sore-throat is exposed to the full effect of mercury from six to eight weeks, he will be liable to a relapse.

If the ulcer should become foul or stationary towards the end of the course, not yielding to the applications above recommended, lunar caustic should be applied, or an undiluted mineral acid, for a minute or two, and then washed off with barley water.

When there have been venereal ulcers in the throat, there will be left in the parts a tendency to become ulcerated, on slight occasions, for some years, especially in scrofulous constitutions.

Venereal Eruptions.—These may appear, prior or subsequent to the sore-throat, and they do not observe any regular order; sometimes both occur at the same time.

To a certain extent the tonsils are external parts; they, as well as the surface of the body, are liable to be affected by the atmosphere. The cause of the venereal disease first appearing as a secondary symptom in the throat, is perhaps the similarity of their structure to the surface of the body. The surface of the body is covered by an oily and lubricating secretion, to prevent too great evaporation. The oily matter is secreted by sebaceous glands, and is generally mixed with the sweat. These glands are very numerous about the nose, behind the ears, on the areola of the nipples, on the umbilicus, inside of the thighs, between the scrotum and thighs, on the corona glandis, labia pudendi, &c. They have been found in all the above-named surfaces, and it is probable that no external part is absolutely without them. The venereal poison irritates these glands, and produces a morbid secretion and suppuration in them. Where they are fewest in number, or where the parts are particularly exposed to the air, the eruptions appear sooner, as on the neck and

breast; but where the glands abound, these take place later. Hence exposure to cold air, and cold bathing, seem to accelerate eruptions; whilst sudorifics, warm bathing, &c., retard them.

We seldom meet with eruptions on the arms and thighs of men, because these parts are covered; but in women it is very common to see an eruption on both. It is also unusual to see spots of this kind about the root of the nose, or on the eyelids, or roots of the hair, from these parts being well supplied with moisture from the sebaceous glands.

The tonsils are exposed to the atmosphere, and particularly to a current of air. They are said to be mucous glands, but the matter secreted by them resembles that of the sebaceous glands. When they become ulcerated, a thick and sebaceous discharge is produced, and when they burst they appear filled with this sebaceous substance, which sometimes is so offensive that it is scarcely possible to remain in the room with the patient.

In other diseases of the tonsils, also, the sebaceous matter exhales such an intolerable odour, and so taints the breath, that it sometimes becomes necessary even to extirpate the diseased part. When the secretion is suffered to accumulate about the toes, and in other confined parts, it is well known that the smell becomes very offensive.

Why the syphilitic poison first attacks these sebaceous glands, it is difficult to explain, but it is evident that the first appearance of the disease in its secondary form is always in those glands. The skin is most frequently marked by spots, nearly flat, squamous, copper-coloured, and circumscribed; the diameter is that of a split pea, or a silver penny. They sometimes run together, and form broad patches. They are met with on the neck, breast, inside of the fore-arm, elbow-joint, inside of the thigh, groin, and lower part of the abdomen. In cases of long continuance the eruptions are somewhat different; the spots are circular, of the size of a silver penny, having a little scale in the centre, surrounded by a dark circle, and are chiefly met with on the breast and shoulders. These spots are probably produced by an effusion of blood under the cuticle, obliterating the rete mucosum, and leaving, when cured, a cicatrix of a whitish colour in the centre.

Sometimes the form of the eruption is pustular, appearing on one or more parts of the body, and resembles distinct small-pox, for which it has been occasionally mistaken; but it is less bold and prominent, and there is no redness in the interstices. When the crusts fall off, they leave a dark appearance of the skin, and do not return. They appear first on the face, and then upon the anus, groins, upper part of the thighs, and lower part of the abdomen.

When there is an eruption about the roots of the hair, they are generally small, and have a dark crust on the surface. They do not affect the whole of the scalp, and are usually observed on other parts of the body at the same time. There is also an eruption similar to tubercles, being hard, elevated, of a dusky-red colour, and containing no fluid. This is often seen on the scrotum, labia pudendi, and inside of the thighs. Another kind of venereal eruption resembles stripes, forming circles, and containing a watery fluid. When these burst, crusts form, and falling off, leave large ulcers, which are disposed to produce fungi.

It ought, however, to be borne in mind, that an eruption may appear on the body of a syphilitic patient from other causes, and that it is not justifiable to pronounce the eruption to be venereal, unless from a correct history of the disease we have good reason to believe it to be such, or unless the eruption be combined with some other venereal symptom.

Treatment of Venereal Eruptions.—When a venereal eruption and nodes exist at the same time, and are removed by a course of mercury, if a relapse occur, the eruption will return, proving that a venereal eruption requires more mercury for its cure than nodes, and thus one symptom may return, and not another. Venereal eruptions are seldom cured till six or eight ounces of mercurial ointment have been used. They may dry, and fall off in furfuraceous scales, or dark-coloured crusts may form; but so long as there is any elevation left about the cuticle, this treatment ought not to be discontinued. The surest criterion of the virus being destroyed is (and which should always be looked for,) *a little depresssion with a whitish cicatrix in the middle of the blotch.* This is often very minute, but it may be detected with attention.

The cure of venereal eruptions is facilitated by the prudent use of the hot bath, heated to about 90°; it may be used once or twice a week, for ten or sixteen minutes at a time. The warm bath lessens the effect of mercury, but in what manner it cannot be explained.

It will also sometimes be proper, when there are venereal pains, when the skin is dry, and when the eruption does not fade kindly, to give the compound ipecacuanha powder, or equal parts of antimonial wine and laudanum, at such intervals as may be thought necessary.

Lippitudo syphilitica.—This is an increased morbid secretion of the sebaceous glands of the tarsi of the eyelids. It is not so frequently met with as eruptions, with which it is sometimes conjoined. Lippitudo arising from the venereal virus, does not differ from the ophthalmia tarsi depending on other causes, except that there is a peculiar excoriated appearance of the external angle of the eye, and a loss of substance of the punctum lachrymale, especially when the disease has been of long standing. It sometimes produces a spongy appearance of the conjunctival membrane, and at others a great part of the eyelids will be destroyed. There are no diagnostic marks by which the disease

can be distinguished from common lippitudo; but whenever the external angle of the tarsi is excoriated, and is accompanied with other symptoms resembling syphilis, the venereal character of the disease is to be suspected.

Treatment of Lippitudo.—The local treatment of this case in many respects does not materially vary from that recommended in common lippitudo. If the eye be much inflamed, leeches may be applied, or what is better, a branch of the temporal artery may be opened. If the inflammation of the conjunctival membrane be very considerable, it may be scarified, and a blister applied to the scalp. It will be necessary to wash away the matter with a warm decoction of poppies, injected under the eyelids. When the inflammation has in great measure subsided, the Ung. Hydrarg. Nitratis dilutum may be used, or a single drop of laudanum may be daily dropped between the eyelids. Lotions of the sulphate of zinc will be of great benefit. There is an objection to saturnine washes, from the lead being precipitated upon the conjunctiva, and occasioning great irritation. In obstinate cases one or two grains of the bi-chloride of mercury, dissolved in eight ounces of water, will be found a useful application, and along with the local treatment a mercurial course will be required.

(*To be continued.*)

CASE OF FISTULOUS COMMUNICATION BETWEEN THE RECTUM AND THE URETHRA.

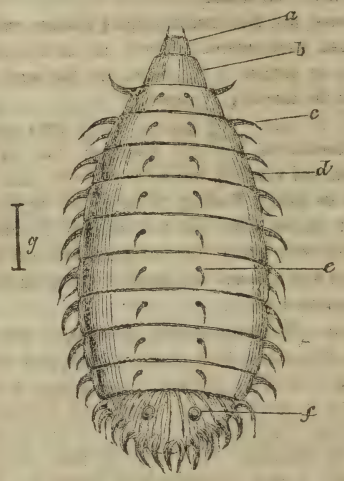
By Frederick Francis Giraud, Esq., Surgeon, Faversham.

A man, aged 59, complained to me about two years ago, that he had difficulty in passing fæces, whenever there was the slightest tendency to costiveness, and that frequently he perceived wind to pass through his urethra. Upon an examination a stricture was found in the rectum, about three inches high, and it was ascertained that not only wind passed through the urethra, but sometimes fæculent matter also made its appearance at the orifice. It did not seem that urine found its way into the rectum, and therefore it was inferred that a fistulous communication existed between the urethra at its membranous portion, and the rectum. Sir Benjamin Brodie was consulted, who confirmed this view of the case, and advised that nothing more should be attempted than the daily passage of a rectum bougie, increasing gradually the size of the instrument.

An improvement slowly took place in the state of the rectum, and of late the calibre of the gut has become almost restored to its natural size. The fistulous communication between the rectum and the urethra remains the same, and a few weeks ago an unusual irritation was felt in the urethra, and very soon something alive made its appearance at the orifice; the patient removed it with his finger. On placing it in a wine glass half filled with warm water, the movements it exhibited shewed great activity, and by the alternate contraction and dilatation of its rings, and the protrusion of a vaginated proboscis, it soon arrived at the edge of the glass. The accompanying drawing of a magnified view shews its form, and it appears to be a species of Echinorhyncus.

Questions may arise, whether a similar creature to this might have occasioned the fistulous opening between the rectum and the urethra, and whether the stricture in the gut which is now nearly at an end, might not have originated from the local irritation?

View of the Ventral Side of a species of Echinorhyncus.



a Proboscis.
b Sheath of the Proboscis.
c Hook-like appendage to each ring of the body of the animal.
d The same projecting from the dorsal side.
e Double row of vibrissæ running down the ventral side only.
f Small apertures slightly projecting on the ventral side only.
g Length of the Animal.

CASE OF OBSTRUCTION OF THE BOWELS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

As the treatment of this case shews that the method used to preserve life may sometimes be the means of hastening death, and as it may offer a hint to your readers, I beg that it may find a place in your Journal, provided that you think it worthy of it.

Yours faithfully,
EDWARD WALLACE.

Carshalton, 24th Dec., 1847.

Mrs. P., a woman about 60 years of age, in the enjoyment of good health, and of active habits, was seized on the afternoon of the 30th of October last, with severe pain in the bowels, for which she took hot brandy-and-water; this her stomach rejected. She then had recourse to castor oil, which aggravated her pain; and as she returned this also, she took another dose, with the same result, after which, late in the evening, I was sent for, and found her under severe pain, with frequent

vomitings, but without other signs of constitutional disturbance. Under these symptoms I enquired if she had a rupture, to which she replied that she believed not, but on rubbing her bowels for relief she had then discovered a swelling in the groin. On examination, a tumour was discovered, of the size of a walnut, resting on Poupart's ligament, midway between the symphisis pubis, and the spinous process of the ilium. This, however, was an enlarged gland, and threw no light on the nature of her attack.

Calomel, and the common purging mixture, with opium combined, were ordered forthwith, and anodyne fomentations to be applied to the belly, and the same repeated early in the morning, if necessary.

31st. 10 a.m. My patient found some relief from the fomentations, but the medicines had aggravated the pain, and vomiting was more frequent, and attended with more pain. Finding therefore that anything of a drastric nature gave her this distress, I ordered her injections with castor oil, the saline aperient mixture, and pills with calomel and opium, to be given every two hours alternately.

5 p.m. No improvement whatever; and as the patient was much worn down by pain and continued retching, I thought it prudent to open a vein, in the hope that such an operation would render the aperients more efficacious. Fortunately, perhaps, for the patient, and owing to faintness, only three or four ounces were obtained. I then persevered in throwing up warm water, with a small quantity of castor oil, until at last two quarts were injected, and the fomentations were ordered to be continued.

November 1st, 9 a.m. I found the patient exceedingly weak, part of the fluid injected returned, and a large quantity of dark-coloured fluid thrown off the stomach. Since the injections of last night pain had ceased, her chief distress now being from frequent vomiting, and from restlessness, arising from weakness; her pulse fluttered; her sight was impaired; she could raise her eyelids with difficulty, and I apprehended that mortification had taken place. A pill, with two grains of calomel, and half a grain of opium, to be given every six hours; half a pint of thin gruel, with twenty minims of laudanum, to be injected every six hours; and a table-spoonful of beef-tea or melted jelly to be given frequently.

5 p.m. The patient remains the same, with the exception that retching is less frequent, and the quantity returned less also. The same means ordered to be continued.

2nd. 9 a.m. Has had some sleep; the pulse is more distinct; vomiting less frequent, though of the same quality. The same means to be continued.

5 p.m. Slight improvement in all respects except as to the torpor of the bowels; the stomach less irritable retching taking place only when its contents amounted to about half a pint.

3rd. 9 a.m. My patient had more sleep, and there was further amendment, with the exception of the absence of all evacuation from the bowels, when it was suggested by a friend of the family that air should be injected to an extent such as the patient could bear, and this was done accordingly.

5 p.m. No benefit was derived from the above-named operation, yet the patient had not lost ground since the morning.

4th. 9 a.m. The patient remained the same in all respects, except that the mouth became tender from the use of the mercury, and the fluid rejected by the stomach consisted of that which was taken, unchanged, but despondency had taken possession of the patient, who turned a deaf ear to all the encouragement offered to her. The plan of treatment to be persevered in, the calomel in the pills being reduced to one grain each.

5th. 9 a.m. No further improvement having taken place, it was agreed upon by the family and myself that I should go to London and have a consultation with Mr. Bacot, the result of which was, that a quarter of a drop of croton oil should be given every two hours until it provoked the bowels to act, which was not adopted, for at 5, p.m., I found since the morning, that my patient had gone through the day as usual, except that within the last hour she had passed a small motion with considerable flatus; this evacuation was in all respects of a healthy character. She was ordered to limit the use of the pill to night and morning, and to continue the injection of gruel and laudanum as heretofore.

6th. 9 a.m. Has had in the course of the night and morning two small motions of the same healthy character; has taken nourishment in a larger quantity; no retching, and has felt better in every respect.

5 p.m. All went on well. The pill was discontinued, and if twelve hours passed without an evacuation, the injection was ordered to be used.

7th, 8th and 9th. The patient improving daily. The stomach and bowels regained their healthy function, and by the latter end of the month she found herself able to attend to her domestic duties as before.

CASES FROM PRIVATE PRACTICE.*

By John Richard Wardell, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

Infanticide.

The condition of the lungs as discoverable on dissection has been long and deservedly considered one of the chief considerations in the medico-legal enquiries on infanticide. Harvey had certain notions concerning the conclusions to be arrived at from these organs, but afterwards Rayger and Schreyer confirmed the hydrostatic test, and to them is undoubtedly due the merit of its first establishment. In a court of justice the medical evidence would most assuredly be asked many questions relative to these organs, hence in the autopsies we can never be too precise and careful in our particulars.

On exposing the thoracic viscera, in both cases it is seen that the anterior margins of the lungs were found to overlap the pericardium almost to its

* Continued from page 67.

entire concealment, and in the female the diaphragm was less convex than it is when the lungs are in the fœtal state. When the child has been avowedly still-born, a very different state of things obtains; the thymus gland and pericardium are prominently in view; the lungs are quite back in the chest, almost at first giving the impression of their being absent; instead of being of a pinkish red, they are of a liver colour, feel dense to the touch, their edges sharp, and the sign termed crepitation is not present; the thorax is not so ample, and it gives the appearance of being sunken and contracted. "The chest of a full-grown child," says Dr. Traill, "which has not breathed, measures from two to three inches transversely, and from about two to two and a half inches from the sternum to the spine. When the same child has breathed, its chest will be from three to four and a half inches wide, and about three in depth."* In the first of the subjects calling forth these remarks, the colour was exactly similar to that noticed when respiration has been normally performed, except on the posterior inferior parts where there was distinct engorgement; the lungs filled the chest completely, nor was there any of that mottled appearance which is presented when the respiratory process has been but imperfectly carried on. On referring to Case No. VI., it is said "They were of a deep pink colour posteriorly, their anterior margins being of a much lighter hue." From these particulars above, it is extremely probable, if it be not affirmed indubitable, that in each natural breathing had been performed.

Dr. Traill gives the average weight of uninspired lungs at from 430 to 600 grains, and after breathing at 1000 grains; and touching the same question, Mr. Taylor thus states:—"The average weight of the lungs, *after respiration*, derived from three cases, was 927 grains, but in making an estimate of this kind much will depend upon the degree to which respiration has been carried." These remarks are very correct, because a child will maintain a kind of tardigrade existence, and thus live even days, when but a very small portion of the organs are distended, and if subjected to the hydrostatic test, they might in a great measure, and it has even been affirmed entirely, sink, where the child had lived. Mr. Taylor objects, and very reasonably, to the statistical tables of Lecieux, who, in his deductions has not made the requisite allowances for partial and imperfect respiration. It would have been decidedly more satisfactory if Lecieux had based his conclusions from the weights of children as much as possible the same, and where the lungs were in each thoroughly distended, but without these precautions his statistics are not nearly so valuable. The lungs of the female child weighed 813 grains, which is less than the averages of Traill and Taylor. Most of the authorities on the subject, it will be found on reference, weighed the bronchi and trachea as well, which was not done in this case, as I merely weighed the lungs themselves; nor was any ligature placed around the pulmonary vessels, some blood, therefore, would escape which ought to have been reckoned. Hence, if this escaped blood, the bronchi, and trachea, had also been added, certainly not less than other sixty grains would thus have been obtained, and the weight therefore might with confidence be stated at 873 grains. The weight of the lungs in the male was 812 grains, and thus remarkable to say, being but one grain difference in their weight. Surmising that the operator in this instance had weighed merely the lungs, as I had done myself, I wrote to Dr. Wright making the inquiry, and the following is a quotation from that gentleman's note:—"I have a distinct recollection," says he, "that the lungs were weighed with the bronchi, and the lower half of the trachea attached; and that a ligature was thrown around the root of each lung previously to its removal." The mean weight of these two cases is 842 grains. Taking the detailed circumstances into consideration, and recollecting that neither of the children were large infants, it must be inferred that this test was confirmative of the opinion of live birth.

The lungs may swim when respiration has never in the least degree been performed,—when putrefaction has taken place,—and when they have been artificially insufflated. In both these examples, the most cursory observation denoted that not the least decomposition had taken place, not only in the lungs, but in any part of the bodies; besides, it is well known to pathologists, that all the other viscera have a greater tendency to decompose than these organs. Within the last few weeks I was summoned by the coroner of the district to make an examination on a body then exhumed; and although some parts were passing speedily to decay, the lungs were as little altered in colour, consistence, and other characteristics, as I had ever known them where death had only preceded two or three days. If this had been the cause of their buoyancy, there would have been fœtor, discolouration, the absence of crepitation, and other manifest indications of the putrescent state, with unequivocal decay of the other viscera. When the lungs float from the gases generated in decomposition, they do not so lightly swim upon the surface, and the pleural covering is raised with blister-like elevations, which, on being punctured, readily collapse. Any one but little conversant with morbid appearances might at once, in each of these examples, have seen that no putrescency existed.

With regard to artificial inflation, it would be impossible, with any show of reason, to maintain even the probability of such having been had recourse to, in either Dr. Wright's case, or my own. When thus distended, the inflation is irregular, the air insinuates itself into the interlobular cellular tissue, and

* Outlines of Medical Jurisprudence, p. 71.

Dr. Hunter says that bullæ are produced, which run in lines. It would have been utterly impossible to inflate them, *in situ*, so thoroughly as they were distended in these instances, for even under the hands of an adroit operator, it is difficult to entirely fill them, and far more so by unskilful persons. The air will pass down into the stomach and bowels, and these organs are then found filled with air. It has been proved by experiment, that however perfectly the organs are artificially distended, such distention does not in any appreciable degree add to their weight; whilst on the other hand, the process of breathing makes them almost as heavy again. The forcing in of air rather tends to make their weight less, because it forces out some quantity of watery fluid. Another great test is, that the air thus transmitted can by pressure be perfectly expressed, and the lungs be deprived of their buoyancy; but when respiration has been performed, no degree of pressure, however powerful, can expel the air, and thus make them sink,—facts which have been particularly insisted upon by Beclard, and indeed by all recent writers upon the subject. In both these cases, as mentioned in the reports, even small sections of the pulmonary tissue, however powerfully compressed, could not be entirely deprived of air, and made to sink. The increased weight depends thus, from what has been said above, not merely upon distention; it is owing to the change in the circulation,—to the cessation of fœtal, and the institution of separate, life,—to the influx of blood, by which the vascular tissue proper to these organs, becomes normally distended with the vital fluid. When artificial insufflation has been attempted, the lungs are almost invariably but in part distended, the lower portions retain their fœtal characters, and when placed in water the inferior parts fall towards the bottom.

Some rare examples have been recorded where children have breathed before delivery, when the mouth of the child was at the os uteri, which is termed vagitus uterinus; and where inspiration has been performed while the head remained in the vagina; such has been called vagitus vaginalis. These cases, however, are mere possibilities, and when they have taken place it has been in exceedingly difficult, or, perhaps, it might be said, always instrumental labours. From the thorough manner in which the lungs were filled with air, there could be no plausibility of reason in the supposition that they were distended by the kind of breathing described, either in Dr. Wright's case, or my own.

There are cases recorded in which the fœtal lungs acquired a very considerable size from disease; but enlargement from such cause can be readily detected, for they are, when diseased, indurated, and present the characteristics known by the term hepatization; and if from emphysema, that state is also distinguishable. The mean weight of the heart in these two cases was 346 grs.

It has been maintained by some, especially by Brent, of Vienna, that immediately after the change in the circulating apparatus has ensued, the ductus arteriosus becomes manifestly altered; hence this has been called the Vienna test. The professor has with more confidence set forth this opinion than facts substantiate, because it does not invariably present the appearances which he has imagined never fail to follow the establishment of breathing. If this had been an infallible proof of inspiration, it must needs have been of paramount importance, and well-nigh rendered all other investigations supererogatory. In the first case the duct certainly was contracted in its central portion; in the second there was narrowing at the aortal end. In the female the ductus venosus was empty, but did not show other indications of change. Dr. Wright makes no mention of this vessel in his report, which is of little consequence where the child has existed but a short time, because the duct does not become very different for some days after birth. In both, the foramen ovale was carefully examined, but in neither was the orifice closed; indeed it is generally some days before it is filled up, and I have seen it patulous in *post-mortem* examinations of the adult, its value therefore, in a medico-legal point of view, becomes very questionable.

In conclusion to these imperfect remarks, a few points may be briefly reiterated. In these cases the length, weight, perfectly-formed nails, abundance of hair, together with other appearances, left not a shadow of a doubt that the children were born at or near maturity; whilst the perfectly expanded lungs, the colour of these organs, their consistency, buoyancy, general crepitation, weight, etc., the contraction of the aortic duct, together with other signs, gave indubitable evidence that the respiratory function had been for a shorter or longer time carried on,—or in other words, that they had supported an independent existence. The mark upon the neck of Case No. V.,—the excoriation, subcutaneous effusions of blood, frothy mucus in the bronchi, congestion of the lungs, bloody coagula discovered in the deep-seated parts of the neck, the considerable encephalic turgesence, and the effusion of dark fluid blood that escaped on removal of the calvarium, rendered it abundantly conclusive that the infant had been strangled; and if the suspicious circumstances under which the child was found, together with the appearance of the funis, be also taken into account, there could be no moral doubt remaining that the child had been feloniously destroyed. Such opinion being deposed, the jury after a deliberate review of the facts returned a verdict of "wilful murder against some person or persons unknown." With regard to Dr. Wright's case, there being no marks of violence, and the manner in which the funis had been divided, that is, its division taking place so near its umbilical insertion, rendered it *possible* that the

child might, according to the woman's statement, have been suffocated in the discharges, and as there was no further evidence of the graver accusation, she received the benefit of that possibility, and was therefore merely punished for concealment.

Through the kindness of my friend Dr. Browning Smith, of Kensington, who procured for me the body of a still-born child, is briefly presented to the reader the appearances where breathing *had not* been performed, and in these the apposite conditions will at once be manifest.

Post-mortem examination on the body of a still-born female infant, February 15th, 1848. Is a small child, but from the quantity of dark hair, the well-developed nails, on both fingers and toes, as well as from its general appearance, there is no doubt of its having been born at or very near the full period of gestation. The mother stated that it was within a few days of the natural time, and was a *primparous* birth; chest looks small and contracted; intercostal spaces, especially at the inferior anterior parts of the thorax, very distinctly depressed. On opening the chest, the heart and thymus gland are prominently presented to view; lungs occupy the posterior part of the chest, and when brought forward are condensed liver-like substances; upon being squeezed between the fingers there is not the least crepitation at any part of the organ, and on being thrown into water readily sink to the bottom. The lungs weigh together 365 [?] grains—right 203 grains, and left 183 grains, (without the bronchi or any of the trachea.) Heart rather small, and after it has been washed weighs 150 grains; ductus arteriosus and ductus venous flabby and uncontracted. On reflecting back the scalp some bloody jelly-like matter, in the sub-scapular cellular tissue, similar to what is generally observed consequent upon pressure during parturition; on exposing the external surface of the brain, the convolutions are seen normally developed, and upon making sections of the organ no præternatural vascularity is apparent. The other organs manifest their wonted characteristics.

If the reader compare the appearances discovered in this case with those above, the very diverse conditions of the chest, the lungs, and the ductus arteriosus, cannot but be at once apparent. In this there was no lapping over of the anterior margins of the lungs on the pericardium, but the heart and thymus gland, as mentioned, were prominently presented to the view. Again, the organs were of a dark liver-coloured red, not the bright pink as witnessed in instances where the function of respiration has been carried on; and instead of being buoyant, they quickly sunk to the bottom. In this example the pulmonary organs did not fill the chest, but occupied a very inconsiderable space, and on first opening the thorax it almost seemed as if they were really wanting, whilst the absence of crepitation, and their weight, exemplified the broad and wide difference between the examples contrasted. Regarding this illustration, then, as a negative proof of the conclusions arrived at above, it tends to confirm the opinion that Cases V. and VI. had respired, and consequently been self-existent beings; and so far as the first example is concerned, and of which I can more positively speak, there can be no sort of moral doubt at its being destroyed, and especially when the line on the neck, the great vascularity of the brain, together with other conditions, are also taken into account. There are some other considerations, perhaps, which might have been briefly mentioned in these imperfect remarks, that have not been adverted to, but as it is my intention to institute a series of enquiries touching certain points in the pathology of infanticide, I hope that in a future communication these will be fully embraced.

(To be continued.)

Hospital Reports.

CUMBERLAND INFIRMARY, CARLISLE.

SURGICAL CASES UNDER THE CARE OF W. B. PAGE, ESQ.,

(Reported by EVAN THOMAS, Esq., House-Surgeon to the Infirmary.)

CASE I.

DISLOCATION OF THE RIGHT HIP ON THE DORSUM ILII: REDUCTION AT THE END OF MORE THAN SIX WEEKS.

Robert H., a robust railway labourer, aged 22, was admitted from Crawford Mair, in Scotland, October 19th, under the care of Mr. Page.

He stated that while working on the Caledonian railway on the 4th of September, he was violently knocked down by a slip of earth falling upon him, he being at the time in a stooping posture, and when taken up he found that he was unable to move his right thigh. A surgeon who saw him immediately afterwards, detected the dislocation, and aided by fourteen men, made strenuous efforts to reduce it, but to no purpose, and since that time several "bone-setters" had made similar attempts, but with no beneficial result. Nothing had been done for three weeks prior to his admission, he having been persuaded that the limb only wanted exercising to become useful. He had struggled hard to crawl about with the aid of crutches, and was daily gaining more power on the limb. On admission the right leg was more than three inches shorter than its fellow, inverted, and the great toe resting on the left metatarsus. On examining the gluteal region, the nature of the injury was at once apparent, as the head of the femur could plainly be seen, and felt rotating, when the limb was moved, high up on the dorsum of the ilium.

After having been in a warm bath for an hour, in which he fainted, he was laid on a mattress on the floor lying on his back, his pelvis being kept steady by a jack towel placed around the perineum, and fixed to a hook in the floor. A bandage was applied above the knee, and gradual extension made with the pulleys in a direction across the opposite thigh, just above the knee. He was kept in a depressed state by the administration of repeated doses of tartar-emetic, and after nearly an hour was bled to about forty ounces. The limb was occasionally rotated during the period

occupied in the extension, and at the end of an hour and a quarter, just as the attempt was about to be abandoned, the head of the bone slipped into the acetabulum during a forcible rotation outwards of the limb. The thighs and legs were firmly bound together, and he was carefully laid in bed, but passed a very restless night and made several attempts to rise in bed, which from the confinement of his legs was a work of some difficulty.

On the following day the leg was again found to be shorter than the other, to the extent of more than an inch, with all the symptoms of the previous day, but in a lesser degree, and on examination the head of the bone could be plainly felt resting on the ilium, close to the margin of the sciatic notch. The limb was again subjected to extension, he being now laid on the sound side, the right limb being drawn in a direction across the middle of its fellow, and a towel was placed round the upper part of the thigh and the neck of an assistant, with a view to raise the head of the bone over the margin of the acetabulum. At the end of half an hour the reduction was accomplished. A broad belt was placed around the pelvis, the knees and ankles were firmly bound together, and he was kept lying on a mattress for five weeks. At the end of six weeks he was allowed to get up, both limbs were found to be of equal length, and almost of equal strength.

December 4th. Can walk nearly as well as ever; scarcely a halt perceptible; every motion of the limb is perfect and free from pain.

9th. Discharged to go into Staffordshire; limped but very little, and this he says he has always done, owing to some injury to the ankle received many years since.

Case II.

DISLOCATION OF THE HUMERUS INTO THE AXILLA: READY REDUCTION AT THE END OF ELEVEN DAYS UNDER THE INFLUENCE OF CHLOROFORM.

James M——, an athletic railway labourer, 30 years of age, was admitted from the summit cutting on the Caledonian railway, January 8th, under the care of Mr. Page.

Eleven days before as he was walking upon a scaffold, carrying on his shoulder a load of bricks, his foot slipped, and he fell from a considerable height head foremost to the ground. His left shoulder was the part chiefly injured, but the surgeon to whom he applied believed it to be only severely contused. When he appeared at this hospital the special characteristics of dislocation into the axilla were sufficiently evident, and in addition, there was paralysis of the motor and sensitive nerves of the limb, from the long-continued pressure of the head of the humerus in the axilla.

An attempt was at once made at reduction by means of the heel in the axilla, but without any sensible effect being produced. Two hours after he was seen by Mr. Page, who directed that the same means should be again employed, the patient being placed under the influence of chloroform; accordingly, the man being placed on a couch, about a drachm sprinkled on a handkerchief was held before his face, which speedily induced a state of perfect unconsciousness. The heel was placed in the axilla, and extension made from the hand, the operator receiving no additional aid from pulleys, or any other person, and in two minutes the head of the bone resumed its lost seat on the glenoid cavity of the scapula. After the first few inhalations there was a great tendency to violence, which continued for some seconds, and during the whole time that extension was continued he talked incessantly, and most vociferously. He soon recovered his sensibility, and said that he had dreamt he was falling down a precipice, but had felt no pain.

This man complained of great pain in the head, and a sense of confusion, for two days after the inhalation, and altogether appeared to suffer more inconvenience from it afterwards, than any other of the large number of persons who have been subjected to its influence in this hospital, possibly from the circumstance of the chloroform having been administered while he was in a recumbent position, his head at the time not being at all raised.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, FEBRUARY 23, 1848.

We beg to direct the attention of our readers to the following important resolutions which Lord Ashley has announced his intention of shortly bringing before the House of Commons. They are founded on the evidence given before the select Committee on Poor-Law Medical Relief, in the year 1844, and seem well calculated to obviate several of the very serious evils by which the system now in operation is beset:—

"1. That it is the opinion of this House, that the Poor-Law Commissioners should cause a list to be made out, by the proper officer in each parish of a Union, of the poor who may be entitled to attendance from the medical officer of the Union; and that all such persons shall be at liberty to ask the assistance, without previously obtaining an order to that effect from the relieving officer, overseer, or other person, when so seriously ill as to be unable to leave their homes. That the poor thus applying shall not be entitled to such medical attendance beyond twenty-four hours, unless they obtain the signature of the relieving officer to the printed order usually issued by him to the surgeon; but which printed order shall in such case be given by the surgeon to the poor man in the first instance, to be carried by him or his friends to the relieving officer for his information and counter-signature, as an acknowledgment of the fact of such medical relief having been asked for and obtained.

"2. That all casual poor requiring medical attendance be treated in a similar manner, the surgeon being at liberty to refuse further attendance, if the counter-signature of the relieving officer be not obtained.

"3. Every woman claiming medical assistance from the parish in consequence of being pregnant, shall be entitled, in all cases, to the aid of the medical officer

with her first child, and also with the second or others which may follow, provided she present a certificate from the medical officer who attended in her previous confinement, stating that circumstances had occurred in it out of the ordinary and natural course of events, which render it desirable that she should have medical attendance on the next occasion of delivery.

"4. That, in the event of its being necessary to destroy the child in order to save the life of the mother, the Union surgeon shall be at liberty to seek the assistance of another competent practitioner, if he see fit, before the necessary operations are performed, and who shall be paid for the assistance rendered, on producing to the Union or proper officer the joint certificate of the Union surgeon and himself that such consultation and aid were essential, previously to the expected, legal, and necessary deprivation of life.

"5. That no medical person be appointed surgeon or medical officer to a Union unless he possesses a diploma in surgery, and a degree, diploma, or licence in physic, from one or other of the Universities or Colleges of Physicians or Surgeons, or Societies of Apothecaries of the United Empire, legally entitled to grant respectively such licences, diplomas, or degrees; and that if, under any circumstances, it should be found necessary to employ unqualified persons, such unqualified persons must have a special permission granted by the Poor-law Commissioners, under their handwriting, with the reasons for such permission annexed; all such permissions to be annually laid before Parliament at the commencement of the session.

"6. That from and after the month of March next, the appointment of medical officers of Unions shall be permanent during good behaviour, they being removable only by the Poor-law Commissioners, whose decisions shall be final.

"7. That it is expedient that medical inspectors be appointed by the Poor-law Commissioners, or by the Secretary of State, or with his sanction; one to each district to which an Assistant Poor-law Commissioner or Inspector is attached, at a salary not exceeding four hundred pounds a year, exclusive of travelling expenses, and exclusive of an allowance of a clerk, if the duties should require one.

"8. That the duty of the medical inspectors should be to inspect and report on the medical treatment of the poor of the different Unions, and on the fitness of the medical men appointed by the Unions; to inquire particularly into the treatment of the sick poor in the Union houses, and to regulate such treatment; to inquire into and report on the diets and healthful condition of the poor within them generally, together with such other sanitary duties of every kind as may be required of them by the Secretary of State, or by the Poor-law Commissioners; and particularly with respect to the number of medical officers who ought to be employed in each Union, and the salaries which ought to be awarded to them for their services in each particular Union, or part of a Union, in the district."

The first four of these resolutions are manifestly intended to mark out the objects for the receipt of medical assistance, and at the same time to place the initiatory step in the granting of this assistance in the hands of the proper officer,—the District Surgeon. Much valuable time will thus be saved, especially in cases of urgency; the medical officer will be spared the alternative of either refusing immediate assistance when such is required, or supplying it at his own proper cost, while the relieving officer will be accountable, as he ought to be, for the withdrawal of that assistance in all cases in which he may refuse to authorize its continuance.

The sixth resolution is absolutely necessary to place the medical officers in a position of independence, and to enable them to do their duty by the objects of their charge without fear or risk of ulterior consequences to themselves.

The seventh and eight resolutions provide at last a competent authority for the due regulation and efficient superintendence of all that belongs to this department.

These resolutions, if sanctioned by the legislature and duly carried out, cannot fail to place the entire system of medical relief to the sick poor on a greatly-improved footing. They appear sufficiently definite to meet the purposes required, and involve no complex machinery to impede the working of them. There is, however, an objection to the fifth resolution, to which we have not alluded, and which we shall be glad to see removed. This resolution is declaratory of the qualification of the medical officers, and very properly provides in the first instance, that such officers shall be duly qualified both in physic and surgery. There is, however, an exceptional provision introduced, of which we can neither see the necessity nor admit the propriety. We cannot conceive any circumstance, where, in this country at least, it would become necessary to employ unqualified persons, and still less in which it would be either expedient or consistent with the justice due to the public to in any way authorize or countenance the employment of such persons in the discharge of a public trust. We hope that the esteemed nobleman who proposes to introduce these resolutions into the House of Commons, will see fit to strike out the latter part of the fifth resolution before bringing them forward in the House, so that his measure, which will so justly entitle him to the gratitude of the poor, and the thanks of the medical profession, may be in all respects unexceptionable.

Review.

Du Muscle Rotateur Externe de la Jambe, et de la Luxation consecutive du Genou en dehors et en arrière. Nouvelle Methode de Traitement des Ankyloses Angulaires du Genou. Par le Docteur F. PALASCIANO, &c. &c. Lyon. 1847. pp 63.

On the External Rotator Muscle of the Leg, and on Consecutive Luxation of the Knee outwards and backwards, with a New Method of treating Angular Ankylosis of the Knee-joint. By Dr. F. PALASCIANO.

The memoir which has been recently presented to the Academy of Lyons under the above title, has for its object to point out an action of the tensor vaginæ femoris muscle, supposed by the author to have been hitherto overlooked, and to display its influence in the production of the consecutive dislocations of the knee-joint. It has also the further object of illustrating the success of a line of treatment based upon the physiological conditions of the above muscle.

It has generally been thought that the actions of the knee-joint are limited to those of simple flexion and extension, and that the leg is not endowed with the faculties of pronation and supination possessed by the forearm. This opinion, which has originated from observing the rotations of the leg when extended, is shewn by the author to be erroneous, and he determines, as any one may convince himself in his own person, that if the leg be flexed upon the thigh, rotation of the limb may be effected to a very considerable extent indeed.

The above power of rotation was, however, not unknown to the Webers, though they attributed it to the biceps femoris and popliteal muscles. The originality of M. Palasciano consists in his believing that the rotation outward is produced by the action of the muscle known to English anatomists as the *tensor vaginæ femoris*, but which he calls the "external rotator" of the leg.

The author's application of these anatomical views to the therapeutics of consecutive dislocation of the knee-joint, is both ingenious and important.

Although dislocation of the knee, as a sequence of scrofulous or other disease, may occur in various directions, it is well known that the most frequent form is that in which the head of the tibia is carried behind, and external to the condyles of the femur. In this apparently simple disposition of the parts, however, several adjuncts are to be observed. 1. The leg is more or less flexed upon the thigh. 2. It is abducted. 3. It is rotated outwards. 4. The patella is also dislocated outwards. The deformity therefore, in fact, consits of five parts, three of which,—namely, the flexion, rotation, and abduction, may be simulated in the healthy joint; the two others, the displacement of the tibia and patella, are necessarily morbid.

The great merit of Mr. Palasciano's memoir is the manner in which he makes his antomical knowledge subservient to the removal of these lesions. If we bear in mind the different elements of which the deformity in question is composed, it must appear plain, that to remedy this deformity effectually, two things must be accomplished; first we must remove the abnormal positions of the limb,—the flexion, the supination, and the abduction; and secondly, we must reduce the dislocation of the head of the tibia, and of the patella. On these points we give the remarks of M. Palasciano:—

1. To replace the morbid flexion of the limb by extension, we may have recourse to a simple manipulation, the use of apparatus, and if these fail, to section of the tendons of the ham.

2. To remedy the supination of the limb, it becomes necessary in most cases to divide the tendon of the "external rotator muscle." This operation is performed by the subcutaneous section, taking care at the same time to divide the tendon of the biceps.

3. Having thus proposed the remedy calculated to fulfil the two first indications, we have now to examine the questions relative to the third.

When the tibia is extended upon the thigh, it cannot be inclined to the right or left, but if it be flexed upon the femur, these lateral movements are made with facility. The movement, which is that of abduction, is encouraged by the state of supination, and acquires its greatest degree when the leg is at the same time flexed and turned outwards. This state cannot be remedied, unless the supination and flexion be previously rectified; pressure will then be effectual.

4. We come now to the most difficult part of the problem, the reduction of the displaced tibia and patella. The patella, when dislocated, is found in front of the outer condyle, to which it eventually becomes anchylosed, and some time before the same union takes place between the femur and tibia. The first thing, therefore, to be accomplished, is the disruption of this union. Until lately this would have appeared an impossibility, but M. Dieffenbach and our author have proved that it can be done with effect and safety.

Dieffenbach was in the habit of causing the rupture of the bony union by forcibly flexing the leg, and thus causing the ligamentum patellæ to act forcibly upon the bone. M. Palasciano modifies the operation by previously dividing the tendon of the rectus femoris. This is, doubtless, at first sight, a bold proceeding, but considering the circumstances attendant upon the deformity it is intended to remedy, is we conceive worthy of trial. It is to be remembered, however, that this section is not sufficient in itself, but must be associated with division of the biceps and external rotator muscles, as before mentioned. In this manner M. Bouchacourt has recently relieved a case of this spontaneous dislocation, the woman being previously rendered insensible by æther.

5. When the bony anchylosis has been disunited, the limb is to be maintained in a suitable position by mechanical contrivances.

So much for the ingenious operation devised by M. Palasciano. It remains to be enquired how far the patient is benefitted as regards locomotion; what are the accidents which such apparently rough treatment

may induce; and what are the contra-indications? Our space, however, will not allow of a very minute discussion of these questions, but if we are to believe the author, the inflammatory symptoms are slight, and the patient gains a very useful limb in favourable cases. Certain it is that the genius of Dieffenbach has caused us to look with complacency upon operations from which we should formerly have recoiled; and the advantages afforded by æther and chloroform, by enabling us to put physical pain,—the great contra-indication to so many operations,—entirely out of the question, bring within the domain of surgical interference numerous ailments, which, but for that invaluable discovery, must for ever have been considered unapproachable.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

COMMUNICATIONS.

[The following communications have been forwarded by Mr. Crompton.]

By A. Wood, Esq., F.R.C.S., Rochdale.

An experience of some thirty years, derived from a reasonably extensive practice, has convinced me that every case of burn, to be treated successfully, must be dealt with on its own merits, as regards *extent* and *degree*, not forgetting the age, habits, and constitution, of the patient.

I can explain my meaning better by supposing a few cases of different degrees of severity, than by answering your queries *seriatim*, and with your permission I will do so. To begin with the mildest case. A lady, sealing a *billet-doux*, scorches her finger with the taper; acting, as most ladies do, from impulse, she instantly plunges it into cold water, and in so doing I maintain that she does the very best thing possible. By alternately plunging it into cold water, and blowing upon it,—by applying cold, in short,—she puts a stop to the increased action of the vessels of the part, and consequently to the heat and pain. A surgeon does precisely the same thing by irrigating it with spirit-wash, by means of a little lint wrapped round the finger. In half an hour the case is cured. The cuticle may peel off in a day or two, but the patient suffers no further inconvenience.

My next case shall be one where a maid servant unwittingly plunges her hand and arm into a pail of boiling water, or a pan of boiling liquid falls off the fire upon a child on the hearth. Here is a very different case to the former one, and requiring very different treatment. In the child's case especially, the extent of injured surface renders the cold water both locally and constitutionally inadmissible. The patient is already in a state of rigor, and any extensive use of cold water would, in all probability, so depress the powers of life, as to risk the production of sloughing, where otherwise the result would have been merely destruction of the cuticle with inflammation, and possibly slight ulceration, of the cutis and cellular tissue. Many years ago, when flour and cotton first came into vogue, the following case occurred to me, and since then I have treated all similar cases in the same manner, and, making allowance for circumstances, with the same result. A maid servant, tired with her work, lay down on the hearth late at night, and a pan, containing about three gallons of boiling water, fell off the fire, covering her neck, bust, and arms. I saw her immediately; she was in extreme agony, and extensive patches of vesication had already formed. She was immediately dredged with flour, and folded up in *finely carded* cotton wool. She took two doses of calomel and opium, and as she was of a very inflammatory habit, sulphate of magnesia was given freely for two or three days. She suffered no pain after the night of the accident; there was considerable exudation from under the edges of the dressing, which was not removed for eight days, when it was carefully detached, having formed a complete mask. It brought with it the whole of the cuticle, but there was not the slightest abrasion or ulceration of the cutis. At my request she wore a white muslin neckerchief, but at the end of a week it had not a mark or stain from discharge upon it. She was in fact well, if we except a somewhat deep efflorescence co-extensive with the injury.

My third class of cases is, alas! too often illustrated by children's clothes taking fire. Here we have both deep and extensive destruction of the life of the injured parts, the dusky yellow colour and total insensibility of the skin shewing too plainly that sloughing is inevitable. Surely no one who reflects on the requirements of such a case would apply flour and cotton here, much less cold water. The patient is in a state of perfect collapse, and laudanum, ammonia, and brandy, will be imperatively demanded internally, while hot spirits of turpentine on flannel bandages, or poultices of spirits of turpentine and oatmeal, will form the best external application, removing the bandages as seldom as possible.* I have little faith, however, in particular external remedies in these extreme cases. The treatment must be constitutional, and directed entirely to the alleviation of pain and support of the patient's strength. It has often occurred to me in cases of this sort, at the end of five or six weeks, when the sloughing is over, the granulations healthy and abundant, cicatrization going on rapidly, and the patient's strength improving daily, to witness a sudden diarrhœa come on, which has destroyed the patient in a few hours. How this is to be explained except on the ancient doctrine of revulsion, I do not know. I think I have observed it most frequently when the abdomen has been the seat of the injury. Another circumstance has often struck me in these miserable cases. A child among the poorer classes, eight or ten years of age, has, up to the time of the accident, been heavy, dull, and stupid in character, to a degree almost denoting the absence of the intellectual faculties. Its countenance

* In a few days these may be changed for a mixture of equal parts of linseed oil, lime water, and spirits of turpentine, the quantity of the latter gradually decreasing; and at length ceratum resinæ, or calaminæ, and when practicable, bandaging.

has been a true index to the mind from its entire want of expression. In one month it is quite an altered being. The features become unnaturally old and sharp looking, while its perceptions and intelligence are quickened and developed in a remarkable degree. Probably the same amount of suffering from any other cause might have the same result, but it has not fallen to my lot to witness it.

I have seen many cases of burns from coal-pit explosions, but I do not know that they call for particular remark; they are generally very extensive but not deep. The constitutional symptoms are always severe, and in many instances the patients die comatose about the third day. Whether the *extent* of the injury,—often occupying the whole body,—by the shock it gives to the constitution, has any share in the fatal result, I will not say, but it seems probable. There is often also a great deal of bruising caused by the sudden expansion of the air driving the body of the sufferer against the roof and floor of the mine, and this may add to the danger. Generally speaking, they will fall into my third class of cases, and will require stimulants both externally and internally.

By T. M. GREENHOW, Esq., F.R.C.S., Senior Surgeon to the Newcastle Infirmary.

It is a somewhat extraordinary truth that, though no class of accidents is more frequent than burns and scalds, the principles on which their treatment ought to be conducted is still so unsettled, and that your inquiries amongst the members of the profession have already brought out the advocacy of the most opposite plans. Without believing that I can add much to the settlement of such discrepant opinions, I cannot help offering you a remark or two on the results of my experience in such accidents, of which, I regret to say, it has been my fortune to see many severe and fatal cases; and, as I have either myself tried or witnessed the effects under the management of other surgeons, of every plan of treatment hitherto proposed, you will perhaps think my experience and observations on this important and interesting subject not improperly brought before your notice.

I may premise a word or two on the necessity of distinguishing, with some degree of accuracy, in entertaining the value of any plan of treatment, the extent and intensity of the injury sustained. When slight and superficial, any plan will prove successful. When very extensive and deep, none will succeed in saving life, though suffering may be alleviated; and it is in intermediate cases chiefly that discrimination is required in the choice of remedies.

1. The application of oil of turpentine has, according to my experience and observation, afforded the greatest relief from suffering, and been most successful in establishing a new and healthy action in parts extensively and deeply injured, by the application of excessive heat. The best form of application is [turpentine] thickened with Ung. Resinæ; and I have found in extensive burns, that lawn or silver paper, dipped in this when warm, has been a very convenient and successful preparation method of employing it. The paper adapts itself well to the injured parts, and may be replaced, or deficiencies repaired, as often as may be required. When suppuration has been established, an ointment with Creta has been found by myself the most soothing and successful successor to the turpentine dressing; and, at a more advanced stage, when the healing process is apt to become nearly stationary, it often receives a useful stimulus from a lotion of camphor mixture, one pound, tincture of opium and solution of lead, each, one drachm. The part must be covered with lint dipped in the lotion, and protected with oil silk and a bandage.

2. Cold applications do well in slight burns, and I have found them especially useful in burns of the face, accompanied with extensive injuries of other parts. In some cases of this sort from the explosion of gunpowder, I have employed lint dipped in cold water successfully, the other injured parts being dressed with turpentine, as before described. A severe example of this kind is at present convalescent in the infirmary of this place. The nature of the part, and necessarily exposed condition of the face, render the cold water dressing extremely convenient, and of easy application.

3. In slight burns without vesication, cotton or flour answers well. I may add that, when the injury is so general and severe as to forbid all hope of recovery, to envelope the entire person in cotton is perhaps the most comfortable plan that can be pursued.

4. When the nervous system has received a great shock, internal stimulants are necessary, and opiates are often of great service. Subsequently the diet ought to be liberal, and quinine is useful as a tonic.

5. On the chest and abdomen burns of equal extent are attended with more hazard than on the extremities.

6. Contracted cicatrices are best prevented by the *non-application* of escharotics. The exuberant granulations attendant on burns are the process employed by nature to ensure an adequate extension of new skin. If this process is uninterrupted, the cicatrix becomes smooth and even, and the subsequent contraction is always increased in proportion to the destruction by caustics, of the healthy, though at first sight, perhaps, apparently too bountiful, granulations.

7. Of *post-mortem* appearances in cases of burns I have no adequate experience.

8. When the injury is extensive and deep, especially when occupying a large portion of the trunk, and in very young subjects, the prognosis is always unfavourable, though the issue is not necessarily fatal. Extensive burns of this description are not unfrequently succeeded by phthisis, even when the patient appears convalescent, as regards the immediate effects of the injury.

9. Cicatrices are best treated by separation from the subjacent textures by a broad incision and subsequent careful dressing, with the use of mechanical means for preserving or restoring the natural relation of parts which have been præternaturally approximated.

10. The best preliminary treatment of burns is to bathe assiduously the injured parts with oil of turpentine.

By Daniel Dorning, Esq., Surgeon, Swinton.

In advocating the use of flour in burns, my testimony will not be duly estimated, except I state that before I entered upon practice on my own account, I had been accustomed to see burns and scalds treated by another method. I was an apprentice to Mr. Robert Thorpe, one of the surgeons of the Manchester Royal Infirmary, in which institution burns were formerly treated as follows:—The Linimentum Terebinthinæ of the London Pharmacopœia, was kept in readiness spread upon tow, and when a burn was admitted, the tow (thus armed) was applied, and the dressing repeated daily until a cure was effected, or as was frequently the case, death terminated the patient's sufferings.* Just before settling at Swinton, I had read a pamphlet on the efficacy of flour in burns and scalds, and was very much struck with the facts contained in it, and shortly afterwards having been called to some colliers who were severely burnt by an explosion in a mine, I determined at once to make a trial of it. Accordingly, I applied it to the patients very freely, and was so much surprised at and so well satisfied with its effects, that I have continued to use it ever since. It is now upwards of twelve years since I commenced practice, and during that period I have again and again been called upon to attend colliers burnt by explosions in the coal mines, which in this neighbourhood are of very frequent occurrence, and during the whole of this time I have employed flour as a dressing, except in one case, when it occurred to me that I would apply flour to one arm, and cotton to the other, (both equally severely burnt,) in order that I might judge which was the best. The arm to which the flour was applied healed somewhat more rapidly than the other, and with less pain to the patient, thus confirming my impression of the great value of flour as a dressing in burns. I now use it in *all* cases be they extensive or the contrary. In the slighter cases, I think its effects are more satisfactory even than in the severe. When the burn is upon the back I keep the flour in apposition by means of cotton, which I procure in long flakes, "carded," and apply from the shoulders to the waist, and then crossways round the waist, so as to effectually retain the flour upon the burnt surface. The flour must be of the *best quality* and applied freely. In December, 1843, I attended two of the Earl of Ellesmere's colliers, at Worsley, which were dressed with an inferior kind of flour furnished by the patients; they were proceeding less satisfactorily than I could have wished, I therefore procured some *fine flour* in my own neighbourhood, and was surprised at the improvement the change had effected in a few days. I apply the flour with a "dredger," and allow it to "cake," simply directing the attendant to remove any discharge with a piece of soft old linen, or cotton wool, and not to disturb the "cake," but allow it to become detached of itself, when it must be removed, and the raw surface again covered with flour; and this process must be repeated until the "cake," on detachment, leaves a healthy surface, which it generally effects in fourteen or sixteen days. The pain produced by flour is, in my opinion, considerably less than is produced by any other mode of dressing, and most certainly not a *tenth* part so severe as the dressing with Linimentum Terebinthinæ, above alluded to, occasions. There is also considerably less risk of contractions following the cicatrization of burns cured by flour, than those cured by other means. I may state that next to flour, I consider cottou the best application in burns.

The ulceration remaining after severe burns I heal with Ceratum Calaminæ, unless it is in the vicinity of the hands or face, when I continue the use of flour; and in a case, (Samuel Harmer, of Pendlebury,) which fell under my care in March, 1844, in which the backs of both hands were ulcerated, I am convinced that subsequent contraction was prevented by steadily persevering in its use for nine weeks. In this case I was induced to persevere in the use of flour, from its similarity to one I had been called upon to attend in August, 1840, (that of Margaret Lloyd, of Pendlebury,) which had been six weeks under the care of another medical gentleman, and during that time dressed with Ceratum Calaminæ. I continued the same treatment until an attack of illness, which confined me to the house five or six days, occasioned her removal to the Manchester Royal Infirmary, where the cure was completed; but subsequent irremediable contraction of the fingers took place, and I have little hesitation in recording my opinion, that the result would have been the same in Harmer's case, if I had pursued a similar plan of treatment.

In the internal treatment of burns, I administer opium freely;—to an adult, three grains, as soon as called in, and repeat it in one grain doses, night and morning, and more frequently in very severe cases, at the same time exhibiting the Liq. Ammon. Acet., with Spt. Æth. Nitr., and sulphate of magnesia, every four hours, until the bowels are acted upon, after which I continue the mixture, without the salt. Opium I find necessary through the whole of the treatment, and when the fever has subsided, I prescribe it in combination with tonics.

By John Higginbottom, Esq., Surgeon, Nottingham.

In conjunction with my professional brethren I send you the result of my practice in burns and scalds.

1. In the early part of my practice I used Kentish's plan for burns and scalds, considering it at that time the best method of treatment. For the last twenty years I have preferred the application of the nitrate of silver, particularly in the first and second class of burns and scalds, for the following reasons:—

1st. The nitrate of silver in its application does not appear to increase the pain of *recent* burns or scalds, but soon after the suffering is much diminished by its subduing the heat and burning pain.

"Fire cools fire, in the scorched veins of one new burnt."

2nd. It most effectually excludes the air from the injured parts, and there is at once a covering superior to any other, formed and composed partly of the very surface itself.

* This was not Dr. Kentish's method of treatment.—S. C.

3rd. The nitrate of silver has the peculiar property of preventing subsequent inflammation, vesication, ulceration, and sloughing, therefore the burn or scald is limited in its extent, diminished in severity, and consequently less dangerous, for the danger is generally in proportion to the extent of surface destroyed.

4th. After the application of the nitrate of silver, the parts should be exposed to the air if practicable, to form an adherent eschar; this will be found invaluable in burns and scalds of the face, neck, breast, and abdomen, the latter being protected by a fracture-cradle when in bed, which will defend the parts and facilitate the formation of an adherent eschar. If, from accident or any other cause, the eschar should be removed, a repeated application of the nitrate of silver will be necessary.

5th. Where the parts cannot be exposed to the air to form an adherent eschar, as on the back, &c., the nitrate of silver must be applied, and afterwards covered with plasters of the neutral ointment,—the Unguentum Plumbi Compositum, (London Pharmacopœia,) spread on linen, and then secured tightly by a linen bandage. The dressing must not be removed before the fourth day, at the same time allowing any adherent dressing or eschars to remain until they separate; after the separation, should there be any sore or inflammation, a slight application of the nitrate of silver, or black lint,* may be applied, with or without the neutral ointment. The dressing may be repeated every third or fourth day, as required.

6th. I prefer the application of the *concentrated* solution of the nitrate of silver in burns and scalds, applied in the same way as I have recommended in the cure of erysipelas. [See *Provincial Journal*, 1847, pp. 458, 532.] The surface should be made as clean and as *dry* as possible; any vesications or loose cuticle must be removed. A convenient instrument for the application of the solution is a small piece of sponge, secured on the eye of a common silver probe.

2. ———

3. ———

4. Opiates. Would not the inhalation of chloroform be worthy of trial, particularly during the first dressing of the patient?

5. Burns on the chest and abdomen in children. I have seen a small burn on the scrobiculus cordis of several days' standing, occasion convulsions and death, which I think would have been prevented by an eschar being formed upon the part to defend the nervous papillæ.

6. Cicatrices are always prevented when an adherent eschar can be formed with the nitrate of silver on the scalded or burnt surfaces from the commencement.

7. ———

8. Favourable or unfavourable generally according to the greater or less extent of the skin destroyed. Unfavourable in children when the chest or abdomen is scalded or burnt.

9. I have had no cicatrices of consequence, since I adopted the treatment in the first question.

10. To clothe with woollen garments;—even aprons and pinafores for children of the same material. To envelope the patient in a soft linen sheet, to defend the body from the air, and if cold to cover over with a blanket; this will allow the surgeon to have a clear surface, that he may use his own method of treatment.

11. In the third class of burns I use the sulphate of copper for the suppression of granulations, but I have had less occasion for after-management since the use of the nitrate of silver. If debility,—particular attention to the digestive organs, change of air, nutritious food, quinine, compound infusion of orange peel, &c.

12. ———

By Samuel G. Sloman, Esq., Surgeon, Farnham.

In all cases of burns or scalds, I consider the most important point is to protect them from the influence of the external air. In slight cases I generally use the liniment—Oleum Lini cum Liquore Calcis, particularly when there is any inflammatory action, which it has always appeared to me to relieve. In more severe cases, when the destruction of the tissues is greater, I use the Unguentum Zinci or Resinæ: the former I have found very useful. When there is sloughing or gangrene I use a dressing containing turpentine. I always vary the treatment according to the extent and situation of the injury, and the constitution of the patient. In young and healthy subjects I have always found simple dressings answer best. In old subjects of feeble habits, I prefer a more stimulating plan. I have always considered the *internal* treatment the most important part. In all the fatal cases of burns that I recollect having seen, the patients have died very soon after the accident, and evidently from the effect produced upon the nervous system, and not from the exhaustion produced by the excessive discharge after suppuration has commenced. I prefer extract of henbane in a full dose, with camphor, in ordinary cases, which appears to allay the irritability of the nervous system without deranging the secretions; in more severe cases I give Dover's powder, or morphia, with ammonia, and where the destruction of parts is extensive, I always support the system well with beef tea, &c. I have found bandaging accelerate the healing process very much, and at the same time keep down the granulations, it being only necessary to use escharotics for the edges of the wound. I always use the Cupri Sulphas. I do not like the use of cotton, and have seen much mischief arise from it, and much unnecessary pain caused by it; neither do I like flour, as it is so apt to cake, and thus cause heat and irritation to the part. Inasmuch as it is very important to preserve the cuticle as far as possible, I think some liquid application is the best. When there is any probability of contraction taking place from cicatrization, I apply splints, or such other apparatus as may be suitable, to the part affected, as soon as the healing process commences. I should think the best application to recommend to the public for immediate use in all cases of burns and scalds would be oil, linseed oil if possible.

---

* *Linteum Nigrum.*—R. Argenti Nitratis, dr. ij.; Aquæ Destillatæ, oz. iv. Misce. Fiat Solutio. Saturate an ounce of fine lint in the above solution; then let the lint be exposed in an open shallow vessel, to allow it to dry by evaporation.

By G. F. Wills, Esq., Surgeon, Crewkerne, Somersetshire.

Mr. Wills states that "in the few cases where he has seen stimulants used he has not approved of them, except in deep burns, and there they were not very efficacious." He considers cotton wool an excellent application, the chief objection being the feeling of drynesss which the patient complains of in the parts to which it is applied.

"The most pleasant application to the patient is," he observes, "in my opinion, warm water dressing and oiled silk. It is easily changed, is not heavy, keeps the parts moist, encourages *even* and *level* granulations, and the formation of cuticle. Poultices are too weighty, and very troublesome to be removed; barm or beer-ground poultices are beneficial in deep burns, but either may be applied, on rags, and covered with oiled silk. Flour is a good remedy, but as is also the case with wool, it sticks to the sore, and causes a very unpleasant, and often a very painful, sensation of dryness and roughness, and I have been obliged to remove the flour, and apply the warm water and oiled silk. Oil is very inferior to flour or wool. When the granulations are too exuberant, a lotion of nitrate of silver, or sulphate of copper, (*one grain* to *one ounce* of rose-water,) may be applied with a brush once a day, or the lint may be dipped in it instead of warm water, and applied under the oiled silk. When burns occur in the inguinal or femoral region, care must be taken lest the scrotum become united to the part.

"I should be glad to have your opinion, or that of any member, on the following case:—

"About five years ago, a child, (female,) aged nine years, had a severe burn of the right thigh. It healed very well for some time, but when there was a sore left, about four inches broad, and six long, it became stationary, and has remained so more or less ever since, notwithstanding all the many applications which have been made. Sometimes it is rather larger, sometimes less. It always looks well, and if a stranger saw it he would say it was healing very well. Sometimes it bleeds, but the granulations always seem perfectly healthy. The girl is in good health, and stout, but latterly there has been something approaching vicarious menstruation, (the catamenia never having appeared,) for about every month there is rather an increase in the size of the sore, and bleeding occurs.

"What can I do to cure this patient?"

[Further communications can be forwarded to Mr. Crompton, Surgeon, Manchester, or to the Editor of the *Provincial Journal*.]

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY,

Januuary 6th, 1843,

James Russell, Esq., in the Chair.

Mr. Russell presented two cases of perforation of the stomach, in women; and a case of rupture of the left Fallopian tube, during the passage of an ovum, which occurred in a young newly-married woman, who died after a few hours' illness, a fortnight after having menstruated. He detailed the cases as follows:—

ULCER OF THE STOMACH: PERFORATION.

October 10th, 1847. Mr. Russell was called to see, with Dr. Melson, a servant, middle aged, mother of two children, to whom Dr. Melson had been called early in the day; she had often been a free patient of Dr. Melson's, suffering from dyspepsia and gastrodynia. In the morning Dr. Melson had found her with great pain in the belly, and vomiting; abdomen much swollen and extremely tender; she had not been able to micturate. He ordered two grains of opium, four grains of calomel, and a prussic acid mixture. In the evening Dr. Melson and Mr. Russell found her in bed on her back; the vomiting had ceased, but she was in great pain; her pulse quick, but not feeble; tongue dry; abdomen very tympanitic, and extremely tender; bladder empty. At 10 p.m. she was much the same, the abdominal tenderness had increased, but the pulse was firm. She died between one and two in the night.

Sectio Cadaveris, forty hours after death.—The body was well nourished, and had a healthy aspect; the abdomen greatly distended; a large chamber-pot was quite filled with yellowish fluid, contained in the abdomen, in which were floating globules of castor oil, which she had taken of her own accord immediately before her death; the surface of the bowels was vascular, and thinly coated with recent lymph; the intestines perfectly healthy throughout, and without a trace of ulceration; stomach appeared healthy externally, but on being opened, a round ulcer, large enough to allow a lead pencil to pass, was found in the upper part of the anterior wall, to the left of the middle line; it was clean cut, and a few fine shreds of cellular tissue still stretched across it. The mucous membrane of the organ I thought rather soft, as it did not tear off in strips, and the muscular coat was hypertrophied; the stomach offered unusual resistance to the scissors, and the middle coat was seen whiter and thicker than usual. There was a fibrous tumour, about the size of a large walnut, in the wall of the uterus.

The subject of the second case was a servant girl; she was only ill for a few hours. She had been subject to femoral hernia of the right side, but it was reducible at the time of her decease. An inquest was held on the body on account of the suddenness of the death.

The abdomen was distended with about three quarts of yellowish fluid; the surface of the intestine covered with recent lymph. The stomach was perforated by a round ulcer, about the size, internally, of the end of the little finger, externally, somewhat smaller, in the upper and left part of the anterior wall; the perforation was situated in a very thickened portion of the coats of the organ, and was about the size of a crown-piece. The stomach afforded unusual resistance to the scissors when cut; intestines healthy; hernia reduced; the liver presented a peculiar sodden appearance.

This specimen was sent to Mr. Russell by Mr. Percival, who opened the body, but could not learn more of the history of the case.

RUPTURE OF THE FALLOPIAN TUBE.

The following was the history of the ruptured Fallopian tube:—

Mr. Russell was sent for hastily at half-past two, p.m., to a young lady, about twenty-five, married four months. He found her in bed, in a state of great collapse; skin

cold, pale, and bloodless, and she complained of intense pain in her bowels. She had been sick, and had had three purging stools; abdomen very tympanitic and tender. She had been in this state for two hours, without having been able to procure advice. He could obtain but little information from herself as to her previous state, and could not trace her having ever suffered any local pain. She did not think herself in the family-way, as she had menstruated a fortnight previously, and had not experienced any symptom which would lead her to suppose herself pregnant. Mr. Russell had little doubt that some perforation existed, and would have supposed it seated in the bowels, but that her bowels had been moved, which he never knew to occur in such cases. She referred her pain chiefly to the præcordia. Her pulse was scarcely perceptible. Fomentations, opium, and ammonia, as she objected to brandy, were ordered. She somewhat recovered, but soon sank again, and died in great pain early on the following morning.

Sectio Cadaveris.—On opening the abdomen, a quantity of thin fluid, tinged with blood, flowed out. At the lower part of the abdomen was a large clot, the size of a saucer, and on removing this the left Fallopian tube was found ruptured. The rupture was situated near the junction of the middle and inner third of the tube; the ruptured portion was distended by a mass of fibrin, about the size of a large hazel nut, in which, however, no ovum was discoverable; the wall of the distended portion was very thin. The uterus was enlarged, and contained a deposit of decidua.

SINGULAR CASE OF TWINS.

Mr. Hill presented a blighted fœtus, apparently about the fifth month, which was born thirty-six hours before a fully-developed healthy fœtus. He gave the following report of the case:—

I was requested to see Mrs. J., a middle-aged woman, the mother of several children, the gentleman in attendance thinking it was the shoulder that presented; but upon a more careful examination, (the labour having proceeded somewhat,) we discovered that it was the head of a child, apparently about four months. The membranes were ruptured, and the child expelled. The labour pains then subsided, and it was about thirty-six hours after that a second child of the ordinary size, and alive, was born. The placenta was double, and did not differ from that of an ordinary twin case.

Mr. Heeley exhibited some serum taken from a hydrocele.

THE BENEVOLENT FUND.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Six months having elapsed since our last Anniversary at Derby, and during this period a considerable effort having been made to revive and extend the resources of our Benevolent Fund, and to urge its claims more especially and individually upon every member of our Association, it becomes desirable to pass in brief review the results of this experiment,—its measure of success,—the objections which have been urged,—the reasons for not subscribing,—and the suggestions which have been made for the future government and more extended efficiency of the Fund.

I. Let me record my deepest thankfulness and most heartfelt gratitude, for the many, very many, instances of unlooked for kindness and encouragement which I have received; and for the many exhortations which have been given me to proceed in the most strenuous efforts to extend the resources of the Fund. Let me also record my warmest thanks to the very numerous donors and subscribers, who have most cheerfully given their cash in favour of this object;—to those who have cheered me with the hope of future support, when brighter days dawned upon their own path;—to those who, feeling themselves unable to *give*, have still afforded the moral strength of their support and approbation;—to those who have given me the aid of their thanks, and the benefit of their influence, and the strength of their sympathy, and the stimulus of their cheering "forward," and the advantage of their experience and suggestions.

There is another class to whom my cordial thanks are due,—to *those*, and especially to *those ladies*, who have aided the Fund by their disinterested exertions on its behalf. Enough has been done in this way to show how much more might be done, if individuals could be persuaded to make this an object of attention among their non-professional friends, and patients, and acquaintance. The experiment has succeeded in every instance in which it has been *fairly* tried; the instances of polite refusal have been rare; the case of a brusque denial has not existed; and experience has clearly shewn, that if this plan were carried out with zeal, and energy, and discretion, an abundant fund would be at once created. There are those who are very sensitive upon the point of asking a favour of their friends, and I quite admit the validity of the objection where the favour is asked for oneself: but this is entirely obviated, when the favour asked is not for ourselves, but for others;—for others in distress, penury, sickness, and infirmity, or destitution;—when, in fact, the favour asked is wholly unselfish, perfectly disinterested, and clothed in the consecrated garb of heaven-born charity. To feel for others' woe, and to endeavour to relieve it, can only evolve the best and highest sensibilities of our nature, and return in blessings, and increased estimation, upon the head of the applicant.

II. But there has been a class, though a very small one, of objectors against the principle of the Benevolent Fund, and their objections resolve themselves into two distinct propositions:—It is degrading to a society created for literary and scientific purposes, to have attached to it a fund for the relief of the unfortunate; and there ought to be no such persons, since every man should have been provident enough to secure himself from the hour of misfortune, by prudence, economy, and foresight.

First, it is degrading to the Association! Degrading indeed, to place before it as one of its important objects, *the good of others!* the very highest purpose for which man was born into the world, and that which assimilates him most closely to the Divine author, and most perfect pattern of benevolence! The *first*, the only object of the Association is, to do good to others upon the most extended scale. The only objection which is

ever urged against it is, that it has not done all the good which it might have done; and its highest aspiration is to do more good. In what way, then, can it be degrading, to look around among the unfortunate members of the profession, and to endeavour to relieve their sorrows and their miseries, as well as the sickness of the public? Degrading, indeed, is it to the profession, that such sorrows should exist unrelieved! Degrading is it, that in a profession where charity is said to abound, there should flow so little of its kindliness towards the channel of fraternal love; and that, while other and more prominent charitable institutions are supported, family trials and destitution should be superciliously overlooked. If there be degradation in this pursuit, we cannot have too much of it; and if this object be counted unworthy, then indeed may we say, "Evil, be thou my good!"

But secondly, the *necessity* for such charity and benevolence *ought not to exist.* But it does exist: facts shew it. Every days's experience reveals the depths of hidden misery; and it would perhaps be sufficient to reply, that it does exist, and therefore, that an institution for its relief is absolutely required. But I would not rest in this simple answer, because I would show that in the present state of our profession it must necessarily exist, and that no prudence nor foresight can avert it. It is not for those on whom the sun of prosperity has shed its cheering rays all the way through life, to infer that others have been, or could have been, equally prosperous and successful. It is a well-known fact, that taking the entire number of medical persons in this kingdom, there are comparatively *few* who can live, and maintain, and educate their families on their *professional* income. If so, there must be a large number of men, who have spent their little all before they have obtained an adequate income from their practice, and consequently, who have no private income:—there must be many to whom nature has not been bountiful in point of talent;—there must be also some, who, possessing talents and information, are yet wanting in the manner which is necessary to make their acquisitions available for their support;—there must be others who have commenced life with cheering prospects, but in whom ill-health, or accident, or blindness, or some one of the numerous ills which flesh is heir to, has disabled from obtaining the required income. There must be some whom the loss of property from one of the casualties of life has left destitute;—there must be those who have been utterly disabled by insanity, or bodily infirmity; and there must be others who have struggled on upon an insufficient income,—have educated their families, and have died, and left those families reduced to beggary;—or who themselves have lived till they were past work, and have known what it has been to suffer from cruel want: and all these are to be found, not among the idle, and improvident, and dissolute, but among those who have been remarked for industry, prudence, care, and the most praiseworthy economy—a rigid economy, practiced in secret to an extent that none but such sufferers can comprehend. Now, each one of these classes is taken from the life, in my own circle of knowledge, and therefore their existence cannot be denied.

But it is said, they *ought not to exist,*—men should not marry till they can support a wife; they should insure their lives before they marry; they should provide annuities for themselves and their wives, or the survivor of them;—they should purchase deferred annuities to commence at 60 or 65, when they are becoming disabled from active duty;—they should endow each child as it is born; and they should avail themselves of every means of providing against casualties and misfortunes, which the progress of knowledge, a commercial country, and a speculating age have afforded them. Most thoroughly do I approve of such provision; much do I deplore that such a professional society upon the mutual principle does not exist among us,—one that would take in every kind of risk arising from professional contingencies. But supposing such a society in existence, let as see how this principle would operate in a great many cases. A young man settles in life, and obtains a tolerable income,—enough for him to spare a certain sum annually to insure his life. The insurance is effected, and he now considers that were he married, he should not only add to his comforts, but probably also to his professional success, and he sees that he can now marry prudently, while he hopes that the consequent addition to his professional income will be sufficient to meet the expenses of an increasing family; and hope, that ever buoyant passion and principle, leads him to look forward with cheerfulness, and even with sanguine expectation. Perhaps he has provided an annuity for an annual payment; perhaps he has endowed his early children; he has done all that he could to provide for futurity. But he has a large family; and now first comes a cloud over his horizon, in the sickness of his wife or children, or himself; his expenses are necessarily large,—and for the first time his income has not equalled his expenditure; his bills are not all paid up, and his energies are chilled by anxiety and apprehension. But he manfully struggles on, and hopes that a year or two may put him straight. And now, perhaps, some younger, active, taking competitor trenches upon his resources; every year his expenditure becomes larger, while his income does not increase—perhaps is lessened,—at all events is subjected to the most trying fluctuations; the sicknesses of himself, or his wife, or children, are repeated,—other unavoidable losses fall upon him,—the expenses of education become heavier every year,—difficulties increase,—credit lessens,—his brain is maddened by the apprehension of losing his position in society,—he is attacked by paralysis, and never earns another shilling: or he struggles on, and tries to maintain his insurance and annuity premiums; by-and-by this becomes impossible, and they drop, or he is obliged to sell them for present cash, to obviate present difficulties; misfortunes accumulate upon him, and he and his wife and children are left destitute. And how could this be avoided? It is not true therefore that such cases ought not to exist, but it is true that they must exist, so long as misfortune on the one hand, and sickness,

and losses, and poverty, are to be found, and are only to be relieved by a *selfish world.* Hence the necessity for a thoroughly unselfish and purely Benevolent Fund like our own, which will relieve distress, *because it is distress*, and not *because it has been qualified for relief*, by a certain number of years' subscription to any one of those admirable funds, which exist in various localities through the country, but which do not, and cannot, relieve the misery contemplated, as the object of attention to the Benevolent Fund.

III. It now becomes us to take review of the reasons given for not subscribing to this Fund. These are—

a. A subscription to one of the local and admirable institutions above mentioned. This might be a sufficient reason, if the objects and constitution of the two institutions were *identical*, instead of being precisely the contrary. The one relieves those, who by a certain number of subscriptions have entitled themselves to aid,—the other succours those who have been unable to make such provision;—the one relieves distress within a certain boundary,—the other relieves it wherever it may be found;—the one ministers to destitution, which has a claim upon its funds,—the other stretches out the hand of charity towards misery, which has no claim for relief, and which has no other source of succour. This fact has been frequently shown in the history of the Benevolent Fund, because it has oftentimes relieved the most abject distress, (and has already done so this year,) within the circle of very rich amicable societies. While then it is right to support these very valuable institutions, such support forms no sufficient ground for not subscribing also to the funds of a kindred, but purely benevolent, institution; on the contrary, the very fact of subscribing to an amicable fund, for the relief of sorrow in a small circle of membership, should inspire the heart with the desire of aiding also the good cause, in the larger circle of unprovided wretchedness.

b. Subscriptions to the General Medical Annuity Fund. The plan abstractedly of a *mutual* annuity society is a very valuable one, and may be productive of admirable results, provided that its calculations be correct,—provided that it be taken up and carried on, not as a matter of charity, which it is not, but as a matter of right, and of business;—provided that it be founded apon a due appreciation of the value of professional life;—provided that the age of entering such a fund be an early one, or that an equalizing payment in one sum be paid on entrance for every year beyond the early period of life upon which the first calculation is made;—provided that the annual sum paid be sufficient to procure an annuity of a *tolerable* amount, either after a certain period of life, or for a widow upon death;—provided that the sum so paid be regulated by the ages of the subscribers, and that an equalizing payment be made upon marriage for the difference between the two ages of husband and wife;—and, provided that the calculations shall have been carefully examined, and certified to be correct. Yet such an institution, however valuable in itself, is one which provides for *its members*, and equally leaves upon each individual the unselfish duty of providing for him who is ready to perish, and has no other hand outstretched to save him from destruction.

c. Inability to subscribe on the ground of the inadequacy of personal resources. Truly, most truly, do I respect this reason, where it really exists; and deeply do I appreciate the good wishes and moral support from this class of unwilling recusants. Obviously, we must be just before we are generous, and there is no charity in giving away the money which belongs to others to whom we are indebted. But then the essential life of charity consists in self-denial,—and the cases must be rare indeed, where the abnegation of self in some little luxury would not easily, most easily, produce the required five shillings, or ten shillings, or even twenty shillings a year for so valuable an object; and although I would by no means fix five shillings a year as the maximum of ordinary subscription, yet five shillings a year from each one of our members would produce an income of £500 annually.

d. But there are really those who cannot by any effort of economy and self-denial, justly spare even five shillings a year for such an object. Admitted: but if so, how strong an argument does this afford in favour of the Benevolent Fund; for if there exist such a class of persons, it is obvious that they do not possess the means of subscribing to any of the local institutions above mentioned, which require for membership more than four times the sum specified; and it is equally obvious that the first great misfortune,—the first severe illness to themselves or their family, or the first serious pecuniary loss, must throw them into temporary embarrassment,—and if repeated, must soon place them as claimants upon the Benevolent Fund—the only fund which can relieve them.

e "A fixed and equal payment should be made towards this object by an addition to the annual subscription of members." This plan has been several times *mooted*, but it has failed of meeting with acceptance; and deservedly, because from the moment that the offering of charity is doled out from a compulsory fund it has ceased to be blessed at all,—the poisonous exhalations of taxation have encircled it,—the growth of the benevolent affections has been stunted,—the pure and evergreen shoots of charity have become withered,—and the institution is doomed to a lingering sickly existence, and early death.

f. "The Association has not done all that it might and ought to have done; it has spent large sums upon producing second rate matter; and until it expends its large income better, we cannot subscribe." This is equivalent to saying that the Association has not done what it might have done with its large income; and therefore, though the Benevolent Fund has done much with its small income, we will not furnish it with the means of doing more.

It is not for me, Sir, to enter the lists in defence of the Association. Perhaps it has not effected all that it might have done, and of what human institution may not this be equally predicated? I am also free to confess that at one time its Journal was cramped,—and it was also unfortunate in sustaining some

heavy pecuniary losses. But it has shown its inherent vigour in its volumes of "Transactions," some of which contain papers of inestimable value; and the pages of the Journal now proclaim something like the power and energy of manhood; and its Council Fund is in operation, and must produce good results; and many of its members are awaking from the lethargy which has oppressed their manhood; and all these things show that on this ground, there is no real excuse—an excuse by the bye, remarkably put forward by those who have contributed nothing to the efficiency of the institution. Besides, admitting all that is said against the society to be true, (which, however, I distinctly deny,) what ground does it give for not subscribing to the Benevolent Fund, which *has done* all it could, as far as it was furnished with the means.

g. There is, however, a considerable class, who have not subscribed, and yet have not stated their grounds of non-compliance with the invitation sent them. Now, since it is impossible to suspect any one of our members of the intentional discourtesy of not replying to a written note of application, it must follow, that they who have been silent, have probably been influenced by one of the above-mentioned motives, which they have not liked to state; or that they have been intending to respond to the application in a practical manner, when they paid their subscription to the general Association; or far, more probably, that it has been forgotten. In either case, let me from such, request a serious, impartial, and conscientious review of the grounds of objection to subscription, and I venture to predict an accession to our funds; and if, as I believe, the great evil has been forgetfulness, let me earnestly entreat the extermination of this enemy to all good; and let me close, in the words of the wise man, "Whatsoever thine hand findeth to do, do it with thy might," for "the night cometh when no man can work."

IV. It remains for me to notice some suggestions which have been made for the advancement of the society, and the extension of its agencies; for all these I beg to say that I feel personally under the deepest obligation to the suggestors. Some of these hints for giving greater publicity to the institution, have been most thankfully received, and shall be attended to next year. Others, such for instance as the establishment of a home for superannuated medical men,—a confederation of *sœurs de la charité* from his daughters,—an institution for temporary refuge,—a depôt for travelling companions,—a sanatorium,—a lunatic asylum, &c., &c., are not yet within our reach. Happy shall we be to embrace such-like suggestions when in our power; at present they would only cripple our resources. At present our two-fold object must be, to obtain a larger available income for the relief of present distress, and the carrying up of our donation fund to such a sum as shall enable us to bring it into operation. Both these objects have been partly accomplished. During the last six months a considerable amount of donations has been received, and there has been a considerable accession of annual subscribers; both, however, fall far short of what is needful, and require continued exertion, and I doubt not the result will be all that we can wish. Towards the accomplishment of this end, the following suggestions, most of them from valued correspondents, will be useful, though, after all, the secret of success consists in individual energy, individual subscription, and individual efforts, to raise something among *non-professional friends*:—

1. It has been suggested that each subscriber of the present year should furnish an additional subscriber for the next year.

2. That the married ladies should undertake to raise small contributions among their friends and acquaintance, a plan which in some instances has been very successfully acted upon.

3. That the President of each of the Branches of the Association shall give his active support to the Fund.

4. That a Sub-Committee be appointed from the Council of each local Branch, and be requested to co-operate with the President in collecting donations and subscriptions, to to be forwarded to the general Treasurer.

5. That every application for relief from such district should be made through the said local Committee and President.

6. That the several sums, with the donors names, be read at each annual local dinner, when the toast of the Benevolent Fund is given.

7. That the object of the Benevolent Fund should on all occasions form the subject of a toast after dinner; and that where no local objection existed, (to be determined solely by the President,) it should be coupled with the opportunity of making that offering from the heart, which might be prompted by a recollection of the advantages and interest of the scientific meetings just over,—by a grateful emotion for the comforts and benefits of the social scene then commemorating, and by the consequent earnest desire to irradiate the gloom of that cheerless garret of misery which is unenlightened by social pleasure, and uncheered by sufficient for the day. Such a plan, in kind and Christian minds, would only add to the light of social enjoyment, the peculiar halo of moral health.

These, Sir, form a summary of the suggestions of many of my correspondents, and with them I close my communication, remaining,

Yours sincerely,

W. NEWNHAM,

Honorary Secretary and Treasurer.

General Retrospect.

PATHOLOGICAL CHEMISTRY.

ON THE DISCOVERY OF UREA IN PERSPIRATON.

By Professor Landerer, Athens.

The quantity and condition of the secreted urine depends, as already known, on the quantity and quality of the fluid ingesta, and the greater or less transpiration. The urine consequently becomes more concentrated during summer in warm countries, than in

winter, and this may be discovered by the increase of the specific gravity. The increased quantity of salts in the urine, dependent on this concentration, is probably the cause of the numerous calculous affections in warm countries; while the vegetable nourishment and use of fruits, especially grapes, is probably the cause of the rarity of sand and gravel. Almost all strangers in southern countries become affected with a peculiar exanthema, from the irritating effect produced on the mucous and sebaceous follicles, by a portion of the solid contents of the urine finding their way to the skin. One author, to convince himself of the presence of these salts, collected the washings of flannels and shirts—a fluid possessing a striking colour of perspiration, of a very salt taste, and slightly acid properties. This fluid, evaporated to a yellow syrup, deposited after exposure to cold some days, a granular mass of phosphates; the remainder, digested in alcohol, formed a yellow solution, which, on spontaneous evaporation, left a substance possessing a strong odour of perspiration, and a sweet taste. This, dissolved in water, and decomposed by diluted oxalic acid, deposited after thirty-six hours, a precipitate of small crystals of oxalate of urea. To make the presence of urea more evident, these crystals were dissolved in water, and the solution decomposed by carbonate of lime, to separate the oxalic acid from the urea. The supernatant fluid was then evaporated to dryness, and the residue dissolved in boiling alcohol. This was again evaporated, and a few drops of nitric acid added; from this, after cooling in a refrigeratory, crystals of a silky lustre were deposited, which, separated from the mother water, posessed a cooling, slightly acid taste, and crackled in the fire. From all these operations, our author believes that urea was present in the perspirations, and that muriate of soda, traces of sulphates, acetates, and lactates, osmazome, and a clear substance easily soluble in æther, were also present.—*Heller's Archiv für Chemie und Mikroskopie*. Jahrgang, 1847. Heft, 3.

METHOD OF DISCOVERING IODINE IN THE URINE.

Boil thirty-two ounces of urine down to one, soak a strip of starched paper in it, then rub over the paper a glass rod dipped in nitric acid; a blue colour results if iodine be present.—*Annales de Thérapeutiques*, Nov., 1847.

SURGERY.

COMPARATIVE MORTALITY FROM PHLEBITIS AND SECONDARY HÆMORRHAGE, AFTER THE FLAP AND CIRCULAR OPERATIONS.

Mr. Fenwick states that out of 165 flap-operations reported by Dr. M'Hardy, twelve cases of phlebitis occurred, or 1 in 13.75; whilst of 199 circular, only nine, or 1 in 22.11 were so affected. Again, Mr. Alcock states, that out of 87 circular operations, ten died of phlebitis, or 1 in 8.7; whilst of 24 flap-operations six perished, or 1 in 4. Taking, then, the general amount of death as caused by this disease, the advantage is vastly in favour of the circular operation.

The liability to secondary hæmorrhage is about equal. Thus, according to Alcock, in flap-amputations, it occurred once in 12.68 cases; in the circular once in 13.26.

Mr. Fenwick further remarks:—The question which it is necessary to settle before determining which form of amputation is to be performed in any particular case, appears to be, whether the advantages of a better stump and a quicker recovery outweigh the increased liability to phlebitis. In amputations for diseased joints, in which phlebitis and secondary inflammations are of comparatively rare occurrence, and in which necrosis and conical stumps are most likely to take place, the flap-operation appears in most cases to be indicated, especially if the arm be the part to be operated upon, and the patient be young. On the contrary, in traumatic operations of the lower extremity, the circular operation would seem the most advisable, as in such cases plenty of covering can always be obtained for the ends of the bones, whilst we at the same time subject the patient to a less risk of phlebitis than by the other method.—*Monthly Journal*, Dec., 1847.

URETHRO-PERINEAL CALCULUS.

Tumours in the perineum, formed by the presence of calculous concretions, have been at various times placed on record,—one quite recently, by Dr. Barker, of Bedford, ("Transactions of the Provincial Medical and Surgical Association," New Series, vol. III.,) is an interesting instance in point. The following case, though analogous, differs in some respects, but principally in the fact that the prostate gland is not implicated, and that the stone is single instead of multiple:—

In March, 1840, M. Payen was consulted in the case of a man, aged 54, who was the subject of a tumour in the perineum. It appears that he had been cut for stone at the age of five years, and had since been perfectly well, with the exception of a small perineal fistula. This gave him but little annoyance, and he therefore paid no attention to the state of the parts, until he discovered a swelling above the orifice of the fistula, which gradually increased in size, until it interfered with his walking, as well as micturition.

On examination, a large tumour was discovered in the perineum, which pushed the scrotum forwards, and at the same time separated the testicles. It was hard and resistant, and by passing a probe into the fistulous opening, it was clearly ascertained to be of a calculous nature. As the patient was losing flesh, and was in fact suffering from incomplete retention of urine, it was determined to remove the cause of the complaint.

The patient was accordingly placed as in the operation for stone, and a director being introduced into the fistulous opening, the perineum was incised above and below to an extent which would allow of the removal of the stone. This being accomplished, the stone was lifted out of its bed, and was easily extracted. It proved to be a single calculus of a pyriform shape, and so hard, that it did not break by falling on the ground. The cavity whence it was removed, would contain a child's doubled fist. On further examination, this cavity was found to be a cyst, formed in the cellular tissue of the perineum, but communicating with the urethra, as well as the fistula. The weight of the

stone was twenty-two grammes, (five drachms and a half nearly.)

The after progress of this case was, that the canal of the urethra could not be re-established, the patient remaining with a large permanent perineal fistula.—*Encyclogr. des Sciences Médicales*, Aout, 1847.

RUPTURE OF THE BLADDER FROM INJURY: RECOVERY.

The annexed case is reported by Mr. Syme, and is considered also by the editor of the *Monthly Journal* as unique, but erroneously so, as a still more extraordinary case was recently narrated by Mr. Chaldecott. (See *Provincial Journal*, 1846, p. 333, and *Half-yearly Abstract*, vol. 4, p. 64.) It is, however, perhaps the second on record, and is, therefore, worthy of further publicity.

On the evening of July 5th, Mr. Syme was requested to visit a youth, who having attempted to leap over a railing, had fallen forwards, and violently struck the abdomen against a post. He immediately complained of great pain, and the abdomen became distended. A catheter introduced, allowed the passage of about four ounces of bloody urine. There were all the signs of ruptured bladder, with great collapse. Leeches and fomentations were applied, and an opiate prescribed. On the following day the abdominal pains and swelling were increased, with dulness on percussion below the umbilicus, and tympanites above. The next day the abdomen was still further distended, and there was œdema of the posterior parts, from the chest down to the thighs. The catheter was introduced twice, and drew off bloody urine. On the following day the œdema had increased to a great extent, and the breathing was much embarrassed. Below the umbilicus there was now obscure fluctuation, which induced Mr. Syme to make an incision into the linea alba. After cutting through a thick mass of condensed tissue, a stream of fluid passed out, which was distinctly urinous, and considerable relief was experienced. On the next day the pulse had fallen to 100. On the 11th, some fever, which abated by making a freer opening in the abdomen. On the 26th a slough appeared at the orifice, which being removed proved to be dead cellular tissue, coated with deposit from the urine. Mr. Syme then passed his finger into the wound and felt a laceration in the position of the bladder, uncovered by peritoneum. On the 5th of August the patient passed urine per vias naturales, and in another fortnight was well.—*Monthly Journal*, Jan., 1848.

[This case, though remarkable, is less so than that reported by M. Chaldecott, as in the latter the urine was evidently effused into the peritoneal cavity. In both cases the patient was saved by the judicious treatment adopted.]

ANIMAL LIGATURES.

Mr. Wragg states that he has been in the habit of using these ligatures for upwards of ten years. In the course of this period he has tied the arteries of the hand, fore-arm, leg, and thigh, and believes that the knot has always been removed by absorption. The ligature used has been the fibres of the sinew of the deer, twisted to the requisite strength. The sinew is first dried and the fibres are then obtained by tearing them out from the middle towards the extremities. When used the ends are cut off close to the knot.—*Southern Journal of Medicine*, Sept., 1847.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I beg to inform you, that at a meeting of the Committee of the Medico-Ethical Association, held on the 3rd instant, the following resolutions were unanimously adopted, and which I shall be obliged by your inserting in the next number of your Journal.

I am, Sir,

Your obedient servant,

RICHARD ALLEN.

Oxford Road, Manchester,
February 7, 1848.

Resolved,—

"That since the course adopted by the Life Insurance Companies, with regard to the payment of fees for medical certificates, varies in different offices, and since the profession is greatly dissatisfied at the difficulty of obtaining remuneration when acting as medical referees of applicants for insurance, the Committee are desirous that an effort be made to effect such a settlement of the question, as shall be advantageous to all parties interested."

Resolved,—

"That a sub-Committee, consisting of three members and the Secretary, be appointed to frame plans calculated to carry out the object of the first resolution, and also to prepare a memorial, which shall embody their proposals, and recommend them to the equitable consideration of the Insurance Companies. That the report of the sub-Committee be laid before the general Committee as early as possible."

In accordance with the last resolution, the sub-Committee was appointed.

SANITARY STATE OF RURAL DISTRICTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The sanitary movement which progresses so satisfactorily in our larger communities is unhappily too limited in its projected application. The evils dependent upon former inattention to sanitary measures are in cities and large towns most marked, on account of the aggregation there of the victims of over-crowding, filth, and inefficient drainage and ventilation. But it is a fact, as yet, comparatively unknown or unheeded, that villages also experience an amount of depopulation which wholesome legal enactments would tend greatly to diminish. It is only on account of its widely spread diffusion that the extent of preventible deaths in rural districts has not received the attention it requires at the hands of sanitary reformers; for, were the isolated cases collected into one whole, they would be found to present an alarming proportion to the general list of mortality.

Impressed with this conviction, I have resolved to appeal (which I do most earnestly,) to my brother country practitioners, and especially to Union medical officers, (for to them must the evils complained of, by virtue of office, be most apparent, and most important,) for such early information as shall enable me to make a statistical report of the sanitary condition of our villages and smaller towns, which, if only an approximation to the truth, will show the necessity of extending to such places the benefits derivable from sanitary legislation.

Appended hereunto is a tabular list of queries proposed; it is left unincumbered with many details which I should have been pleased to add, but that it is desirable that the report should embrace the statistical data of as large a proportion of the rural districts as possible. The professional duties of the class of practitioners of whom I request information, afford them little time for extra-official avocations; for which reason I would also limit my enquiries to the last five years, during which fever has been unusually prevalent.

Trusting that you will insert the above appeal, and further its object by your sanction, in the next number of your Journal,

I am, Sir,
Your obedient servant,
JOHN MOORE, M.R.C.S., Eng.

Bourton-on-the-Water, Gloucestershire,
January 25, 1848.

Statistics of Fever in Rural Districts.

Year.	Names of Villages or non-corporate Towns, and County in which they are situate.	Population.	No. of Cases.	Mortality.	Causes which have appeared to extend the disease or to increase its fatality.

Signature.

Place of Residence.

MEDICAL ETHICS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

When I forwarded to you my remarks upon the bye-laws of the Manchester Medico-Ethical Association, to which you so kindly gave insertion, in your Journal of the 29th of December last, my only object was to point out, so far as my own experience went, the inapplicability of some of those bye-laws to the existing state of society. I discovered in those bye-laws the elements of good, and therefore took the trouble to interest myself so far about them. I gave the Medico-Ethical Association credit for a desire to elevate the moral social state of the profession, and in consequence, did anticipate a very different course from that adopted by the Honorary Secretary of that Association, in reply to my observations. I had expected that he, or some member of that body, would have defended the objectionable clauses to which I referred, or have had the candour to acknowledge their inapplicability to practice; but neither of these plain courses has been adopted in the reply to which I refer. It does intimate that all communications must be authenticated by the signature of the author. Now, in the published list of bye-laws, I recognize only measures, *not men.* I object to certain principles there laid down, and give my reasons for so doing, and hoped to be met by reason on the other side. I shall be happy to acknowledge my error, if the Association or its Secretary, or any one else, can prove that my views are erroneous; but of what importance is my name? What has it to do with the subject matter of these bye-laws? Argument alone can convince the profession of their propriety; vituperation but shows the weakness of a cause. In your Journal I stated my own case without distortion or exaggeration, and gladly would have been on terms of friendship with my medical brethren; but in me they saw but a stranger, and so long as I was content to be a physician *without a patient,* they kindly took no notice of me or my proceedings. They knew I was guiltless of harm to their pockets; but when in self defence I commenced to practise as a general practitioner, then they met, combined, and resolved unanimously not to meet me in consultation, on the ground that being a physician, and consequently one over whom they had hoped to preserve and *employ* the power never to call in, I had dared to enter the lists as one of themselves, and had therefore been guilty of "unprofessional conduct." If the Honorary Secretary of the Manchester Medico-Ethical Association will be kind enough to point out, under these circumstances, why *I* am to be taunted with—"in no instance having visited a patient as the officiating friend" of my medical brethren, I shall thank him for the information. I came, as I before stated, a total stranger,—purchased a fictitious medical practice,—found I had thrown my money away,—turned my knowledge of my profession to the legitimate object of practising it amongst the poor, —paid no fulsome court to the wealthy. *They called on me.* I succeeded in practice in despite of combined opposition. This is my crime,—this my "vaunted systematic violation of principles!" What principles?

With all deference to Mr. Allen's opinion, I submit that I am not therefore disqualified to judge of "medical etiquette," when based on common sense; but I freely admit that any form of "etiquette" which would nullify the *tested* superiority of one practitioner over another, render mind and a lengthened application to the study of a noble, arduous profession, (when coupled with superior acquirments obtained from learned bodies of examiners in the tangible shape of honourable degrees, taken out at the sacrifice of much time, health, and money,) to rank as so much trash in the after-pursuit of fame and emolument, and would forbid the possessor from using these manifest and hard-earned advantages for the good of his fellow-man and himself, without the previous sanction of the former medical attendant, (who is perhaps less than half educated in his profession,) harmonises

badly with my ideas of justice, of reason, and of common sense. In what other profession is this deference paid to a less qualified fellow-practitioner? Let a man be on trial for his life, (which all patients are,) and will Mr. Allen contend that a member of the bar, of admitted talent, will decline to defend the accused, and suffer him to undergo perhaps the penalty of death, because he was unfortunate enough to have had some ignorant pettifogger for his counsel in the early stages of the law proceedings? And does he suppose that the Attorney-General (for instance,) would think it necessary to ask permission of the said pettifogger, and afterwards feel bound to take him into his councils "for etiquette sake," when requested by a client to save him from death and ignorance?

In a word, is all honest rivalry and competition to be excluded from the profession of medicine alone?—are patients only to be bought and sold or transferred by inheritance?—and is the practitioner, "authorized by act of Parliament to practise," to hold, "as his own," possession of the bodies of all those he buys, or inherits, so long as life is in them? for such indeed, appears to me, to be the spirit of those bye-laws, to which I objected. If such have been the spirit of the "etiquette of the profession," let us in the name of all that is decent, lend our utmost aid not to the perpetuation of our disgrace, but with all possible dispatch, to rase with the ground the very traces of this barbarous refinement, clumsily disguised under the name of "Professional etiquette."

I have the honour to be, Sir,

Your very obedient servant,

H. B. B.

Medical Intelligence.

HOUSE OF COMMONS.

Medical Registration.

On Monday, February 14th, Mr. Wakley moved the nomination of a Select Committee on medical registration and medical law amendment. The following gentlemen were appointed on the Committee:—Mr. Wakley, Sir James Graham, Mr. Rutherford, Mr. George Hamilton, Lord Robert Grosvenor, Sir Henry Halford, Colonel Mure, Sir Robert Harry Inglis, Mr. M'Gregor, Mr. Walter, Mr. French, Sir Thomas Birch, Mr. Osborne, Mr. W. S. Lacelles, and Mr. Grogan.

APPOINTMENTS.

Joseph Dickenson, M.D., has been unanimously elected Physician to the Liverpool Infirmary, in the room of Dr. Duncan, resigned.

Allen Thompson, M.D., Professor of Physiology in the University of Edinburgh, has been appointed Professor of Anatomy in the University of Glasgow, in the room of Dr. Jeffray, deceased.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, February 11th:—H. Gray, C. J. Evans, C. A. Lee, T. Maurilyan, C. Crowdy, J. S. Burd, J. Drew, J. W. Tripe, F. Manby, R. Mason.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, February 3rd:—Charles Edward Prior, Worcestershire; Harry Gardner, Somerset; William Richard Black, Lincolnshire; William James Blyth, Abergavenny.

Thursday, February 10th:—James Reed, Pontypool; Robert White.

OBITUARY.

Died, January 18th, at Caheragh, Skibbereen, aged 35, of fever, James Brady, M.D., Medical Officer of the Fever Hospital.

January 26th, at Killaloe, County Clare, of Influenza, George Purdon, M.D., Medical Attendant of the Dispensary, and Surgeon on half-pay of the 22nd foot.

January 31st, at Farningham, aged 47, Edward John Ryan, Esq., Surgeon.

February 4th, in Leith Walk, Edinburgh, Matthew Buchan, jun., M.D.

February 5th, at Dalkeith, of fever, John Hunter, M.D.

February 7th, at Falmouth, aged 30, William Paterson Banks, M.D., Surgeon, R.N.

February 9th, of fever, Patrick J. Finnegan, M.D., Physician to the Dundalk Dispensary, to which Institution he had been attached only a few weeks.

February 11th, at Glasgow, aged 66, R. Perry, M.D.

Lately, at Ballymoney, of fever, John Reynolds, Esq., Surgeon to the Ballymoney Dispensary.

BOOKS RECEIVED.

The Microscopic Anatomy of the Human Body in Health and Disease. Part XII. By Arthur Hill Hassall, F.L.S., &c. London: Highley. 1848.

A Disquisition on Pestilential Cholera; being an Attempt to explain its Phenomena, Nature, Cause, Prevention, and Treatment, by Reference to an Extrinsic Fungous Origin. By Charles Cowdell, M.B., M.R.C.S. London: Highley. 1848. 8vo. pp. 210.

British Cholera, its Nature and Causes, considered in Connexion with Sanitary Improvement, and in Comparison with Asiatic Cholera. By Spencer Thomson, M.D., &c. London: Churchill. 1848. Post 8vo. pp. 110.

Sanitary Reform and Agricultural Improvement; &c., &c. By Charles F. Ellerman, Esq. London: Peirce and Hyde. 1848. 8vo. pp. 70.

Rules and Bye-Laws of the Manchester Medico-Ethical Association. Manchester: 1848. 8vo. pp. 12.

TO CORRESPONDENTS.

Communications have been received from Mr. F. Buckell; Mr. Page; Mr. Crompton; Mr. R. Ley; Mr. R. U. West.

A Subscriber.—Any person, whether M.D., or not, may prescribe without fear of molestation in the present state of the law, throughout England. The London College of Physicians have the power to prevent all but their own Fellows and Licentiates from practising as physicians in the Metropolis, but they have long ceased to exercise it.

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURE ON DIABETES,

Delivered at Kings College Hospital,

By R. B. Todd, M.D., F.R.S., Fellow of the Royal College of Physicians, &c.

(Reported by S. J. A. Salter, Esq., M.R.C.S.)

Gentlemen,—Most of you, I doubt not, are aware that at the present time there are no less than three cases of diabetes in the hospital, and considering that diabetes is not a very common disease, the occurrence of so many examples, all under our observation at once, offers us an unusually favourable opportunity of studying this malady, and I would here, in passing, express my belief that there is no way in which clinical study can be prosecuted with so much advantage as when we have several cases of the same kind before us at once, for we are then not only able to contrast the disease in its different stages, but also to observe what of the symptoms are common to all cases, and what are peculiar to individual instances alone.

The first of the cases, gentlemen, to which I shall direct your attention, is the man William Hardy, in Sutherland ward, who has been in the hospital since the 6th of July last. I will read you a brief outline of his case. He is 42 years of age; is a bricklayer by trade; he is a native of Essex, where he resided till within about twelve months before his admission into the hospital; his habits have been temperate, and it appears that his health has been for the most part good; he has, however, of late years, had occasional attacks of rheumatism, which was of a chronic muscular character. About two months previous to my seeing him, he had an attack of ague, from which he recovered, but this was shortly afterwards succeeded by catarrh, and since then he has never been in health. The first symptoms of the disease from which he is now suffering that he noticed, were great thirst and hunger, so that, to use his own expression, he "ate and drank all that came in his way;" added to this he remarked that he was rapidly losing flesh. He tells us that his thirst was most urgent, and that with what fluid he satisfied it, was quite a secondary object to him. This reminds me of a case which you may find in a recent volume of the *London Medical Gazette*, of a patient of Dr. Percy. This poor man suffered so intensely from thirst, that he would actually get up in the night and steal the medicine from the bottles of the other patients in the ward, and would drink whatever they contained, even though it were black draught.

About a fortnight after the thirst became urgent, Hardy noticed great increase in the quantity of urine, and also that he constantly had a disagreeable sweet taste in his mouth. When he entered the hospital he had other symptoms,—pain in the loins, slight dyspnœa, which was increased on the slightest exertion. During the first twenty-four hours he was here he passed twelve pints of straw-coloured urine, of the specific gravity of 1035. I also noticed a peculiar whitish chylous-looking exudation from the gums, which was more conspicuous upon pressing them with the point of the finger. The constipation was at first extremely obstinate, so much so indeed, that I thought at one time he was going to die from some internal obstruction, which we should be unable to overcome; this, however, has since very much given way.

Before I proceed any farther, I will advert to the point, which above all others, is the most interesting and important in the whole pathology of diabetes, and that is, the saccharine condition of the urine. I here show you a specimen of it, which was passed by the patient whose case we are considering; it is of a light lemon colour, with a peculiar cheesy odour. The best method for proving the presence of sugar consists in adding to a portion of the urine, in a test tube, an equal amount of Liquor Potassæ, and boil the mixture. I here exhibit to you this test, and observe, that as the fluid begins to boil, its colour, which was at first rendered lighter by the admixture of the colourless alkali, gradually passes to a fine deep reddish brown, a change which chemists tell us is produced by the sugar being converted into brown melassic acid; and if there is any superabundance of phosphates, as there usually is in these specimens of urine, they will be thrown down in the form of a white cloud, when the Liquor Potassæ is added. This test was first proposed by Mr. Moore, of Birmingham; it has the advantage of being very simple, and almost entirely free from fallacy. Not long since, however, Dr. Rees stated in the *Medical Gazette*, that in certain specimens of albuminous urine, quite free from sugar, he had known Liquor Potassæ and heat produce the brown red colour which indicates sugar. After this I examined albuminous urine with Liquor Potassæ and heat frequently, but in every instance the urine was made paler than before. Dr. Rees now states, that it is only impure Liquor Potassæ which produces the brown colour, when acting upon albuminous urine; so that you may

avoid all fallacy by using pure alkali, and keeping it pure, which may readily be done by preserving it in a dark green glass bottle, with a secure stopper. If, however, you should require further tests, there are several at your command. One of these is founded upon the action which yeast has upon sugar, converting it into alcohol and carbonic acid; so that by a proper arrangement you may witness the disengagement of the bubbles of carbonic acid gas. Then, again, you may obtain the sugar itself by simply evaporating the urine, and have it in a state of tolerable purity by treating the residue with boiling alcohol, from which menstruum the sugar will deposit in a crystalline form as it cools. Another test consists in leaving a portion of the urine exposed in a warm place for a day or two, and then examining it under the microscope, when you will find that the Torula or yeast plant has been developed.

There is yet another—Trommer's test, which depends upon the power which diabetic sugar has of deoxidizing oxide of copper, and converting it into the yellow binoxide. But all these tests, with the exception of Moore's and Trommer's, take time and trouble, and for all practical purposes, the effect produced by Liquor Potassæ and heat are perfectly satisfactory.

But, to return to our patient; there is another symptom which we must not overlook, and one which is constantly met with in diabetic subjects; it is *acidity of saliva*. You will find upon introducing a slip of litmus paper into his mouth, that it is reddened very decidedly. Another very remarkable fact which is frequently observed in cases of diabetes is, that the quantity of urine which is voided exceeds the amount of fluid drunk. In this case we have a good opportunity of observing this circumstance, for through the diligence of my clinical clerk, I have been furnished with an accurate and almost daily account, drawn up in a tabular form. The following are the results of some of his measurements:—

Date.	Quantity drunk.	Quantity voided.
July 9	80 ounces.	134 ounces.
" 10	80 "	184 "
" 11	80 "	128 "

Then passing over some days, we find that on July 21st, the quantity drunk was five pints, and that voided seven pints. On the 26th a more remarkable difference was observed, the amount of fluid taken on that day being 150 ounces, and the urine amounted to 268 ounces.

Tenderness of the loins was another symptom exhibited by this man, when a smart blow was struck with the point of the fingers in that region. When first he came into the hospital he was in a state of extreme prostration, so that for some time I feared his disease would have been speedily fatal; he rallied however, from this state, and is now much stronger.

Our next diabetic patient, gentlemen, is Isaac Bowles, also in the Sutherland ward; he is 20 years of age, 22 years younger than the patient to whom I have just now been referring. He is a native of Kent, and a carter by occupation. There does not appear to be any hereditary tendency to disease in his family; his general health was always good up to the commencement of this present illness, which he dates back nine weeks from the time of his admission into the hospital, (October 9th, 1847.) The earliest symptoms that he noticed were extreme thirst, and frequent desire to pass his water, which was unnaturally abundant; and this required him to get out of bed two or three times every night; his appetite was craving.

When I first saw him these were his symptoms:—Urgent thirst and hunger; frequent micturition, which, as was the case with Hardy, is worse at night; a sense of sinking and weight at the epigastrium; unpleasant but not sweet taste in the mouth; bowels greatly confined and evacuations scybalous; pain in the loins; mouth clammy; and I observed here, too, the white chylous exudation from the gums. The quantity of urine voided in twenty-four hours averages from five to six pints; the physical characters of this urine are very much as in that of our other patient, but it is somewhat denser, its specific gravity ranging from 1035 to 1040, this difference, doubtless, arising from the circumstance that less urine is voided. No accurate comparative table of the quantity of liquid taken and evacuated by this patient has been made; but I find in the report of the 12th of October, in the case-book, that the fluids drunk by the patient on that day measured in all five pints, and the urine voided by him five pints eight ounces, showing, that in this respect, this patient exhibits the same symptom as Hardy.

Stephen Dungay, who is the subject of the third case, is 22 years of age, and was admitted into Fisk ward, on the 10th of October; is an apprentice to a currier. Is not aware of any hereditary predisposition to phthisis or gout; his general health was good till he was eighteen years of age. At this time he had what he was told was a "slow fever," which prevented him from working, but did not confine him to bed. He states that the principal symptoms were headache, weakness and lassitude, with loss of appetite. He had no cough; there was great diaphoresis, but it was not preceded by rigors. He continued in this state for ten weeks, after which time he found he had acquired a craving appetite, and insatiable thirst, and that the quantity of urine he voided was much increased. These symptoms have now lasted four years, and have continued unabated up to the present time; and from the period when they first became marked, until now, he has been in the habit of getting out of bed two or three times every night to make water. The quantity of urine that he passes ranges from five to ten pints daily, and its average specific gravity is 1042.

The following is a tabular view of the quantity of fluids drunk and voided by this patient:—

Date.	Quantity drunk.	Quantity voided.
Oct. 15	120 ounces	124 ounces.
" 16	120 "	136 "
" 18	140 "	160 "
" 19	170 "	208 "
" 20	120 "	136 "
" 21	120 "	120 "
" 22	120 "	140 "
" 23	140 "	124 "

This man has had other symptoms, as pain in the loins, and the white exudation from the gums, like the other patients, but unlike them he has had diarrhœa. With this last exception, all these cases have had a remarkable analogy, as to their mode of access, progress, and duration, and I fear that they must all necessarily, sooner or later, come to the same termination.

I will, now, gentlemen, re-consider these four points, and make some general observations on them, in the order in which they are enumerated.

And first, then, as to the *access* of diabetes. We see that in all our cases the primary symptoms were referable to the stomach; they indicated stomach disorder,—the hunger, the thirst, the clammy state of the tongue and mouth generally, the sweet taste, the exudation about the gums all pointed to the same organ; and what is so remarkable is, that, unlike other stomach disorders generally, the digesting power of that viscus, as regards certain kinds of food, is enormously great, far exceeding anything that we ever witness in health. Our three patients take large quantities of food, but they do not suffer in any great degree from flatulence, epigastric tenderness, or weight. I think, gentlemen, any of you whom I see around me, and who have all the appearance of health, would feel extremely uncomfortable if you were to take in the course of the day or at a single meal, even half of what any of our diabetic patients take, and which is scarcely sufficient to satisfy them.

The *progress* of the complaint is not rapid; one patient, Dungay, has had it for four years in a very confirmed form, and many people have it for a longer period. The establishment of the disease, however, is rapid; that is to say, a person may be quite healthy, without a vestige of sugar in his urine, and in a very short time he will be suffering from the most marked symptoms of the disease.

As to its *duration*, it is evidently in the majority of cases, a chronic and not an acute malady. I take it that acute diabetes occurring to a person in previous good health and running rapidly to a fatal termination, is a thing of extremely rare occurrence. One of our patients has been suffering for four years, and has during the whole of that time, been indulging his appetite to the full; and this gives us an opportunity of observing the natural history of the disease, unmodified by medical interference, and shows us that under those circumstances the disease is a chronic one. The other patients have been ill less time,—Hardy about four months, and Bowles from two to three months. These, however, give us no measure of its duration. I have now in my private practice three cases of diabetes, all of which are of long standing. One of these I have had under my care for three or four years, and he had been ill nearly as long before he came to me. Another only a few months, but he had previously been under the care of another physician for more than twelve months. There is an important point in the natural history of diabetes, which has not been illustrated by either of my hospital patients; it is this, sometimes all at once, and completely, the diabetic symptoms cease, and are absent altogether for an indefinite period, at the expiration of which they return and destroy the patient; or they may allow him several intervals of rest, but they are sure to return ultimately, and make the patient their victim. I have lately been consulted by a patient on account of pulmonary disease, who some years ago was under the care of Dr. Prout, who pronounced him to be suffering from diabetes; and Dr. Prout is the highest authority upon this subject in this country. But now, though the urine has been examined with great care, not a trace of sugar can be found. I know of another case, that of a lady, who had confirmed diabetes; her physician, Dr. Babington, who mentioned the case to me, sent her to Clifton, to drink the Clifton waters, and in a short time she was well. She had a complete intermission of her disease, and this lasted for a considerable period, when it returned. She again went to Clifton and got well, but upon leaving, the disease returned. I do not know what became of her afterwards. You will at once perceive that the interest of this feature in the natural history of diabetes consists in the bearing it has upon inferences respecting the influence of remedies. It is true that, in the latter case, the Clifton air and waters may have had much to do with the suspension of the disease; and were this the only instance of such suspension of the diabetic state, perhaps the inference would be unavoidable, but sach is not the fact.

As regards the *termination* of diabetes, I fear we shall too soon witness that which is its constant termination, in the case of Dungay, in the Fisk ward; he is now much depressed, and is greatly emaciated, and does not rally under the stimulating and nutritive treatment and diet we have given him. I strongly suspect he has tubercles in the lungs, though as yet I have not satisfied myself of the fact, but I see in the case book that my clinical clerk has reported a dulness on the lower part of the right side; this, however, may arise from some enlargement of the liver.

Tuberculous disease of the lungs, gentlemen, is certainly the most frequent consequence of diabetes, and very commonly not only interferes with the influence of the treatment, but puts a termination to the disease by killing the patient. The cachectic state induced by the discharge of the large amount of solids by the urine, and by the imperfection of the assimilating powers, leads to the development of phthisis. I think it is a point for investigation whether the reverse of this does not sometimes happen, and not unfrequently,—whether, in fact, patients who are suffering from phthisis, do not become diabetic without their having been so previously. Of this I am convinced, that if you were to examine carefully the urine of all the phthisical patients who come into the hospital, you would find traces of sugar more frequently than is generally supposed. I recollect one case in point which occurred at a time when I was endeavouring to ascertain the just value of Moore's test, and it made the more impression on my mind, as I was led at first to question the evidence which that test gives of the presence of sugar, and which previously I had so much trusted in.

I had already tested the urine of several patients, when I came to a specimen passed by a patient labouring under phthisis, and then I found that the addition of Liquor Potassæ and heat caused the brown colour characteristic of the presence of sugar; I had then some misgivings as to the truth of Moore's test, but I afterwards proved by other tests that this urine did really contain sugar.

The great exhaustion which is so constantly present near the termination of diabetic cases, is doubtless owing to the large amount of waste that occurs in the system, from the constant excretion of such enormous quantities of solid matter by the urine. One frequent termination of diabetes is the supervention of some fatal acute disease,—inflammation, for instance, of one of the serous membranes; pleurisy, or peritonitis, but especially pleurisy,—and this occurs generally in cold weather, or after some unusual exposure; and from this we learn an important hint as regards our treatment, that our patients should be carefully clothed, and kept in a temperature as equable as possible.

It is remarkable that this same tendency to acute inflammations exists in those diseases of the kidney, such as Bright's disease, chronic nephritis, which so far resemble diabetes, that a material foreign to the blood is suffered to accumulate in that fluid, and solid material which is foreign to the healthy secretion, excites irritation in certain organs and tissues.

We are now come to the most interesting and the most difficult point in our inquiry respecting diabetes, and that is, as to what the disease essentially is, and in what its true nature consists. We know the fact that there is an enormous development of sugar, and also in some cases an increase in the amount of urea, though this was at one time denied; for it was then thought that the urea was diminished, or even lost altogether, and replaced by the sugar; in short, that those two substances were vicarious of each other. This, however, is not the case; but it is remarkable, that though the occurrence of sugar does not cause a decrease in the amount of urea in the urine, still sometimes the sugar will disappear for a few days, the urine nevertheless retaining its high specific gravity, on account of the presence of a large quantity of urea. Sometimes lithic acid is present in the urine in excess.

As regards the development of sugar in diabetes, there are three important questions which suggest themselves to us,—namely, where is the sugar generated?—what is its source?—and, what causes the generation of this sugar?

These questions have as yet never been answered in a satisfactory manner; had they indeed been answered, the essential nature of the disease would no longer be enigmatical.

Let us now briefly consider what we know of these several points, and, first, as to the locality where sugar is generated. There is no doubt that this change takes place somewhere in the upper part of the alimentary canal—most probably in the stomach; for if you give a diabetic patient an emetic two or three hours after he has taken a meal, you may find sugar in large quantity in the matters vomited. This experiment has often been made, and always with the same results, so that there can be little doubt that the development of sugar occurs first in the stomach itself.

The question raised as to what is the source of this sugar, is not so easily answered. The first point to settle is, whether it is produced by the mucous membrane, by any process allied to secretion, or whether the food, on being taken into the stomach, is immediately changed into sugar; and assuming the latter to be correct, a further question would arise as to whether the whole of the food, or only a certain portion of it, underwent this transformation. Though we have no very positive evidence of the fact, still there is reason, judging from analogy, to believe, that the latter is to a great extent the true explanation,—that the sugar is generated in the stomach from the food, and that certain portions only of the food undergo this change.

There are several substances in the vegetable kingdom which we employ as food, which in there ultimate composition are closely allied to sugar, such as gum, starch, &c.; and these, by chemical processes, can, out of the body, be converted into sugar. To take an example; if you mix starch and some saliva, and then keep them for some time at a temperature of 100° Fahrenheit, the nature of the starch is destroyed,—it becomes sugar, has a sweet taste, and will ferment; in fact it has all the saccharine properties; and what is still more remarkable is, that the sugar thus produced has some peculiarities which are met with only in grape and diabetic sugar, which are identical in nature and properties. This fact at once suggests the idea that the starchy materials of the food are the source of the sugar, and that they consequently ought to be removed from the patient's diet. This practice has been long pursued, and with a certain amount of success.

But, may not the nitrogenous aliments be converted into sugar? This point has frequently been endeavoured to be settled; but it is very difficult to come to any definite conclusion, for, however you may deny your patients the use of saccharine and vegetable food, such is their craving for this kind of aliment that they are sure by some means to obtain it in spite of the utmost precautions. I propose, however, to try an experiment on this point with one or two of our patients. I shall propose to them to be separated from all the other patients, and be shut up as prisoners in a small ward, keep them locked in, and allow them no communication except with the nurse, or other trust-worthy persons. When each patient is first introduced to his prison I shall order him an emetic and a purgative, and after that I shall give him, as his diet, beef, mutton, and eggs, and allow him simple water to drink; and in three or four days, make a careful examination of the contents of his stomach after the operation of an emetic, and shall have his urine examined as to the amount of sugar it contains. In a future lecture I shall communicate to you the results of this experiment.

Besides being found in the urine and fæces, and imparting a sweet taste to the saliva in the mouth, the sugar may be detected in the blood; this has but seldom been accomplished on account of the minuteness of the quantity which it contains, for the sugar has such

a diuretic action on the kidneys, that it passes off in the urine almost immediately after it has entered the circulation.

I told you just now, that when you submit a portion of starch to the action of saliva and heat, it is converted into sugar, there being some substance in saliva which has the power of producing this change. This is exactly what takes place in the natural transformation which occurs to the starch of seeds, converting that into sugar, and in this instance, the body which produces it has been isolated, and to it the name "*diastase*" has been applied.

A question here suggests itself, is there in this disease, any animal diastase generated either in the saliva, gastric juice, or pancreatic secretion? Or, according to the view lately proposed by Mialhe, is the substance (the diastase,) already existing in healthy saliva, and which we have seen can convert starch into sugar, increased to an abnormal degree? Whichever of these is the explanation, there can certainly be no doubt but that the saliva is in an unhealthy condition, for in each of the three cases which we have investigated to day you will remember the saliva was strongly acid, and this is the case almost uniformly in diabetes. Now, this constantly acid state of the saliva, is an unnatural condition of that fluid, for it generally causes an alkaline reaction or is neutral during health.

The locality at which the change of starch into sugar is effected, is undoubtedly, in great part at least, the stomach, but I do not believe that the secretion of that organ has any effect in producing the change. Tiedemann and Gmelin, also Dr. Prout, have thought that the gastric juice has this property, but it has since been proved by experiment that no such effect can be caused, for by digesting starch with gastric juice, at a temperature of 100° Fahrenheit, no sugar is generated. Gastric fluid has the power of digesting the albuminous portion of food, but its effect on the amylaceous is simply maceration. Indeed it seems most probable that amylaceous matters are only digested by the saliva and the secretion of the pancreas, which is, in fact, only a large salivary gland.

It has been shown by Bouchardat and Sandras, and I have repeated their experiments, that the fluid secreted by the pancreas has the property, like saliva, of converting starch into sugar; and Bouchardat holds that in diabetes not only have the pancreatic fluid and saliva this animal diastase, as in health, but that the gastric juice likewise contains it, and that the sugar is produced directly from the food by its action upon the amylaceous portion; and he believes that if the patients be prevented from taking amylaceous food, the formation of sugar will be suspended. Upon this view of the subject Bouchardat founds his mode of treatment by regulating the patient's diet, and denying them all vegetable food; and so successful has this plan been in his hands, that he tells us that of forty-one cases, the following were the results:—

16 cured.
14 relieved.
11 died from phthisis.

This, however, is, I apprehend, far greater encouragement than we meet with in this country, even from a similar mode of treatment.

In another lecture I shall examine these points a little further, and discuss the various modes of treatment of this disease.

PUERPERAL FEVER;

IN WHAT WAY IT MAY ORIGINATE FROM ERYSIPELAS, AND HOW COMMUNICABLE.

By R. U. West, Surgeon, Hogsthorpe, Lincolnshire.

The following cases, which are corroborative of the opinion that puerperal fever may originate from attendance on erysipelatous patients, and that a malady so originating is communicable from one puerperal woman to another, are also suggestive of other conclusions on this painful subject, which are, I think, of some practical importance.

On the 6th of January, 1842, I was called in to attend an elderly gentleman in this village, who had erysipelas of the face. As yet his symptoms were not at all urgent; it appeared to be quite a slight and common case. I sent some saline medicine, and a lotion. The same evening I attended a case of midwifery, two miles from my residence. The next morning, before visiting my erysipelatous patient, I attended a second case of midwifery, four miles from my residence. On my return home, I found my patient considerably worse; I applied nitrate of silver freely all over the affected part. At one or two o'clock in the morning of the next day, January 8th, I was called up to him. He was much worse; face and head frightfully swollen down to the shoulders on both sides. After visiting him again the some morning at nine o'clock, I called upon both my lying-in patients. They were doing well, and in fact recovered without a single bad symptom. In the evening I found the old gentleman in a very bad way; there was some delirium, and the head and face were still more swollen. I made a few punctures in both cheeks, and while busy with him was sent for in all haste to attend a case of midwifery,—Mrs. T. T., of L——, a distance of three miles. I believe I went without washing my hands. I was not detained more than a couple of hours, and as I was riding homewards, I was met by my groom, who had been sent to me with the announcement that an alarming change had taken place with my erysipelatous patient. I hastened on, and found him comatose, with a dusky livid appearance of the face. He died in the course of the night, a frightful spectacle.

And now commenced my troubles. In the night of the 9th of January, or rather early in the morning of the 10th, I was again summoned to Mrs. T. T. I found her in the following state:—Very severe pain, aggravated in paroxysms, like after-pains; some abdominal tenderness; had had a shivering fit; some headache; no anxiety of countenance; pulse 120, soft and full; skin hot; diaphoresis; lochia abundant; no signs of milk, but as it was barely thirty hours after delivery, it was quite early enough for that. I ordered

fomentations, and sent some doses of Dover's powder in a saline mixture. Eight hours after, pulse 100; felt much better. Sent her an opening powder,—calomel and rhubarb.

January 11th. Pulse 112; more pain again, with tenderness; *complained much of pain and heat of the vulva.* Ordered eight leeches to the abdomen, and four to the vulva, and gave her a grain of calomel and three grains of Dover's powder with saline mixture every four hours.

12th. Tenderness increased; abdomen tympanitic; pulse 130, smaller, but not sharp; some anxiety; lochia still abundant; no milk; tongue white and slimy. I proposed venesection, but finding the husband inclined to be dissatisfied, I made him fetch my friend Dr. Barker, of Spilsby, with whose sanction I bled the patient. The medicines were continued.

13th. Pulse below 100; pain better; abdomen very full; did not pass sufficient water.

She continued to improve till January 16th, though very nervous and timid, and on that account giving a good deal of trouble, but in the evening of that day I found it necessary to pass the catheter, which had to be repeated once or twice a day until the 26th, when the retention, after resisting various medicines, such as Tinctura Lyttæ, strychnine, mucilage with Liquor Potassæ, &c., yielded at once to the Tinctura Ferri Muriatis, in doses of fifteen drops every four hours. The pulse never got above 100 after the venesection. She continued weakly for about a month.

On the 15th of January, at one o'clock in the morning, I attended a case of midwifery in a village about six miles from my residence. The woman had "got it over" before my arrival; I had not even occasion to remove the placenta. I, however, felt her pulse, of course, besides ascertaining by pressing the abdomen, that the uterus was safely contracted, which I never omit to do before leaving a lying-in woman.

On the 17th I called upon this patient again, after having in the morning passed the catheter for Mrs. T. T. She was getting on well, and *recovered without the occurrence of a single unpleasant symptom.*

In the evening of the 16th of January, immediately after my return home from a visit to Mrs. T. T., on which occasion, be it remembered, I had been obliged to use the catheter, I was summoned to attend Mrs. R. B., of C., about a mile from my residence. I was with her about an hour before she was delivered; it was her fourth child, and her labour was easier and quicker than common.

On the 18th, in the morning, being about thirty-six hours after her delivery, I was again summoned to this patient. She was suffering very severely from constant pain in the abdomen, aggravated in paroxysms, (which I have generally found to be the case in *puerperal* peritonitis;) there was very considerable tenderness on pressure; pain in the forehead; pulse 130, small and sharp; respiration hurried; countenance flushed and anxious; restlessness; lochial discharge slight; bowels confined; some nausea; tongue white; skin hot; could not find that she had had any rigors. I bled her in the arm immediately, after which the pulse dropped to 100, and the pain was somewhat abated. Sent an opening powder, and some fever medicine.

When I called in the evening the aperient had not acted; the pain had returned as bad as ever, the tenderness being excessive; pulse 130, as at first. I took some more blood from the arm, and gave her an enema, which brought away some scybala. The pains were now materially relieved, though the pulse did not drop this time. Sent an opening mixture, with Magn. Sulph. and Tinct. Hyoscyami.

19th. Felt better; purged two or three times; no return of paroxysmal pains; tenderness still remaining; pulse 130. The milk had appeared in the breasts, which I looked upon as favourable.

20th. Complete retention of urine, causing pain and tenderness again. Passed the catheter, which gave great relief. In other respects better.

21st. No water passed since the catheter was used at noon the day before, catheterism therefore necessary both morning and evening; there was still *malaise* though the symptoms were apparently less urgent; there was still pain, with abdominal tenderness; and the pulse was never below 130. I therefore this day gave calomel and opium in pills, and applied a dozen leeches to the abdomen.

The next morning, January 22nd, the catheter was not needed; there was some tendency to diarrhœa, and she had a severe rigor. I found all the symptoms aggravated. Any further depletion I could not venture upon; on the contrary, I sent some aromatic confection, continuing the calomel.

I saw her twice or three times on this day. I was called up the next night, and finding the result likely to be fatal, persuaded the husband to fetch Dr. Barker. By the time he arrived, in the course of the morning of the 23rd, the poor woman was beginning to be typhoid; she had been at times delirious; there was tympanitic distension of the abdomen, with other untoward symptoms. We gave carbonate of ammonia, to which was added wine the next day.

On the 25th she was quite typhoid; black tongue; subsultus tendinum distressingly frequent; hiccup, &c.; and in the evening of the same day she sank. A constipated state of the bowels in the first instance seemed to complicate the disease unfavourably. There were some scybala voided even on the 23rd. The milk continued in the breasts to the last; its appearance, therefore, in this disease, is not critical.

Dr. Barker and I discussed the matter most anxiously while he was with me on the 23rd, and although we were both of us quite unconscious that the case of erysipelas had had anything to do with the puerperal affection, we felt compelled to the decision that Mrs. R. B.'s case was genuine malignant puerperal fever, and that as it had probably been communicated from Mrs. T. T., my only safe course to prevent its further spread would be to discontinue attending midwifery for a time. I therefore at once sent for a substitute. But before his arrival (I had 23 miles to send,) I was *obliged* to attend another midwifery case. Oh! how anxious I was. I changed all my clothes before going; washed

my hands in several waters, with solution of chloride of lime, and although I delivered the woman, I was careful to make as few examinations as possible. This case, it will be understood was attended on the 23rd of January. The woman had some slight symptoms of peritonitis on the 25th; her pulse was very frequent, and there was severe pain with some tenderness. She had some saline aperient medicine, with fomentations, and did well.

As soon as I could be released from my attendance on Mrs. T. T.,—for I did not think it prudent to allow my substitute to pass the catheter for her,—I went into Leicestershire for a fortnight. I am happy to say that I have not seen a case of malignant puerperal fever since, though I have, as may be supposed, seen several cases of simple peritonitis.

I may be allowed to observe upon the above accurate detail of facts, that if it be conceded that my attendance on the case of erysipelas was the cause of this formidable malady getting into my practice, which, painful as the thought may be, I think was the case, it seems probable:—

First. That as the cases attended on the 6th and 7th of January, recovered without the appearance of any unfavourable symptoms, a form of erysipelas, which may supsequently in its *malignant* and almost *putrid* stage originate puerperal fever, will not do so in its *early* stage.

Secondly. That as the disease did not come on in the the same patients, notwithstanding my visiting them after attending the erysipelatous case when the symptoms *had* become formidable, the merely taking a lying-in woman by the hand will not originate the disease.

Thirdly. That as the woman attended on the 15th of January recovered without any symptoms of the malady, although I might at the time, be supposed to be tainted with both the erysipelas and the puerperal disease of Mrs. T. T., it requires something more than a mere *visit* to a parturient woman to communicate the disease from one puerperal patient to another.*

Fourthly. That, bearing in mind the above suppositions, the circumstances immediately preceding and accompanying the attendances on both Mrs. T. T. and Mrs. R. B., go to prove that it requires actual contact of the accoucheur's infected hand with the mucous membrane of the vagina, both to originate and communicate the disease. (Query—would not the heat and pain of the vulva in the first case confirm or strengthen this supposition?)

Fifthly. That the slight manner in which the disease appeared in the woman attended on the 23rd, (notwithstanding I was still passing the catheter daily for Mrs. T. T., and had but just returned from a visit to Mrs. R.B., the latter being at the time almost typhoid,) would serve to prove that ablution, change of clothes, chlorides, &c., are of some little avail.

Sixthly. That erysipelas may originate a *mild* form of puerperal fever, which may in its turn communicate a *more malignant* form. (In the two cases here alluded to, the symptoms in the commencement were nearly the same, the occurrence of dysuria in them both being somewhat remarkable; the fatal difference was in their *terminations*,—typhus and death in the one, gradual recovery in the other.)

And, *lastly*, that a puerperal fever, originating from a case of erysipelas, is not *necessarily fatal*.

I offer the above remarks with considerable diffidence. The *facts* I have detailed may be relied on, and I leave the reader to found upon them what conclusions he may please.

Hogsthorpe, Lincolnshire,
February 12, 1848.

* From what Dr. Blundell says in his lectures, (*vide Lancet*, for August, 30th, 1828, page 677,) he appears to think a mere visit dangerous.

CASE OF OVARIAN DISEASE.

By George Kennion, M.D., Harrogate.

I was consulted by Mrs. W., the housekeeper in a family in this neighbourhood, a single woman, aged 34, on account of a large abdominal tumour, which she had first perceived about two years previously, and which had gradually increased up to the present time, her size being that of a woman in the eighth month of pregnancy. There was little difficulty in ascertaining that this tumour was a large ovarian cyst, apparently unilocular. The catamenia had been absent for two years, but in every other respect her health was perfectly good. As her case seemed appropriate for the operation of tapping, I advised her to have this operation performed, but to postpone it as long as she could possibly do so.

On the 15th of September I was requested to see her again, and found that the cyst had greatly increased in size. The abdominal parietes were exceedingly tense and thin, and she could neither walk, sit, nor lie down without the greatest discomfort, I therefore decided that the operation should be no longer postponed, and it was accordingly performed upon the 18th, with much tact, by my friend Mr. Beaumont, the usual attendant of the family. The fluid was of an oily consistence; the colour was remarkable, being almost as red as blood. Mrs. W. bore the operation (which was rendered more complicated by the presence of a second and smaller sac, which we could not detect until after the removal of the fluid from the principal sac,) exceedingly well; and, although we were not satisfied with the character of the fluid which was withdrawn, there was no reason to apprehend any untoward result.

I was sent for to see her with Mr. Beaumont upon the evening of the 22nd, and found her with an exceedingly quick and weak thready pulse, an anxious haggard expression, constant jactitation, and complete anorexia. There had been *no rigor*. She had no pain

nor tenderness in the abdomen, and the cyst was rapidly re-filling.

These symptoms continued gradually to increase in spite of tonics, stimulants, opium, and as generous a diet as she could be induced to take, and were succeeded by hiccough, vomiting, aphthæ on the tongue; and she sank upon the 28th, being just ten days after the operation.

The *post-mortem* examination, which was conducted by Mr. Beaumont, was very interesting. The two sacs which had been so recently emptied had re-filled, even to a greater extent than before the operation, the character of the fluid being similar to that which had been previously withdrawn. There were a *very* few flakes of lymph in the larger sac, but with this exception their lining membranes presented no unusual appearance. Behind these sacs was a large irregular nodulated tumour, extending from one iliac fossa to the other, and reaching as high as the last dorsal vertebra. This tumour consisted of an enormous congeries of smaller ovarian cysts, varying from the size of a filbert to that of a plover's egg. All these cysts were matted together, so that both ovaries were amalgamated as it were into this large and shapeless mass, in the centre of which could be indistinctly traced the remains of the uterus, which by the constant pressure had been nearly absorbed. Each of these cysts contained a colourless fluid, of more or less consistence. The other organs of the body were quite healthy.

Although no practical benefit could arise from the narrative of this case, it is so interesting in a pathological point of view, that I have thought it right to place it upon record. Those who, like Mr. Safford Lee, are opposed to the operation of tapping in almost any case of ovarian dropsy, will probably consider that this case furnishes fresh support for their opinions; and indeed there can be but little doubt that the life of Mrs. W. might have been prolonged a few weeks, had the operation not been performed; but it would have been, at the best, a question of *weeks*, for the walls of the larger cyst were so exceedingly thin, that it must soon have ruptured, and our patient would in all probability have sunk under the tortures of acute peritonitis. On the other hand, with the healthy character of Mrs. W.'s constitution, and in the absence of other organic disease, there was every probability of her obtaining, with little risk, the relief which she sought. Indeed this case is one which, if it could be adduced as having *any* weight in a practical view, might serve as a beacon to those who are ever forward to advocate the removal of the ovarian sac; for no test could have discovered the existence of such extensive disease as the *post-mortem* examination of this case revealed to us; and had *extirpation* of the disease been attempted, how fearful the consequences must have been.

The treatment of ovarian dropsy is beset with so many difficulties, and, upon the whole, has been hitherto so unsucessful, that I fear we must consider this disease as one of the *opprobria medicinæ* with which our science is encumbered. I have never seen (and in this I am borne out by the highest authorities) any benefit arise from the use of medicine. Iodine I have tried, and have seen tried, with no good result whatever. Mercury is worse than useless. We can look for no assistance from purgatives or diuretics. What then remains to be done? In the *first* instance I would always recommend that the fluid be withdrawn, unless there existed any peculiarity in the case to forbid even this minor operation. When this has been done, I have the abdomen *tightly* bandaged, and this, we are told, will sometimes produce a radical cure. I have been so unfortunate as only to witness *one* case where this object has been accomplished. I have frequently seen it fail. The experience of others, however, upon whose reports the utmost reliance may be placed, is so far in favour of this plan, that I would *always* adopt it where it is practicable.

In one case which I attended in July, the bandage was tightly drawn over the abdomen in the course of two or three days after the fluid had been removed; but the effect of this was so much obstruction to the passage through the ascending vena cava, that œdema of the legs to the most frightful extent was induced before the termination of a week, and I was obliged to discontinue the bandage altogether. Of course, after the operation of tapping, care must be taken to keep up a regular but gentle action, both of the bowels and the kidneys; beyond this, the less we interfere with medicine the better.

If the sac rapidly *re-fills* after the first or second operation, I think we are justified in recommending the more formidable operation of extirpating the ovary, *provided that no other organic disease exists*; but if the return of the disease is slow, and occupies many months, or a year or more, the danger to the patient is, I think, so trifling, *as long as this state of things continues*, that it would be wrong, in my opinion, to perform so hazardous an operation.

BUCHU IN DROPSY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Observing in your Journal of November 3rd, a communication from "A Member," strongly advocating the efficacy of "Diosma crenata," in some dropsical affections, and having shortly after two cases, one of ascites dependent upon a disordered state of the liver, and the other scarlatinal dropsy, I was induced to make a trial of the buchu, and I am happy to say, with good effect. It is not the first time I have seen the beneficial use of buchu, but as I believe it is not now so much in fashion as formerly, I herewith send you a history of the cases, and as a member of the Association, (if you think them worthy a place in the Journal,) I shall feel obliged by their insertion.

I am, Sir, yours &c.,

EDWARD HOSKINS, M.R.C.S.E., &c.

Loughborough, Dec. 12, 1847.

CASE I.

November 8th, 1847. Mrs. M., aged 47, of dyspeptic habit, has been suffering for some days past from pain

and tenderness in the right hypochondrium, with pain in the right shoulder; appetite bad; foul tongue and great thirst; complains of a sense of distension after meals, with flatulence; bowels costive; urine scanty and high coloured, with œdema of the legs and ankles, and swelling and fluctuation of the abdomen.

R. Pil. Hydrarg., gr. v.; Extr. Coloc. Co., gr. vj. M. Fiat pil. ij., hora somni sumend. R. Haust. Salin. Aper., primo mane sumend.

9th. Bowels well acted upon, the evacuations being of a clay colour; other symptoms about the same.

R. Pil. Hydrarg., gr. iij.; Pulv. Scillæ, Digitalis, utrq., gr. j. M. Fiat pilula, mane et vespere sumenda.

R. Potass. Iodid., scr. ij.; Tinct. Hyoscyami, dr. ij.; Infusi Cascarillæ, oz. vj.; M. Capt. cochl. tria ter indies.

11th. Legs and ankles considerably œdematous; more swelling of abdomen; breathing difficult in the recumbent posture; great thirst; urine still scanty and high coloured.

To continue the pills. To omit the former mixture and to take the following:—R. Potassæ Bicarbon., dr. j.; Infusi Buchu, oz. vj. M. Capt. cochl. ampla iij., quarta quaque hora. To drink broom-tea, and to have an ointment of tartar emetic and iodide of potassium rubbed into the right side.

13th. Symptoms alleviated; has passed more urine; slept better; thirst diminished; bowels confined.

To continue the medicines; to have an aperient draught containing one scruple of Pulvis Jalapæ Comp.

17th. Greatly improved; has passed large quantities of urine; the skin from being dry and harsh, has become cool and moist; tongue clean; no œdema of the legs and ankles, and decidedly less swelling of the abdomen; is able to lie down comfortably; sleeps much better; appetite improved.

To omit the blue pill and squill, and to have—R. Pil. Plummerii, gr. iv.; Extr. Hyoscyami, gr. v. M. Fiant pil. ij., hora somni omni nocte sumend. To continue the mixture.

19th. From this time she began to amend rapidly. Has been latterly much purged, whether from the buchu or not I am unable to say; the evacuations the same as from the use of hydragogues; the kidneys have been powerfully acted upon, and she has continued to pass large quantities of urine. On the 24th there was no swelling of the abdomen whatever, and on the 26th, she was so far convalescent as to be enabled to go into the country.

Case II.

M. R., aged 14. This was a case of anasarca, succeeding about the usual period, a mild attack of scarlatina. It resisted the treatment which I adopted in the first instance, of bark and aromatic confection, and the symptoms became aggravated, and on November 18th, there was great thirst, quick pulse, white tongue, and constipated bowels, the dropsy in this case, as Dr. Gregory states, depending upon a continuance of a highly excited state of the cutaneous capillaries, which, earlier in the disease, occasions desquamation of the cuticle. After the exhibitions of saline purgatives, combined with small doses of digitalis, I again tried the buchu, with the same good effects as before, and in a few days the dropsy disappeared. In this case also, there was great purging, when the buchu had been taken for a short time, and also an abundant secretion of urine.

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Ulcers on the Nipple, Navel, Alæ Nasi, aad Upper Lip.—Ulcerations of the areola and nipple in both sexes, particularly in women, are very tender to the touch, and discharge a thin ichorous fluid. When of long continuance they occasion inflammation and abscess of the breast. They occur chiefly in pregnant women who have lues, but they occur so rarely as not to be seen perhaps in more than one case out of 500. In the umbilicus also ulcers are more frequent in women than in men, and are very offensive.

When the alæ nasi and upper lip are affected by venereal ulcer, a pimple will form, and discharge an ichor; or there may be soreness and excoriation produced, which if suffered to go on will destroy the alæ. The sore always spreads from the angle between the cheek and nose, and frequently degenerates into a painful spreading ulcer, which will sometimes extend to, and destroy, the upper lip. These cases are not common. Cancer generally affects the lower lip; but the secondary sore from syphilitic poison usually attacks the upper lip.

Local Treatment of Ulcers of the Nipple, Umbilicus, Alæ Nasi, and Upper Lip.—In the treatment of the two first, cleanliness must be insisted on. Where the nipple is sore and inflamed, a poultice, made with linseed meal and Goulard water, may be applied till the swelling is reduced; afterwards a solution of the Argenti Nitras, or of the bi-chloride of mercury, may be used. The wash, commonly called "the black wash," may be tried; but no greasy application should be made use of. Sometimes these sores will not heal till after delivery.

The same mode of treatment will be applicable to ulcers on the umbilicus. Ulcers on the alæ nasi and upper lip may be dressed with the Unguentum Hydrargyri Nitrico-Oxidi, and occasionally touched with a solution of the nitrate of silver.

[*Case.*—A female, of middle age, consulted me for an ulcer on the left ala nasi. It occupied the greater part of the ala, which was much thickened. It was foul, with high jagged edges, and had all the appearance of a carcinomatous character. It produced great deformity of the countenance, had continued nearly twelve

* Continued from page 92.

months, and had resisted every means that had been tried to heal it. I at first doubted whether I should do her any good, but having been consulted by her some years previously for ulceration of the throat, I thought it probable that it might have a syphilitic origin. Accordingly, I prescribed five grains of the Pilula Hydrargyri every night, and four grains of the iodide of potassium three times a day, desiring that the ulcer might be washed twice a day with a little diluted tincture of myrrh. Under this treatment the sore completely healed in a month, and all hardness of the ala disappeared.]

Venereal Sarcocele.—This is a tumefaction of the testicle, and by no means a common occurrence. When it does occur, it is always connected with an affection of the skin. Both testicles are usually enlarged, and become soft and pulpy. There is also a fulness of the integuments, which are sometimes covered with tubercles or a scaly furfuraceous appearance. The swelling is pretty uniform, and there is not much pain nor any affection of the spermatic vessels. Suppuration of the scrotum rarely occurs from the syphilitic poison.

Syphilitic Affection of the Ears.—The sebaceous glands behind the ears, and upon the concha, and sometimes the whole cartilaginous substance, forming the external ear, are involved in the syphilitic action. The parts become thickened and painful, often discharging offensive matter; at other times the disease will extend to the Eustachian tubes, particularly where the tonsils and fauces are affected, producing tinnitus aurium. The ossicula auditûs are not so apt to be involved as in scrofula, and therefore deafness is probably the result of thickening of the parts. From this patients generally recover.

Intertrigo Syphilitica.—By intertrigo is meant n painful excoriation of the integuments, with an offensive ichorous discharge, often extending from the anterior to the posterior perineum; and on the inside of the upper part of the thigh there is sometimes a morbid surface, having a whitish appearance, and covered with a thick sebaceous matter. The patient is disturbed by it at night, and cannot sleep. The ulceration never becomes deep, and is seldom met with in the higher ranks of life. It is more the result of a want of cleanliness than a characteristic of lues, although it occurs in those affected with this disease. Intertrigo pudendi is often the result of gonorrhœa in women; it may also be produced by the action of mercury, when it looks as if the epithelium had been separated from the organs of generation.

Treatment of Venereal Sarcocele in Syphilitic Affection of the Ears and Intertrigo.—The swelling of the testicle will generally begin to subside when the mercury acts on the constitution; but if the disease proves obstinate, a warm solution of the muriate of ammonia, with vinegar, may be locally applied, or the camphorated spirits of wine, with a little of the Liquor Ammoniæ, made warm over a candle. Should the swelling of the testicle remain in an indolnet state, a poultice of the fresh leaves of hemlock may prove useful.

Ulcerations of the ears should be well washed with a decoction of poppies and chamomile flowers, and dressed with the Unguentum Hydrargyri Nitrico-Oxidi. If the ulceration extend to the internal ear, fumigation of cinnabar will be useful.

Intertrigo seldom demands much attention from the surgeon, and may be removed by interposing a silk handkerchief between the scrotum and thigh, supposing mercury to be always used. Intertrigo pudendi may be treated with Goulard water and lime water, to which a little spirit is added, or with a weak solution of the bichloride of mercury. A strong infusion of tea or camomile flowers will sometimes relieve the symptoms. Should there be much excoriation, the saturnine ointment or calamine cerate may be applied.

Intertrigo ani is by far the most painful, and is frequently so severe as not to admit of relief. Large doses of opium will be necessary to lessen irritation; and in these cases the form of powders answers better than unguents. Equal parts of powdered myrrh, white lead, and Lapis Calaminaris, may be tried, or the sulphate of zinc in powder; and the parts should be frequently washed with a soft sponge wrung out in warm elder flower water, or warm water only.

Warts and Excrescences.—Warts and excrescences may be considered diseases of the skin, and caused by spurious growth. When they remain after the total disappearance of the venereal symptoms, it is probable that in the majority of cases they will not again infect the constitution; there are, however, exceptions to the rule. There are cases where, after the removal of warts from the prepuce, &c, by excision, the sore will not heal, except under a course of mercury. Syphilitic warts may be divided into the verruca vulgaris, and acrochordis, and syphilitic excrescences into condylomata, fici, and cristæ. The common wart is a small, hard, and almost insensible tubercle, arising from the surface of the skin, covered with a dense cuticle, and of the colour of the integuments. They occur on the penis, nymphæ, perineum, &c., and especially in those who have had the venereal disease. They do not arise from the cuticle, and are always sensible. They are more luxuriant where the epidermis is kept moist by secretion, and are black in the negro. They are not to be considered as newly formed parts, but rather a redundancy of the normal parts, and hence their base does not increase, although the wart itself may acquire a considerable size.

The acrochord or pencil-shape kind springs from a moister surface,—viz., from within the labia of females, and is of a softer texture than the common wart; they are sometimes met with within the nose, where they are not always of the syphilitic character.

Condylomata are smooth, soft, and of a dark red colour; they are covered with cuticle, and not much elevated above the skin; their surface is as broad as their base, and they are commonly found about the anus. Sometimes they assume a shape and colour resembling figs, and hence are called fici.

Cristæ occur about the anus, perineum, and glans; they have a broad base, and a fimbriated appearance. When seedy they have been compared to a cauliflower. Sometimes they are produced in great number on the perineum of females, forming a large bulk, and discharging a most offensive ichorous matter. They sometimes occur in children, and without any venereal cause; they are not probably derived from the same sources as the common wart, but from the sebaceous glands of the part.

Treatment of Verrucæ, Condylomata, &c.—The hard warts may be destroyed by inflammation, decomposed by caustic, or extirpated by the knife. It is difficult to excite a sufficient inflammation to destroy warts, without injuring the surrounding parts. It is best first to soften them by a poultice, containing soda, after which the top is to be pared off, and a mineral acid applied, till the whole is destroyed. Where a ligature can be used it is a still better remedy, as the wart is then less liable to return. It is always applicable to the pencil kind. It appears that the part of the wart below the ligature dies as well as that above it. If the prepuce be studded with warts, it is better to remove it; and if there be masses of them on the penis, a small portion only should be destroyed at a time, lest the inflammation produce gangrene. Condylomata frequently shrink and disappear during the mercurial course, without any local application; if they should remain, a solution of the bi-chloride of mercury, or of mercury in dilute nitric acid may be used.

Cristæ are to be reckoned amongst the most inveterate venereal excrescences. They will be regenerated again and again. The most useful applications are the following:—A solution of the bi-chloride of mercury, the hydrochlorate of ammonia, powder of savin, acetate of copper, sesqui-chloridi of antimony, (butter of antimony,) arsenic and fumigations, with the bi-sulphuret of mercury. Those caustics which produce most inflammation, are the best. Should a crista, after having been destroyed by caustic, sprout up again, great benefit will be derived by a strong solution of alum in a decoction of oak bark. The following is recommended by Plenck:—

R. Alcohol, Aceti Destillati, utrq. ..... oz. iss.
Hydrargyri Bi-Chloridi ..... dr. j.
Aluminis Sulphatis, Camphoræ, utrq. dr. ss.
Misce. Fiat Lotio.

Whenever a ligature can be used in cases of cristæ it ought to be applied. A needle with a double ligature will be found the most effectual method of applying it. If it be thought fit to excise these excrescences, the excisions must be deep in order that the sebaceous glands, from which they probably spring, may be extirpated with them.

Rhagades.—Rhagades are fissures on the hands, about the anus, or perineum, and sometimes on the lips. It is important to distinguish the syphilitic from the common kind. The common rhagades are dry and give no disturbance but by their dryness; they sometimes appear like little nodes or corns in patients who have a tendency to lepra. Those which are derived from syphilitic causes may be distinguished by their being very painful and discharging profusely a fœtid matter.

Treatment of Rhagades.—Those on the hands generally begin to heal when the system is under the influence of mercury, and will get well without any local application, if attention be paid to cleanliness; those on the anus are very painful and difficult to heal. They should be dressed so as to expose the bottom of the sore, and the best application will be the Unguentum Hydrargyri Nitratis, or a solution of the nitrate of silver.

(To be continued.)

ON THE TAXIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Some late numbers of your Journal contain communications on the subject of incarcerated hernia, which are calculated to cast imputations on the practice of some of the most eminent surgeons and most popular writers on surgery, from Desault to Druitt.

One of your correspondents, Mr. Hunt, seems fearless in maintaining his position in regard to the general practicability of the reduction by the taxis. He deserves our best acknowledgments, inasmuch as he has insisted on a method which, I verily believe, might have been successfully adopted in many of the cases which have been subjected to the severer operation. For the cause of suffering humanity, therefore, I am happy that I can offer my testimony to the superiority of the mode of proceeding Mr. Hunt has recommended.

If the explanation of the physiological principles on which the misfortune depends be correct,—namely, the congestive state of the veins, then we must admit, consequently, the impossibility of returning the venous blood or other contents of the hernial tumour by a *hasty* trial of compression. The reduction of strangulated hernia by the taxis is a *slow* process, but speaking from my own experience, it is always possible. He is wanting in patience or practical tact who does not succeed when called in to a case before acute inflammation has supervened. The directions for the reduction of hernia are usually absurd. To talk of kneading the tumour is mischievous,—of first "pulling out" further the contents is impossible, or if not impossible, only adding to the existing evil. Lastly, to limit the

taxis to "a quarter or half an hour," is inexcusable haste. I confess, however, that formerly I have followed this plan to my disappointment; latterly, in such cases, I have used continued compression with one or both hands, in the direction of the ring, for the space of from one to two hours. In this way I have not failed to diminish the size of the hernia, and to return the prolapsed viscera. By such means I have gained the confidence and esteem of my patient.

The greater operation is, I grant, in the eyes of the ignorant, a more brilliant affair. It is talked of through the neighbourhood, and it is understood that the sufferer has been rescued from the very jaws of death, by the skilful employment of the knife. Nevertheless, we ought no longer to refuse to admit a fact stated by your correspondent, amounting to this,—that where an enterocele, epiplocele, or an entero-epiplocele, can find an exit from the abdominal cavity, *cæteris paribus*, it can be replaced by the taxis. If indeed the hernial tumefaction, by accident or neglect, has too exalted a sensibility to the manuduction of the surgeon, small doses of tartarized antimony may be frequently given, or other means used for the purpose of subduing inflammatory action, before or during the taxis.

A short time ago a lady, owing to the weakness of the spring of her truss, and in consequence of a long walk, had an inguinal hernia so far descend, or so swollen, as, with all her efforts, to be unable to return it. On visiting her I found her in a most uncomfortable state,—with great anxiety in her countenance, sickness, pain in the epigastrium. It was a difficult case, for the hernia was tense, and apparently unyielding, yet steady continued pressure for the space of an hour and a quarter, by degrees lessened the volume, and at length, with a sudden gargling, the sac, with its contents, in an instant passed into the abdomen.

I am, Sir,

Your obedient servant,

J. PAXTON, M.D.

Rugby, February 18, 1848.

CASES OF PLACENTA PRÆVIA, WITH OBSERVATIONS.

By EDWARD RAY, Esq., Dulwich.

(Read before the South London Medical Society, January 6th, 1848.)

Feeling that in difficult and fatal parturition, no class of cases are attended with greater danger to the life of the mother and the child, and that none perhaps are more awful, or occasion more anxiety even to the practitioner, than those of placenta prævia, I am induced to bring before the notice of this Society, the following cases, in which the placenta was either expelled or removed from the uterus, when the patients were exhausted by the loss of blood, and were still bleeding, with the effect of causing the immediate cessation of the hæmorrhage; and that after an interval, (which allowed of the free use of restoratives,) the patients, without any further loss of blood, were delivered of their children by uterine action.

CASE I.

Mrs. Duffield, residing in a lone cottage in the midst of some fields, aged 27, the mother of one child, and seven months advanced in pregnancy, was, on the 8th of April, 1847, attacked suddenly, and for the first time, with hæmorrhage from the uterus, without pain, about 4 p.m. The hæmorrhage increasing, and being alone, she determined to go to a man working at some distance (about 300 yards,) and send him for assistance. On walking, the hæmorrhage increased, and with it her alarm; she, however, effected her object, and has since described "the blood as if pouring from her" on her way back. Before regaining her cottage, she stated that she could not see, and with difficulty succeeded in groping her way by palings, &c., to the cottage door, and from thence to the bed on which she fell. I arrived about five o'clock, and found her lying partly on the bed, and her clothes dyed in blood: she was blanched, cold, almost pulseless, unconscious, and blood continued to drain from her. Brandy was freely given, and after examination one drachm of powdered ergot in form of infusion. On examination the os uteri was found dilated, and the placenta bulging through it: anteriorly the distended membranes could be reached, and a foot detected; the membranes were then ruptured, and the foot brought down. Hæmorrhage continued; slight uterine pains occurred; pressure was applied over the uterus, *which was firm*, and the child, a female, delivered, still-born. On examination another fœtus was detected; the hæmorrhage continued, and the placenta occupied the same position: with some difficulty I reached and ruptured the second bag of membranes; the fœtal head descended, and with the gush of liquor amnii the placental mass was expelled, which proved to be a double one, and remained connected by one cord to the child unborn. The hæmorrhage now (half-past five,) ceased, and although uterine pains did not recur for two hours at least, and the delivery of the second (a still-born female,) was not completed until after half-past eight, *there was no return of it*. After the expulsion of the child, the uterus did not contract firmly for some time, but I could detect no unusual hæmorrhagic discharge; steady pressure was at first kept upon the uterus with the hand, and afterwards by means of a pad and bandage firmly applied. Her temperature improved with her pulse, after the free administration of brandy in gruel, and she was partially conscious during delivery. After delivery she suffered from hydrosis, and this was followed by general anasarca, accompanied throughout by defect of vision, from which she eventually recovered, and has since given birth to another child. It is impossible to form any idea of the quantity of blood lost in this case; her gory track was more than readily to be traced, and the cottage floor was covered with blood.

CASE II.

Mrs. Duke, aged 28, four feet ten inches in height, and possessing a small rounded pelvis, had given birth to two small living female children at the full period, after long and severe labours; had aborted once at the third month, and had expelled an uninpregnated ovum, after having obscure symptoms of pregnancy for five months. She was in the last month of utero-gestation when I was summoned to her, at half-past 4 a.m. of October 14th, 1847. I found her upon the bed, lying partly upon the left side and the abdomen; unconscious; ghastly pale; cold; pulse scarcely perceptible; sighing occasionally; breath of death-like coldness, and occasional jactitation

of the arms. The clothes and bedding were saturated with blood; blood was found upon the floor; and a chamber-vessel by the side of the bed contained more than five pints of coagula. (This was ascertained afterwards by measure.) A wine-glass of gin was immediately given: brandy procured, and a dessert-spoonful given in a little warm gruel frequently.

On examination blood was found oozing from the vagina, which was filled with coagulum. The os uteri was fairly open and dilatable: within it, and completely surrounding it, was found the placenta. No sensation of fluid within the uterus could be detected, and the firm head of a fœtus could be distinctly felt through the placenta. The *uterus* through the abdominal parietes was *found firm and globular, and remained steadily so, without any evidence of uterine pains:* no fœtal movement could be detected, and, having no stethoscope with me, the position and state of my patient prevented my endeavouring to ascertain the existence or non-existence of the child. Without altering the position of my patient, I determined upon immediately removing the placenta, which I found attached to the anterior part of the neck of the uterus, the posterior and larger portion of the placenta being already detached, and separated from the uterus by coagulum. The separation was readily effected by passing the left hand between the uterus and placenta posteriorly, then gradually rotating the hand to the right, keeping the dorsal surface of the fingers firmly pressing against the uterus, and the margin of the placenta within their palmar surface, so that it was readily removed after its detachment by bending the fingers and withdrawing the hand. Some portion of the membranes being fixed between the head and pubis yielded during extraction, and remained behind. Hæmorrhage continued during the removal of the placenta, but ceased with its removal at 5 a.m., and no coagula formed afterwards in the vagina. The placenta was entire, of usual size; coagula were adhering to a considerable portion of its maternal surface, and its structure was to all appearance healthy. The cord was not tied nor divided until some half hour after the removal. I could distinguish no pulsation in it, but found the umbilical vein enormously distended.

The poor woman was now warmer; somewhat conscious; pulse more perceptible, though very feeble,—rapid, and not to be accurately counted; free from pain and hæmorrhage. The *uterus continued firm and globular;* and, upon examination, a very firm fœtal head was found resting upon the open os uteri in the natural position. The abdomen (which had until now been supported by hands,) was encircled by a broad bandage; and as the patient dosed at intervals, the brandy and gruel was only occasionally given, and in smaller quantities.

About half-past 7, slight uterine pains commenced, and gradually increased; the temperature of the patient was good; the strength of the circulation had improved, and the radial artery communicated the characteristic vibratory sensation of the hæmorrhagic pulse, the number of beats varying from 140 to 150 in the minute; no return of hæmorrhage.

At half-past 8 pains were frequent, but not strong enough to be effective; the firm fœtal head remaining fixed in the brim of the pelvis, and resting on the dilated and dilatable os uteri. One drachm of powdered ergot was given in the form of infusion, and speedily increased the strength and frequency of the pains, but without affecting the position of the fœtal head. Shortly after 9 o'clock, not deeming it prudent to tax further my patient's powers of endurance, I opened the head with a strong pair of scissors, and, with very little aid in the way of traction, the head shortly passed into the cavity of the pelvis, and was expelled with a portion of the membranes *by the uterine efforts* about 20 minutes past 10—more than five hours after the removal of the placenta. There was no hæmorrhage after the labour: indeed, after the removal of the placenta, the fingers were not rendered more sanguineous than usual by the examination (excepting, of course, the effect of opening the cranium,) and the only napkin I kept applied was soiled, not sodden, by the discharge. The child (a male,) was dead, well-formed, of full size, and livid.

After the labour, my patient was much better than could have been anticipated; *the uterine action appeared to have rallied her most effectually;* the surface of the body was not only warm, but moist; pulse 136, of vibrating character. Though not disposed to speak when addressed, she was perfectly conscious, and the uterus remained firmly contracted. The abdomen was firmly supported, and the position directed to be maintained until my next visit.

It is sufficient to state that this poor woman steadily improved; the pulse gradually diminished in frequency, and lost its character. The confusion in her head consequent on the loss of blood was her only complaint, and this, which she compared "to the constant noise and bustle of a railroad station," slowly subsided. She suffered but little, and for a short time, from the distension of the mammary glands, or consequent constitutional irritation. After this, as after former labours, she had but little lochial discharge, and the after-pains were scarcely recognized. She was allowed light broths and milk, with her gruel and arrow-root, from the first, and, after a few days, tonics were prescribed, and the diet further improved.

Her after-statement was, "that there had been no previous hæmorrhage; that she went to bed well, and was awoke before 4 o'clock with an urgent desire to pass water; something escaped, which she supposed to be urine, before she could gain the vessel: on seating herself, there was a sudden gush of she knew not what; she felt faint, and knocked." It appears that a female in the house found her upon the vessel, leaning against the bed, insensible, and, with assistance, placed her as I found her.

Remarks.—I do not advocate the removal of the placenta in all cases of unavoidable hæmorrhage, but I am able to add my testimony to the comparative safety of the practice, as far as the mother is concerned, in such cases alone as those related; and I confess, that until the occurrence of my first case, I did not attach to the opinions of the late Mr. Kinder Wood, Dr. Simpson, and Dr. Radford, the importance that I now feel they deserve.

I was induced to adopt this practice in the second case—

1st. From having witnessed in the former case the immediate cessation of the hæmorrhage on the expulsion of the placenta.

2nd. From believing that increase of exhaustion from further loss of blood, or from emptying the uterus, might probably be fatal.

3rd. From the known difficulty in turning, the uterus

having lost its fluid contents, and being in a state of *tonic contraction* around the body of the fœtus:

4th. From the impression that the delivery would be difficult, even could turning be accomplished, from the firmness of the head, presumed sex of the child, and the knowledge of former severe and lengthened labours when the children were small, and females.

5th. From viewing the tonic contraction (or firmness,) of the uterus as favourable to the prevention of hæmorrhage after the removal of the placenta.

The source of the hæmorrhage (whether it proceeded from the uterine arteries, sinuses, or from the opened cells on the maternal surface of the placenta, individually or collectively,) was *maternal*, and was derived principally from the venous system, as the uterine arteries, from their size, tortuosity, and contractility, could not produce those awful gushes. On considering the number, size and free communication of the uterine sinuses with each other, tracing them through the uterine plexus to the internal and common iliac veins, and finding that these veins are not supplied with valves, I can readily understand hæmorrhage to any amount, though the placenta was but partially detached, the uterus being in an *atonic* state.

The principles of treatment must be directed to restraining the hæmorhage and supporting the vital powers of the patient.

To restrain the hæmorrhage, the object must be to promote and ensure uterine contraction. The means employed may differ, but they tend to the same end. When the os uteri is undilated, the introduction of a sponge tent and plugging the vagina, mechanically assist to restrain the hæmorrhage, but tend physiologically to induce uterine contraction, as in the induction of premature labour. The rupture of the membranes brings the firm body of the fœtus into more direct contact with the lining membrane of the uterus, and induces uterine contraction, (as in the induction of premature labour, or the effect of a foreign body within the uterus,) *affects the course of the sinuses, and causes pressure upon the hæmorrhagic source, the placental pad intervening.* Should hæmorrhage still continue, the uterus being in a state of *tonic contraction*, it appears to me that the removal of the placenta allows of still further contraction of the muscular structure of the uterus, and *direct pressure* upon the open vessels. My impression is that it would be madness to *remove the placenta, or to deliver after turning, the uterus being in an atonic state*; that to *deliver or empty the uterus* of its contents, with safety to the mother, *clonic contraction* should be present, but that *tonic contraction* is sufficient to restrain hæmorrhage after the removal of the placenta, the *fœtus remaining in utero.*

Uterine contraction (tonic and clonic,) might be induced by external friction or pressure, mammary irritation, enemata, ergot, galvanism, &c.,; but in cases of extreme exhaustion from hæmorrhage, I am disposed to believe that the *most powerful excitant of motor power is the presence of the firm fœtal body within the uterus, and that the induced uterine action after the removal of the placenta is not only beneficial in causing the natural expulsion of the child, and consequently diminishing the risk of after-hæmorrhage, but is also of the greatest value in producing reaction from the effects of the previous hæmorrhage*, the vital powers to be supported by the free administration of stimulants, with nutriment.

In conclusion I question the propriety of tying the cord in these cases, as children are occasionally born alive when following the placenta, and recommend the employing of an inverted bowl or small bason, with a folded napkin intervening, to ensure pressure over the uterus, as suggested by Mr. Harvey, of Castle Hedingham, to prevent after hæmorrhage.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MARCH 8, 1848.

It will be in the recollection of the members of the Provincial Medical and Surgical Association, that at a conference which was held by the Home Secretary with a deputation from the Association, it was suggested by the Right Honourable Gentleman that the several corporate bodies and other parties interested in the subject of medical legislation should endeavour to come to some arrangement amongst themselves on the questions under consideration. A conference was accordingly proposed by the Council of the Association, but which from an indisposition manifested by certain parties to enter into it, was at that time laid aside. Meetings have, however, lately taken place among certain sections of the profession, which hold out a promise of favourable results, and the Central Council of the Association having received information of these meetings, deemed it right, therefore, at once to appoint a deputation, to confer with the Royal College of Physicians, in accordance with the courteous intimation which had formerly been received from that body.

The object of this deputation was to lay before, and explain to, the College, the principles adopted and hitherto acted upon by the Association, and at the same time to obtain from the College authorities more full information as to what was now contemplated on the subject of medical legislation by the several corporate bodies of the profession in England.

It is with much satisfaction that we are enabled to announce that many of the difficulties which formerly beset the question of medical legislation are removed, and prominently among them we may state that the demand for a

separate incorporation of the large and influential body of the General Practitioners is likely to be acceded to; and that the establishment of such an incorporation forms a prominent part of the measures in contemplation.

Another of these measures is the formation of a competent central governing body or council, for the regulation of all matters relating to medicine; and a protective measure which renders it a fraud, and punishable as such, for any person to assume the titles of medical practitioners, unless duly authorized by law so to do, is also to be brought forward.

We are, however, on the present occasion, chiefly desirous to direct the attention of gentlemen practising in the country as physicians, to that portion of the proposed measure in which they are especially concerned. The London College of Physicians will of course take care of their own body; the College of Surgeons of England may be expected to do the same by their own members; and the general practitioners will find that their interests have been attended to by the National Institute of Medicine, Surgery, and Midwifery, which will, we presume, form the nucleus of the future College or incorporation. The Council of the Provincial Association, however, feel deeply interested in the welfare of all provincial practitioners, of whatever grade or denomination; and while they are quite willing to believe that the interests of certain of them will be attended to by the Corporations and the National Institute, they will feel themselves bound to exercise a vigilant inspection over what is going on. As the provincial physicians have no voice in any of these bodies, the Council deem themselves especially called upon to advise those gentlemen of what is now intended in relation to the position which they are to occupy in the legislative measures now under consideration.

With this view then, we extract the following clauses from the intended Charter of the Royal College of Physicians of England:—

Clause 2.—That the said Corporation shall consist of Fellows and Associates, [or Members,] including a President and Council, four Vice-presidents, four Censors, a Treasurer, and a Registrar.

Clause 3.—That all the present Licentiates of the said Corporation shall be Associates [or Members] of the said Corporation.

Clause 4.—That each of the present Extra-Licentiates of the said Corporation shall be admitted an Associate [or Member] of the said Corporation, on the production to the said Censors of the said Corporation, of testimonials of character and professional qualification, which shall be satisfactory to the said Censors, and on passing such examination before the said Censors as shall be required by, and shall be satisfactory to, the said Censors, and on his paying to the said Corporation a fee of £25 exclusive of the stamp duty.

Clause 5.—That every person now practising as a physician in England or Wales, and who shall have taken the degree of Doctor in Medicine at any University in the United Kingdom of Great Britain and Ireland, after regular examination, (previously to the 1st day of January, 1842,) and who shall have attained the age of 30 years, and who shall not be engaged in the practice of pharmacy, shall at any time within twelve calendar months from the acceptance of these, our letters patent, by the said Corporation, in the manner mentioned in the Act of Parliament, hereinbefore stated to have been passed in the present year of our reign, be admitted an Associate [or Member] of the said Corporation, without any examination, on the production to the said Censors of the said Corporation, of his diploma, and of such testimonials of character and professional qualifications as shall be satisfactory to such Censors, and on his proving himself to be of the said age, and on his assuring such Censors that he is not engaged in pharmacy, and on his paying to the said Corporation a fee of £25, exclusive of the stamp duty.

The Clauses here quoted speak, perhaps, sufficiently for themselves. Every physician of six years standing, who is a Doctor of Medicine of a British University, and of the required age, may become an Associate, or Member, of the College, and entitled to all the privileges of membership. There is, however, a point in Clause IV. which demands notice here. It is well-known that many gentlemen now practising in the country as physicians, under the extra-license of the College, are not in possession of the degree of doctor of medicine, which would entitle them to enter the College as associates under Clause V. The call upon these gentlemen to produce testimonials of character and professional qualification, is, we presume, a provision which has become necessary, from the loose and reprehensible manner in which the Elects of the College have at various times acted, in reference to the granting of the extra-license, whereby they have admitted some unworthy and ill-qualified persons into their body, and done especial injustice to the very many highly respectable gentlemen who have been induced to accept of this license.

The payment of an admission fee in either case,—that of the extra-licentiate, or that of the physician, hitherto not a member,—is just, as privileges, the same as those to be enjoyed by the former licentiates are granted to both;

but it is a question whether the specified amount of the fee is not too great to require from a large number of gentlemen, very many of whom have established a high reputation for themselves independent of the College, who will confer honour on any body to whom they belong, and who may be well contented to remain as they are.

In reference to the Fellowship, it is known that the old practice of confining it chiefly to the graduates of Oxford and Cambridge has for some years been altered. Of late the more liberal plan of selecting from among the Licentiates a certain number of gentlemen of reputation for professional scientific or general acquirements has been followed, and we have pleasure in admitting that the selection has been for the most part judiciously made. It is now proposed that the Fellows shall for the future be elected from among the Association by the general body.

Notice.—It is particularly requested that, gentlemen practising as physicians in the provinces, will communicate their opinion in reference to the subject of the preceding observations to the Council of the Provincial Medical and Surgical Association, in order that the views of provincial physicians on the Clauses IV. and V. of the proposed new Charter of the College may be ascertained.

ROBERT J. N. STREETEN, M.D.
Secretary to the Association.

Reviews.

On Indigestion: its Pathology; and Treatment by the Local Application of Uniform and Continuous Heat and Moisture. By James Arnott, M.D., Physician to the Brighton Dispensary. London: 1847. 8vo. pp. 107.

There are few who are much engaged in practice, who have not had frequent reason to be disappointed with the methods commonly followed of using warm and cold applications in the treatment of disease. Nothing, for instance, can be more unsatisfactory than the ordinary mode of applying cold to the head in fevers or in certain forms of cerebral disease. "There is a vast difference," says Dr. Graves, in his 'Clinical Medicine,' "between a thing being done and its being well done: so it is with regard to cold lotions; so difficult is it to ensure their proper application, that I have entirely given them up in hospital practice, and rarely order them in private. I have been induced to abandon them in conseqence of witnessing so many instances in which my directions were neglected, and consequently the cerebral congestion was augmented by their malapplication." And again, "In fevers, I can say positively, that in the majority of cases they are certainly injurious, *as usually applied.*" In these observations we most entirely concur and have now for some time been in the habit of following the advice of Dr. Graves in withholding cold in such cases, and in recommending sponging with warm vinegar and water, or the employment of folds of linen wetted with the same, instead.

It is to point out a means of remedying this defect and uncertainty in the local use of cold, and equally also of heat, and to recommend his improved method of employing heat and moisture in the treatment of disease as a powerful means in the cure of indigestion, that Dr. Arnott has published the short treatise which forms the subject of this notice.

The first section of the work is devoted to general observations on the local application of heat and cold in the treatment of irritative and inflammatory diseases. In the second section is considered the local and *uniform* application of heat with moisture in the treatment of indigestion. In the third and last section is given a description of the apparatus which he makes nse of, and directions for its management.

The great principle for which Dr. Arnott contends, is the importance of uniformity in the temperature employed, whether above or below that of the part to which it is to be applied; and to produce this he has devised an apparatus by which a constant current of water, at the temperature required, is transmitted over the part. This apparatus consists essentially of a reservoir containing some gallons of water, heated or cooled to the degree wished for; a hollow water-proof pad or cushion, capable of holding a sufficient quantity of water, to be applied in close contact with the part to be subjected to the treatment; and a vessel for receiving the waste water. The reservoir communicates by a flexible tube with the water-cushion, and the latter by a similar tube with the receiver. By raising the reservoir to an appropriate height, a current may be thus made to pass from the reservoir through the supplying tube into the cushion, and thence again to be carried off through the waste pipe.

It is obvious that in this manner, with due precautions in the adaptation of the instrument, in the regulation of the temperature of the water, and of the pressure, any desired amount of heat or cold within certain limits, may, be locally and uniformly applied.

For precise directions on this point, for the construction and detailed description of the apparatus, and for directions as to its use in particular diseases, and especially as a topical remedy in indigestion, we must refer to the work itself.

Dysphonia Clericorum, or Clergyman's Sore-Throat: its Pathology, Treatment, and Prevention. By James Mackness, M.D., Member of the College of Physicians, London, Consulting Physician to the Hastings Dispensary. London: 1848. 8vo. pp. 125.

This unpretending volume is devoted to the consideration of a not unfrequent, and when it occurs with severity, a very troublesome and serious affection. The clergyman's sore-throat, as Dr. Mackness terms it, would seem to owe its origin to excessive, irregular, or forced action of the organs of speech; and the disease attacks not only clergymen, but also members of the bar, and of the senate, professional singers, and all who are in like manner called upon to make similar exertions. If not early attended to, and the appropriate treatment (of which absolute rest forms a most essential part,) had recourse to, the consequences are very prejudicial, inducing permanent incapacity, or even in some cases laryngeal phthisis and death.

After two chapters on the anatomical structure of the parts concerned in the disease, the author proceeds to a consideration of the causes, the pathology, symptoms, prognosis and treatment, and prevention of the disease. In the course of these observations, frequent reference is made to a treatise, by Dr. Horace Green, of New York, on "Follicular Disease of the Pharyngo-Laryngeal Membrane," who describes it as an affection of the mucous follicles, attended with secretion within the follicles, or infiltration into the submucous tissue, of tubercular matter, or of a substance resembling it. Dr. Green's work, however, appears to refer to a more severe form of disease than what is usually seen in this country; and for information on the affection which more commonly comes under our notice, and its management, the work before us will be more advantageously consulted. The treatment recommended by Dr. Mackness is judicious, but it is obvious that the interdiction of all over-exertion of the voice, and in cases of duration or severity the injunction of absolute rest, must form a most important item in the means employed.

To clergymen especially, many of whom are accustomed to raise the voice above its natural pitch in reading portions of the service, the following opinion of a high authority on the proper use of the voice (Mr. Macready, the actor,) may afford some useful hints:—

"Relaxed throat," he observes, in a letter addressed to Dr. Mackness, "is usually caused, not so much by exercising the organ, as by the kind of exercise, that is, not so much by long or loud speaking as by speaking in a *feigned* voice. I am not sure that I shall be understood in this statement, but there is not one person in, I may say, ten thousand, who, in addressing a body of people, does so in his natural voice, and this habit is more especially observable in the pulpit. I believe that relaxation of the throat results from violent efforts in these affected tones, and that severe irritation, and often ulceration, is the consequence. The labour of a whole day's duty in a church is nothing, in point of labour, compared with the performance of one of Shakespeare's leading characters, nor, I should suppose, with any of the very great displays made by our leading statesmen in the Houses of Parliament. I am confident as to the first, and feel very certain that the disorder which you designate as the clergyman's sore-throat is attributable, generally, to the mode of speaking, and not to the length of time or violence of effort that may be employed. I have known several of my former cotemporaries on the stage suffer from sore-throat, but I do not think, among those eminent in their art, that it could be regarded as a prevalent disease."

It will be important, therefore, for the medical practitioner, to recommend to persons suffering from, or liable to, this affection, whether in continuing to follow their profession or in resuming its duties after a temporary cessation of them, to be most careful at all times to read or speak in their natural tone of voice. For the fuller development of the principles necessary to be followed in the general treatment of the more severe forms of the disease, we have pleasure in recommending the work before us.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

CASE OF SEVERE AND EXTENSIVE BURN,

WITH Remarks in reply to Mr. Crompton's Questions.

By John Gabb, Esq., M.R.C.S., & L.A.C., Bewdley.

On February 13th, 1847, James Palmer, aged 5 years, was extensively burnt by his clothes taking fire whilst left alone in the house. I arrived a few minutes after the accident, and when the remaining portion of clothes was removed, found the burnt surface occupying the upper two-thirds of the fore part of the right thigh, extending up the side of the abdomen to the thorax, over about a third of the surface of the right side of the thorax, surrounding the shoulder and the whole of the arm down to the wrist, the palmar surface of the thumb and all the fingers being more or less injured. Two or three small blisters were also found on the head. I had the child put directly into a warmed bed, lying on his left side, and applied flour by means of a common dredger over the whole injured surface. The flour gave such relief that the child almost immediately ceased to cry, and began to point with his left hand to parts where he felt desirous of having more applied. I prescribed a mixture of Liquor Ammoniæ Acetatis, Tinctura Hyoscyami and Mistura Camphoræ, a dose to be taken every two or three hours, for the first day or two, and ordered the flour to be applied at intervals wherever moisture appeared, for a week, taking care to have plenty in the axilla, and between the burnt surfaces of the arm and side.

During the first eight days the child was not tortured by any other dressing than the flour, and appeared to suffer but little pain after the first smart was relieved;

he was, however, much depressed, had an exceedingly quick pulse, with considerable thirst, and little if any sleep for the first forty-eight hours after the accident, within which period I believe one torturing dressing would have killed him. On the seventh day, the discharge having become offensive, I applied a soft bread-and-water poultice over the whole, at bed-time, and in the morning on removing the poultice, the crust formed by the flour came off with it, exposing over the greater part of the injury healthy granulations; but on the arm were some extensive sloughs not quite detached.

I now dressed daily the whole injury with fine lint, wetted in warm water, and so covered it with oiled silk as to keep it moist. In a few days the sloughs had all separated, and from this time, indeed from its commencement, the progress of the case was very satisfactory, nothing being applied from first to last but flour and wetted lint.

In a case of scalding of both feet and ankles in a child two years of age, I have found the same plan of treatment equally satisfactory, and even more so, if possible.

Remarks.—The notes taken of this case at the time of its occurrence, were not intended for publication, or I should have been more particular in the observance of dates; I have no memorandum of the last time of dressing, but the cure was complete in about two months. The case has been brought forward merely as an illustration of the efficacy of the most simple of remedies, and a remedy which only requires to be tried to be approved. It may serve also as an introduction to a few observations on the questions proposed in the Journal to the profession, on the treatment of burns and scalds.

1. Stimulants are no doubt useful as local applications in burns of the first degree, where we have only an erythema without vesication, and where the injured surface is not of very large extent; but in all other degrees of the injury, stimulants topically must do more harm than good, the *system* suffering from over-stimulation already. If stimulants be used in any other degree of burn than the first, they should be applied internally, with a local cooling application, such as flour. Even in burns of the first degree, (although the stimulating plan of treatment is so commonly followed, especially by non-professional persons, as when they hold the injured part to the fire, &c.,) I prefer the cooling system as most rational, and as likely to moderate, rather than increase, the constitutional irritation, which sometimes arises from this degree of the injury, particularly in delicate subjects, in whom a small extent of surface injured will occasionally give rise to much general disturbance.

2. Cool applications are always admissible, even in burns of large extent, but a distinction must be kept in view between *cool* and *cold*. Flour might be safely applied in a case of the greatest nervous depression, where ice, or an evaporating lotion, would probably soon render any other application quite unnecessary. The value of flour can only be appreciated by those who have used it; it is more valuable than cold water in burns of small or great extent.

3. Liston preferred flour.

4. Sedatives and stimulants, which allay nervous irritability, determine to the surface, prevent internal congestions, and by so doing ward off inflammation, &c., selected according to the indications of each particular case.

6. Can a cicatrix be prevented where the cutis or its surface has been destroyed? It certainly cannot be prevented where the injury extends through the true skin, but much may be done towards preventing the contraction of the cicatrix, and the consequent deformity, during the process of healing, even if the injury has been deep and extensive; but before speaking of a rational method of treatment with this object in view, I must briefly refer to the process of healing by granulation. What are granulations? They are temporary organs to serve a temporary purpose; the *vis medicatrix naturæ* raises them to perform a certain work, or rather to enable her to perform it, for the granulations are but the scaffolding by means of which the new structure is to be raised, and when the work is completed, they are removed. According to such view of the process of granulation, there must be a contraction of the cicatrix proportionate to the space occupied by the little temporary organs before they were removed, in order that the new structure be sufficiently compact; and does not this point out the impropriety of speaking so confidently of exuberant granulations, and of suppressing them so frequently? Healthy granulations should stand out well above the surrounding integument, if there is not to be a contracted cicatrix; if they are large and flabby, and pale coloured, support the strength of the patient, raise the constitution up to its work, and let not the work be cut down to the diminished powers of the constitution by the application of caustics. If caustic, or anything approaching to it, be used, as the sulphate of copper, it should only be applied to the *outer margin* of the granulating wound, the granulations in the centre being left to complete their work, until the integument encroaches immediately upon them. Nothing but deformity can be gained by hastening the cicatrization of a wound,—by repressing what are too frequently called exuberant granulations, supposing the process capable of being expedited by such means. In the case given above, everything was left to nature and wetted lint; no caustic of any kind was employed from first to last; and it was really wonderful to observe, day by day, the granulations pulled down to its own level by the surrounding integument.

With regard to the questions to which I have not directly referred, it would be only extending the length of this communication to answer them. Two things I would particularly insist on,—*the value of flour*, as the application for the first few days, and the *consequence* of *too frequently repressing granulations*,—viz., a *contracted cicatrix*. All statistical observations, &c., I leave to those who fill situations in hospitals, and have the best opportunities of making them; and would only add, that I consider the "simplicity of a remedy the measure of its perfection."

February 23, 1848.

COMMUNICATIONS.

[The following communications have been forwarded by Mr. Crompton.]

From T. Ogier Ward, M.D., Kensington.

Before I answer the "queries" respecting the treatment of burns, I trust I shall not be trespassing too much if I give a short history of the introduction of cotton as a remedy in burns and scalds, extracted from a paper read by myself before the Westminster Medical Society, in 1828, when a student at St. Bartholomew's Hospital, where, by the kindness of the late Mr. Earle, I was permitted to make some experiments upon its use, which led, as the nurses have recently informed me, to its adoption in that institution.

"The treatment of burns and scalds by raw cotton was discovered by accident in the United States of America, and has been described by Mr. Dollam, in 'Potter's Medical Lyceum,' and by Professor Gibson in his work on surgery. From America it was introduced into the Belfast Hospital, and from thence into the Royal Infirmary of Glasgow, in both of which institutions it has superseded every other mode of treatment. Having witnessed and tested its advantages while a dresser at the latter place, under Dr. Young, in several cases, (some of which are described in a letter from Mr. Plymsoll to Dr. James Johnson, in the Fasciculus of the 'Medico-Chirurgical Review,' of March 8th, of the present year, 1828,) I mentioned this plan of treatment to Mr. Earle on my return to England, and he kindly permitted me to use it in the cases I am about to mention. The wife of the clerk of Welbeck Chapel, has performed so many cures with raw cotton for the last eight years, that there is scarcely a case of burn among the poor of that district that does not come under her care."

The cases alluded to were six in number.

In the first, a child aged 4 years, there was a scald on the breast, eight inches by five, covered with large vesications. Turpentine had been applied, but it was removed to make room for the cotton. In eighteen days after admission the child was made an out-patient, with only one small sore remaining, where the largest vesicle had been.

In the second case, a child aged 7, large vesications extended from the middle of each forearm to the fingers' ends, the cutis being deadened from the axilla along the fore and inner part of the upper arms, from a burn. The cotton was applied and changed as often as it became soddened by the discharge from the sloughing parts, but it was allowed to remain over the vescications as the sloughs had not separated. On the fifteenth day the cotton was removed by the dresser and not re-applied, to make way for poultices. At this time the other parts were healed; but the sloughing portions, which were dressed with resinous ointment on lint, after the cotton was relinquished, were not cured above two months afterwards, when the paper was drawn up.

In the third case, a child, aged 5, had a deep burn of the right arm and axilla, from which the sloughs had come away by the use of poultices before I saw them. The sore had a healthy granulating appearance, and the cotton was applied together with a splint to prevent contraction of the sore upon the upper arm. After five applications the sore was healed except at the bend of the arm and in the axilla, when unfortunately no more cotton could be procured, and as the child could not bear the splint without the cotton, which acted as a pad, the sores were dressed with what little cotton was left. The splint being disused, the forearm became contracted as the sore healed, and the cotton being now exhausted the splint was re-applied, the sores being dressed with simple cerate. But the child's health had now begun to suffer from his confinement, and his bowels became disordered. The sores which had healed broke out again and could not be brought to assume a healthy appearance; and after he had remained in this state about a fortnight he died rather suddenly, from inflammation of the stomach and duodenum.

In the fourth case, a child, aged 1 year and 9 months, severely scalded on the face, neck, and shoulders, by melted fat, I applied the cotton February 12th, and on March 5th, he was made an out-patient, having only one small spot unhealed. He died suddenly, March 28th, within an hour of the last case, and from the same cause, viz., inflammation of the stomach and duodenum, with intussusception of the ileum and effusion into the chest. The sores, however, were quite healed before his death.

The fifth and sixth cases were severe scalds, with vesications. The former was healed in a week by a single dressing with cotton. In the latter case, after the first dressing with cotton, the sores were poulticed, and then dressed with resinous ointment for want of cotton; but as soon as more cotton was procured, it was re-applied, and the patient was discharged cured in less than three weeks.

One of the cases mentioned in Mr. Plymsoll's letter, and treated by me in the Glasgow Infirmary, was remarkable for the severity of the burn, and the completeness of the cure. The patient had buried his foot up to the ankle in a burning mass of soda or lime, which caused the skin of the instep, a considerable depth into the extensor tendons, and down to the bones of the fourth and fifth toes, to slough away; nevertheless, after the two toes had been amputated, the whole sore healed over without any appearance of a cicatrix, the skin, to use Dr. Young's expression, being renewed like that of a young child.

In another case the whole of the back had been burnt by a mine explosion, and was one immense sore. The man was wrapped in cotton, and though in torture previously, expressed himself as free from pain immediately after its application. This patient died exhausted by the profuse discharge, and my memory does not serve me as to the *post-mortem* appearances.

In other superficial burns and scalds the cotton answered admirably, adhering firmly till thrown off like a skin by the formation of the new cuticle beneath.

Except in the use of paint, which I have not tried, my practice and experience coincides entirely with that of my friend Mr. G. Edwardes, of Wolverhampton, to whom I believe I communicated the cotton treatment when I settled there in 1831. I have also found the cotton extremely useful to relieve the smarting of blisters and other cutaneous affections; and I have at this time a

young lady under my care to whom I have applied the cotton with complete success for an extensive eruption of herpes zoster, attended with the usual painful tingling and burning sensations. A single application has taken away all the pain, and apparently prevented the rupture of the vesicles and the consequent sores.

I will now reply to the queries *seriatim*, as far as I am able.

1. Extensive burns and scalds are attended with so much depression and chilliness, amounting to complete rigor, that until I can procure cotton, I should certainly use stimulants, both outwardly and internally.

2. My own experience of the extreme pain of cold applications would prevent my using them in small burns, and in large ones they are too depressing to be admissible.

3. Cotton has the advantage of flour in this respect,—that it does not form a harsh dry crust ; but flour is very cooling when the burn or scald is of the slightest kind, by increasing the surface for the radiation of the abnormal heat.

4. Spirituous stimulants, proportioned to the age, &c., of the patient, and the state of the case.

5. The least moveable and most fleshy parts heal most readily.

6. Where the cotton has been *properly* used, I have not remarked cicatrices.

7. Inflammation of, and effusions into, the chest, and ulcerations of the upper part of the intestinal tube.

8. From my experience in the cases already mentioned and others, I always give a guarded prognosis in *deep* burns or extensive scalds.

10. To keep the patient and the part warm and *covered*.

11. After the first depression has been removed, the diet should be nourishing, but not stimulant, for fear of internal inflammation.

12. Already answered.

Though my experience is altogether in favour of the cotton treatment, yet I ought to mention that it is attended with some objections, particularly during summer, first from the fœtor of the discharges attracting the flies, which, breeding maggots, excite the horror of the friends, at the same time that they are sickened by the stench. Hence it requires some firmness on the part of the medical attendant to induce perseverance in the treatment. Again, the confined and fœtid pus has had in some instances an injurious effect on the patient, where the sodden portions of the cotton have not been removed frequently ; and this operation requires some little dexterity, to avoid tearing off the cotton where it has become adherent to the newly-formed cuticle, which bleeds at the slightest touch, and then is more difficult to heal than at first.

From William Strange, M.D., Bridgnorth.

As a member of the Association, I feel in duty bound to furnish my experience in the matter of "burns and scalds." Since I have resided here my experience of both has been *nil ;* but during a residence of six years in Lancashire, close proximity to numerous coal mines gave me the opportunity of frequently witnessing cases of the former in every degree of severity. In my opinion our actual knowledge of disease will be extended quite as much by the members of our profession abstaining from giving any opinion upon a practical subject, except such as they may have formed from *an unavoidable induction from a sufficiency of facts*, as by the more general course of bringing prominently forward every case which may seem to support a particular theory.

I have been led to make this observation in consequence of having observed in many of the answers to the queries which you have proposed in the respect of burns, the frequent occurrence of the words "cannot say," and "I have no experience," terms which, if more frequently in use amongst medical writers, would wonderfully abridge the labour one now has to take in order to get at the marrow contained in the bulky carcasses of our numerous medical periodicals.

1. In Lancashire many modes of dressing are in use, of which cotton alone, flour alone, and cotton over a dressing of lime-water, oil, and spirits of turpentine, are those which I have myself used. In slight cases, where the destruction of the tissues is not deep, I *think* the cotton does as well as anything, or, perhaps flour, of which I have used little since I have become satisfied of the great advantages of cotton. In severer cases, and where there will necessarily be a good deal of sloughing and suppuration, I prefer dressing the parts first with the lime-water, oil, and turpentine, spread thinly over the burnt surface with a feather, and then applying the cotton (carded) equally over the whole. This double application appears to sooth the pain, and will remain on for two, three, or more days, before requiring change. It is a very common practice, and one in favour with the colliers themselves, to dress the parts with a cerate composed of soap, turpentine, and resin, with some oil spread on lint, and bandaged over. But even if equally unobjectionable with the liniment, this mode of applying what is nearly the same thing, gives rise to more uneasiness from motion, &c., and to more pain on its removal. As regards the latter part of the question, which contains the gist of the "stimulant" question, I am inclined to believe, from my own experience, that external stimulants are indicated almost solely in those severe cases in which internal stimulants are alone applicable, and for pretty much the same reasons,—viz., to rouse the system generally and locally from collapse.

2. I have no experience of cold applications, except in burns and scalds of very small extent.

3. Of the comparative value of cotton and flour I cannot decide—probably nearly equal ; but as far as I have seen, the cotton dressing is the more *manageable* of the two.

4. Except in very extensive burns, in which sedatives and stimulants, in turn, are required at first, I have confined my internal remedies solely to meet the emergencies of the case, watching particularly the action of the mucous and serous membranes as exhalant surfaces. With reference to this question, however, I cannot agree with those who think that our main efforts ought to be directed to the providing a vicarious

outlet for the suspended secretion of the skin. We have many analogous cases,—as confluent small-pox, for example, in which a fatal issue does not seem to depend so much upon the suspension of the healthy action of the skin, as a secreting and exhaling organ, as on the state of shock and alarm set up in the nervous centres, consequent upon the irritation of the peripheral extremities of so vast a number of nervous fibrils. To sooth disquietude, to support the failing strength, to relieve congestion, will all, therefore, in turn, require our prudent efforts.

5. No positive experience.

6. Ditto.

7. Ditto.

8. Dependent entirely upon the constituent symptoms. I have seen cases of the most severe and extensive burns recover almost without a bad symptom, but these have occurred to robust and previously healthy colliers. My fatal cases, except those destroyed at once, have been those of children, by whom, in consequence of their clothes taking fire, a more prolonged application of heat has been suffered than is the case in colliery explosions. Long continued collapse, with coma, almost imperceptible pulse, and coldness of the body, I have found invariably fatal.

9. Not sufficient experience.

10. The public ought to do nothing by way of treatment, in my opinion, but to envelope the burnt parts in cotton or flour, and to give a little brandy and water in extreme cases.

11. Answered in previous questions.

12. No precise recollection of any.

[Further communications may be forwarded to the Editor; or to Mr. Crompton, 71, Grosvenor Street, Manchester.]

MEDICAL LEGISLATION.

Proposed Clauses of a New Bill.

The following propositions as the heads of a measure of Medical Legislation, are the result of the conferences which have recently taken place between the Corporate Bodies, and the National Institute of Medicine, Surgery, and Midwifery.

"I. That a charter of incorporation should be granted to the surgeon-apothecaries of this country, under the title of 'The Royal College of General Practitioners of England.'

"II. That a council should be established to superintend the registration of all medical and surgical practitioners, and for the general control of medical education and practice.

"That the council should consist of one of her Majesty's Principal Secretaries of State, in right of his office, (who should also be president of the said council, with power to appoint a vice-president,) and that the other members of the council (of whom not less than two-thirds should be registered members of the medical profession,) should be such persons, not more than twelve, whom her Majesty, with the advice of her Privy Council, should deem fit to be members of the said council.

"That the council should be empowered, with the approval of the Secretary of State, to appoint a principal secretary, and local secretaries for Scotland and Ireland, and clerks, messengers, &c.; and that the members of the council, the secretaries, clerks, &c., should receive such salaries as the Lords of the Treasury should think proper to allow.

"III. That a register should be made and published by the said council, as soon as conveniently may be, of all persons entitled, as after explained, to be registered as physicians, surgeons, or general practitioners, and who shall apply to be so registered within one year if residing in any part of the United Kingdom, or within two years if resident abroad, for which a fee of ten shillings shall be paid by each person so registered; and that to the register should afterwards be regularly added the names of all persons who shall receive letters testimonial, as after explained, of their fitness to practise as physicians, surgeons, or general practitioners, and that for such registration should be paid the sum of five pounds in the case of a physician or surgeon, and of two pounds in the case of a general practitioner. All such fees should be applied towards defraying the expenses of this act.

"The register to be formed on the plan of a specimen submitted to the committee of the House of Commons in 1847 by the registrar of the College of Physicians.

"And all persons desirous of being continued on the register should be required to send their names and residences to the council annually, but without the payment of additional fees.

"The register is to be received as evidence in courts of law.

"IV. That those persons should be entitled to be registered as general practitioners who shall be enrolled as members of the Royal College of General Practitioners within one year from its first incorporation, according to the provisions of a charter which has been prepared for that college; and that those persons shall afterwards be entitled to be so registered who, having attained the age of twenty-two years, shall have received letters testimonial of their fitness to practise as general practitioners, from the examining board of the Royal College of General Practitioners, and who shall also have been examined and admitted as members of the Royal College of Surgeons.

"That those persons should be entitled to be registered as surgeons who shall have been examined and admitted as fellows or members by the Royal College of Surgeons. But, after the passing of the act, those who shall be admitted as members shall be also examined and admitted by the Royal College of General Practitioners, and registered as general practitioners.

"That those persons should be entitled to be registered as physicians who shall have been admitted as members of the Royal College of Physicians, according to the provisions of a new charter which has been prepared for the College of Physicians, and has also been submitted to the Government, which charter it is expedient should be granted to the College of Physicians.

"That the cases of persons who have been engaged in practice prior to the passing of the act, without being members of any corporate body in the profession,

should be referred to the college of the department in which they have practised respectively, for special investigation of their claims to be admitted to register.

"V. That the members of each class of the profession, registered in each of the three kingdoms respectively, should be entitled to be registered and to practise reciprocally in either of the three kingdoms as physicians, surgeons, or general practitioners, as the case may be, provided the education and examinations of each class respectively be assimilated and regulated by a certain standard common to each class; and provided that, previous to registration, they be enrolled in the college appropriated to their class, in the country in which they practise.

"VI. That the council shall be empowered to allow or disallow any new by-law which shall be made by either of the colleges.

"Also, cause a register to be made of medical and surgical students, and to make such dispensing regulations as shall seem fit in favour of those students who shall have commenced their professional studies before the passing of the act.

"Also to call for returns respecting examinations, and fees for letters testimonial and admission into the respective colleges, and to take such other measures as may be necessary in order to assimilate, as nearly as possible, the education, examinations, and fees for each class of the profession, respectively, in each of the three kingdoms. And that the council should be empowered, in any case in which it should appear to be necessary, in order to secure efficiency and uniformity of examinations, to depute one or more of its members to be present at the examinations of any of the colleges, provided the members of the council so deputed be medical practitioners, and of the same class in the profession as the college to be visited; and if, upon the report of such visitor, or otherwise, the council should be of opinion that its regulations are not complied with by any examining body, that it should be lawful for the council to refuse to register, upon the testimonials of the body so in default, until the same be amended to the satisfaction of the council.

"That the council should be empowered to strike from the register the names of any persons who shall be proved to have obtained the registry of their names by any fraud or false certificate, or who shall have been convicted of felony, or of having wilfully and knowingly given any false certificate in any case in which the certificate of a medical practitioner is required by law; also, the names of any persons who shall have been expelled from either of the colleges, according to the terms of their respective charters, provided such expulsion shall have been approved and allowed by the council, as before required, respecting by-laws.

"VII. That no one who is not registered should be judged capable of performing any act which is required by law to be done by a medical practitioner; nor should any but a registered person be appointed to any office which is deemed by the council to be a public medical or surgical office; nor should any but registered general practitioners be entitled to demand or recover fees for medical and surgical advice and attendance, or for medicines prescribed or administered.

"VIII. That penalties should be imposed by summary process on all unregistered persons practising medicine or surgery.

"Also, on all unregistered persons falsely pretending to be registered.

"Also, on all persons assuming any professional name or designation to which they are not by law entitled, or which implies that they belong to a class in the register in which they are not registered, or that they are members of a college in which they are not enrolled.

"In thus laying down the principles on which a bill should be framed for regulating the whole medical profession, the committee has entered into particulars only as regards the profession in England; but under the fifth head, respecting reciprocity of practice in the three kingdoms, it has assigned the conditions which are clearly indispensable for the attainment of that desirable object.

"The committee is aware that some variations from the plan which is here drawn out for England, may be rendered advisable or necessary, by local circumstances and the rights of existing institutions, in Scotland and Ireland.

"And the committee is contented that such variations should be made, provided the principle be not contravened, that equality of education and qualifications in each class respectively of the profession in the three kingdoms should be first obtained, in order that the right of reciprocal practice may be justly allowed."

SOUTH-EASTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

POOR-LAW MEDICL RELIEF: THE CROYDON INQUEST.

At a special meeting of the South-Eastern Branch of the Provincial Medical and Surgical Association, held at Reigate, on Wednesday, the 1st of March, for the purpose of taking into consideration the recent case of the Croydon inquest, the conduct of the Board of Guardians, and the case of the medical officer in relation thereto, Edward Wallace, Esq., of Carshalton, President of the Branch, in the chair, the meeting having considered the subject of the late inquest at Croydon, as reported in *The Times* of the 12th of January, and the resolutions of the Board of Guardians of the Croydon Union, contained in *The Times* of the 19th of January.

Resolved—

"1. That it appears to this meeting that Dr. Berncastle having been called to Mrs. Howard, as the Union Medical Officer, attended immediately, and continued his attendance for several hours, until finding that the Board of Guardians had declined to

recognize her as a pauper patient, and had positively refused a medical order, exercising his undoubted right to accept or decline her as a private patient, he discontinued his attendance.

"2. That this meeting expresses no opinion as to the propriety of Dr. Berncastle's having left the patient, because, under the circumstances of the case, his continued attendance would have been an act of private charity, entirely within the control of his own conscientious feeling, and in no way compulsory upon him.

"3. That, however, it is the deliberate opinion of this meeting, that the verdict of the Jury, in so far as it attributes to Dr. Berncastle 'the greatest inhumanity,' is characterized by the greatest injustice, and is entirely contrary to the evidence.

"4. That the Board of Guardians having adjudicated upon the case, having repudiated it as a case requiring the attendance of their medical officer, and having refused the medical order, thereby assumed to themselves the responsibility of the poor woman being left without attendance, and released their medical officer from further responsibility to them in the matter.

"5. That the Board of Guardians having pleaded a want of knowledge of the actual circumstances of the case, this meeting cannot consider such plea to be valid, inasmuch as having received a personal application from the daughter of the patient, and the relieving officer being present who had investigated the case, they had before them all the means of information.

"6. That this meeting can consider the resolutions of the Board of Guardians only as an attempt to avert public animadversion from themselves, by the sacrifice of the reputation of their medical officers—a course of proceeding which must excite the indignant reprobation of every honest mind.

"7. That the censure passed by the Board of Guardians on Mr. Tipple, for giving his opinion on oath at the inquest, is an unworthy act of intimidation, which this meeting hopes will not prevent that gentleman or any other medical officer from giving his conscientious opinion on a fitting occasion.

"8. That this meeting is cognizant of the zeal and assiduity with which Mr. Bottomley has for upwards of thirty years attended the sick-poor of Croydon, and deeply regrets that his compliance with the instructions of the Board of Guardians should have brought upon him censure from that body, who were bound either to have given him their support, or to have taken their full share of any blame which might be incurred.

"9. That the resolutions of this meeting be inserted in *The Times*, *The Daily News*, the weekly medical journals, and in the local papers.

"10. That the best thanks of this meeting be presented to Mr. Wallace for his able and judicious conduct in the chair.

THOMAS MARTIN, Secretary.

Reigate, March 1, 1848.

General Retrospect.

ANATOMY.

DEFICIENCY OF THE STYLO-HYOIDEUS MUSCLE.

The following are the notes of a dissection, by Moses Gunn, M.D., of Ann Arbor, Michigan, exhibiting an entire deficiency of the stylo-hyoideus. Subject—a negress, apparently about sixteen years of age, and well formed. The integument and external layer of superficial fascia were dissected up, and exposed a tolerably developed myoid. Removing this, and the sterno-cleido-mastoid with usual care, Dr. Gunn commenced the dissection of the supra-hyoid region. The anterior belly of the digastric was dissected out to the point where its tendon passes into the loop of the fascia which connects it to the hyoid bone. In dissecting out its posterior belly, it was observed to be beautifully developed, though not much exceeding its usual size, and not to pierce muscular fibres, as it usually does those of the stylo-hyoid. The dissection was continued by laying open the loop of fascia which invests its tendon, and turning back the muscle to its origin. This exposed, not the fibres of the stylo-hyoid, but a layer of fascia, removing which, brought to view the stylo-glossus and stylo-pharyngeus in their natural position, and ordinarily developed. Adjacent parts were perfectly normal, but not the least trace of the stylo-hyoid could be found. The dissection was repeated upon the opposite side, with additional care, and with the same result.—*New York Journal of Medicine*, September, 1847.

ABNORMAL CONDITION OF THE URINARY APPARATUS.

Dr. Hargrave exhibited the parts taken from a subject which had been obtained for practising lithotomy, and which displayed a curious malformation of the kidneys, ureters, and bladder. On incising the integuments of the perineum, he cut into a sinus or pouch, from which urine issued. This led him to examine the abdomen. The left kidney was found enlarged, and its ureter immensely dilated and sacculated. On following the dissection into the pelvis no bladder could be discovered. The vesiculæ seminales were in their usual situation.

The portion of the ureter, which from its sacculated dilatation represented the bladder, was lined with muscular fibre. The right kidney was scrofulous, and its ureter impervious.—*Dublin Medical Press*, Jan. 28, 1848

PRACTICAL MEDICINE.

TREATMENT OF INTESTINAL HÆMORRHAGE OCCURRING DURING TYPHOID FEVER.

M. Martin Solon employs the following treatment in this dangerous complication:—He gives as a drink iced rue water, to which is added a decoction of extract of rhatany. Night and morning he orders an enema of a decoction of the same plant. A bladder of ice is eventually applied to the cæcal region, and at the same time blisters are applied to the extremities. He relates several cases in which this treatment was completely successful.—*Bulletin de Thérapeutique*, Oct., 1847.

NAPHTHA IN PHTHISIS.

[Our readers have probably not forgotten the introduction of this so-called *remedy* for consumption three or four years ago, and doubtless were not slow to discover the charlatanism which presided over the announcement. Should there be any believers in its virtues still left among the members of the Provincial Association the following testimony will, we feel assured, be thankfully received.]

At a recent meeting of the Medical Society of London, Dr. Theophilus Thompson stated that he had endeavoured to ascertain as far as lay in his power, the effects of this remedy, at the Consumptive Hospital. With this view, having taken proper precautions to get the agent pure, and to give it as described by its admirers, he administered it in several cases. The conclusions arrived at were these:—In the third stage of phthisis it did positive mischief. In a few cases, where the bronchial tubes were affected and there was much expectoration, it seemed to arrest the secretion to some extent, before the night perspiration, and sometimes to relieve the cough. In all other stages of consumption, and under all other circumstances, naphtha did positive harm. It had no effect whatever on the tubercular disease.

Dr. Goldiug Bird had also employed it with all due caution, but had never found it of the least service. In chronic bronchitis it acted as the other hydro-carbonates, but with no greater effect. To say it cured or arrested consumption was a mere delusion.

Similar testimony was borne by Mr. Hird and by Dr. Wilshire.

Mr. Fisher related some cases in which benefit was produced, but he owned that their diagnosis was uncertain.

TURPENTINE IN DIABETES.

A correspondent of the *Lancet* writes to the following effect:—In the absence of any medicine having any immediate or certain influence over diabetes, any remedy which can mitigate and temporarily arrest, if not cure, this malady, must demand attention. A patient of mine, aged 44, of a scrofulous diathesis, has been suffering from diabetes for ten months, during which period the minimum quantity of water passed daily was nearly two gallons. About six weeks since, alarming hæmoptysis appeared, (phthisis having supervened,) to relieve which I administered spirit of turpentine. With the first dose the quantity of water diminished greatly, and after she had taken two or three doses of turpentine, the urine was passed in its normal quantity, though not in its normal condition, as I could still obtain sugar by evaporation. I regarded this improvement in the diabetes as a mere coincidence, but on withdrawing the turpentine the water again increased, and that dreadful thirst, which had been absent, returned.

As the urine passed continued in very large quantity, I again had recourse to turpentine in the form of Chio turpentine. Instantly, as by magic, the quantity of urine decreased, has remained so, and I well know that were I to omit the turpentine for one day, two gallons and a half of water would be the result.

PHOSPHATIC DEPOSITS IN THE URINE OF CHILDREN.

Mr. Grantham states that he has recently attended three children in one family, whose parents had previously lost three other children, two from serous effusion in the brain, and one from atrophy. The general appearance of the children presented a lax condition of the muscular system, with fair complexion, unequal diffusion of heat, dark eyes, indisposition to exertion, and constipation. The patients complained of weary and painful sensations in the parts supplied by the lumbar plexus. On examination of the urine it was found of a pale straw colour, specific gravity 1020, and without deposit after standing. Further analysis shewed an undue proportion of the mixed phosphates in the urina sanguinis, but not in the urina potus. The treatment consisted of abstinence from sugar, fruit, &c.; the tepid bath; flannel clothing; and the exhibition of nitro-muriatic acid, followed by steel.—*Medical Gazette*, Dec. 17, 1847.

SURGERY.

CASE OF SPINA-BIFIDA IN WHICH THE TUMOUR WAS SUCCESSFULLY REMOVED.

Mr. Page, of Carlisle, has recently published the particulars of a case of spina-bifida, in which he successfully removed from the lumbar region of a female child, two years of age, a tumour which measured seven inches in its greatest circumference, and five inches at its base. The child was healthy and intelligent, and otherwise well-formed; had no paralysis, and gave no evidence of pain when pressure was made on the tumour, the fluid contents of which passed readily into the spinal canal.

The tumour had gradually increased from the time of birth, and from the unhealthy character of the integuments covering it, was plainly progressing towards a fatal termination; but the general circumstances of the case seemed to warrant an attempt at cure if such attempt be ever advisable.

Believing that the danger of interference is proportionate to the size of the communication between the interior of the cyst and the vertebral canal, Mr. Page endeavoured to diminish that communication by placing an elastic ring of India-rubber around the base, which was retained there until ulceration was produced. By this means the base of the tumour was lessened considerably, as was the case when the same means were repeated two months later. At the end of a few months Mr. Page removed the tumour in the following manner:—He dissected two semi-lunar flaps of the skin from its surface, applied a strong ligature close to the base, and removed all that was external to the ligature. On the sixth day the ligature with its enclosed portion of tumour came away, leaving a wound somewhat larger than a shilling, in the middle of which the membranes of the cord were distinctly seen. The child was kept lying on its abdomen with a flannel bandage constantly applied round the boby, and five weeks after the operation the wound was perfectly healed. Since that time the child has suffered no

inconvenience, the cicatrix has much contracted, and the vacancy in the posterior walls of the vertebral canal has perceptibly diminished.

The examination of the tumour demonstrated that it was a cyst of sufficient size to contain a small walnut, its walls being formed by an expansion of the arachnoid and dura-mater, invested by the common integuments. No nerves were found connected with the interior of the cyst.

Mr. Page remarks that "the means adopted in the foregoing example of spina-bifida are only applicable to those cases in which the base of the tumour is more or less pediculated, and of these there are but few in which such interference could be employed with any prospect of success, the cord, or its nerves, being in a great majority of instances connected with the interior of the cyst. But, inasmuch as the tumour almost uniformly enlarges until ulceration of its walls takes place, speedily followed by death, it is important to distinguish, if possible, those which have no such connections, and in which the tumour may be removed with no other danger than that resulting from the exposure of, and injury to, the membranes of the cord—a danger in itself sufficiently alarming, and to incur which could only be rendered justifiable by the fatal nature of the affection it is intended to remedy. The absence of any morbid sensibility when the tumour was moved upon itself, or when pressure was exerted on any part of it, together with the perfect formation of the lower limbs, and the entire control over them, the bladder and rectum, were, in the present instance, considered sufficient evidence of there being no nervous filaments connected with the interior of the cyst, and probably the same diagnostic signs would furnish equally correct information in most, if not in all cases." And he adds "that the instances of spina-bifida in which the skin and membranes have been sufficiently strong to support the distension, and in which life has not been curtailed by the presence of the tumour, although very limited in number, are sufficiently numerous to warrant no active interference, where the slow increase of the tumour and healthy appearance of the skin afford any probability of so favourable a result."—*Monthly Journal of Medical Science.*

FREQUENCY OF HERNIA.

By Arnaud it has been calculated that one-eighth of mankind are the subjects of hernia. Mr. Turnbull, surgeon of the London Truss Society, states, that "after most diligent and general inquiries throughout the kingdom, he is induced to take them, male and female, and of all ages, upon an average of 1 to 15." This estimate was sanctioned by Monro, supported by the authority of Gimbernat, and was, for many years, generally adopted by European surgeons. It is undoubtedly too high, but other surgeons have erred in the opposite extreme. From a return made by Dr. Vesturme, Inspector-General of the German-Legion, it appears, that of 40,460 recruits examined, 365 were rejected on account of their being affected with hernia,—nearly 1 in 111, or a little less than 1 *per cent.*; and of 12,835 recruits inspected in Dublin, 116 were rejected on account of the infirmity, or 1 in 110. It has been supposed that these returns afford a tolerably correct view of the general frequency of hernia, at least in the male population of European states; but the estimate is obviously too low, for many persons afflicted with hernia, and knowing it to be a ground of disqualification for military service, would on this account be prevented from enlisting. A nearer approach to the truth, as far as regards the male population of France, of 20 to 21 years of age, may be obtained from the records of the French conscription. Thus, according to M. Malgaigne, of 10,247 persons examined from 1816 to 1823, in the department of the Seine, 314 were hernial, or 1 in 32; and of 754,875 examined throughout the whole of France, from 1831 to 1837, 24,221 were exempted on account of hernia, or nearly 1 in 32. Assuming, then, that there is 1 hernial subject in 32 males in France of 20 to 21 years of age, and calculating the relative proportions of hernial subjects at different ages, and in each of the sexes, M. Malgaigne arrives at the following estimate—namely, that there is 1 hernial subject in 13 of the whole male population of France; 1 in 50 of the whole female population; and 1 in 21½ of the entire population. From various observations M. Malgaigne infers, that the relative proportions of hernia in men and women is as 4 to 1. Other statements show a great preponderance of hernia in the male sex; but it may be justly supposed that it is greater than really exists, since women, from motives of delicacy, as well as from their being less engaged in such laborious occupations as compel the hernial subject to seek relief, are less likely than men to be the applicants at a public institution.—*Teale's Practical Treatise on Abdominal Hernia.*

CRURAL NEURALGIA CAUSED BY INGUINAL HERNIA.

It is well known that in certain cases of crural hernia, a sensation of weight and dragging, together with true neuralgic pains, is felt along the course of the crural and saphena nerves; but these symptoms are not commonly produced by inguinal hernia. The following instances are on this account worthy of record:—

1. A baker, aged 45, was the subject of inguinal hernia of the left side. Soon after the appearance of the tumour, he began to have pain in the course of the cord, and in the anterior and inner part of the thigh. These pains radiated down the thigh even as far as the dorsum of the foot. They were without interruption during the day, and were greatly exasperated by coughing; at night or in the recumbent posture they were alleviated. M. Melchiori, who relates the case, having recognized the hernia, caused the patient to wear a truss, after which the pains soon subsided, but re-appeared if the patient by any accident forgot his truss, and the intestine in consequence became again engaged in the inguinal canal.

A second case in most respects entirely similar is also reported.—*Gazetta Medica di Milano.*

TUMOUR OF THE NECK SIMULATING CAROTID ANEURISM.

The following case in which Professor Syme, with a rare honesty, narrates an instance of his own error, is strikingly worthy of perusal.

A young man called upon Professor Syme for his opinion on a tumour, occupying the upper triangular space in the right side of the neck. It was oval, circumscribed, and obviously contained fluid. There was a distinct expansive pulsation not limited to any portion of the tumour, but equally felt at every point. The patient stated that it increased in size upon exertion, and that the pulsation became stronger. There was no distinct aneurismal bruit, but a loud strong pulsation was audible. Under these circumstances no doubt was entertained of its aneurismal character, and the carotid was tied by Professor Syme. The tumour immediately sensibly diminished in size; the patient went on favourably for some days, but eventually died of secondary hæmorrhage.

On examination after death, no aneurism was present; the tumour consisted of a cyst, containing matter of a gruelly consistence, and was ultimately connected with the carotid sheath.

[In commenting upon this case, Professor Alison said that it clearly proved that even external aneurism could not always be diagnosed with certainty; internal aneurisms he had long been convinced could not in many cases be detected during life. This admission on the part of one of the best pathologists of the day affords an instructive contrast to what has recently been advanced in a weekly contemporary on the subject of stethoscopic accomplishments.]

SUBCUTANEOUS INCISION OF CYSTIC TUMOURS.

Dr. A. C. Neumann, of Grandenz, believes this method of operating to be unjustly neglected; the trifling pain to the patient,—speedy recovery,—absence of cicatrix,—its practicability on the scalp, without removing the hair, and also in the immediate neighbourhood of vital organs, large blood-vessels, or nerves, form its advantages over extirpation. He operates by introducing a long narrow tenotomy knife, with a sickle-shaped point, under the skin, about half an inch from the cyst, passing it through the subcutaneous cellular tissue to the walls of the tumour, which are then penetrated, and its lining membrane incised in as many places as possible. As much of the contents as possible are now removed by strong pressure; sometimes the whole is evacuated, at others only a portion. The cyst sometimes inflames, and pus escapes by the wound, causing the cure to be more tedious; in general a hard portion only continues to be felt, for a longer or shorter time, under the skin. A simple linen compress, retained by strips of plaster, was all the dressing employed. The result has always been favourable. In no case has any return of the tumour been observed, which the author believes to be the result of the careful incision of the lining membrane. —*Casper's Wochenschrift*, Feb., 1847.

OBSTETRIC MEDICINE.

RUPTURE OF THE UTERUS FATAL ON THE FOURTH DAY AFTER DELIVERY.

The following case came under the observation of Dr. Smalwood, St. Martin, Canada:—The patient, aged 28, with narrow pelvis, in labour of her fourth child, had been in labour twenty-four hours, and turning had been unsuccessfully attempted before Dr. Smalwood was sent for. When he arrived he found her in a state of collapse, but without pain. The appearance of the abdomen led him to suspect the cause of these symptoms, and on examination he could distinctly feel the breech of the child in the peritoneal cavity. Examining per vaginam the head was found to present. Opium and stimulants were given immediately, and delivery was effected by lessening the head, and drawing it down by the blunt hook. The body followed readily, and as the placenta was removed, the uterus contracted well, and without hæmorrhage. The rent in the uterus had been previously felt by passing the hand into the uterine cavity. The woman rallied considerably for three days after delivery, and the lochia and milk were secreted naturally; but she sank suddenly on the fourth day. No examination was allowed.—*British American Journal*, Jan. 1848.

RUPTURE OF THE UTERUS OCCURRING DURING LABOUR: RECOVERY.

Cases of recovery after rupture of the womb are such an occurrence that we are desirous of recording the leading features of this one, the subject of which had to contend alike with her formidable accident and the neglect of her attendant. A woman, aged 37, of muscular make, and very choleric temper, had been in labour for six or eight hours, on the 1st of February, when at about four p.m., on getting on to the bed, she was seized with a tremendous pain, contemporaneously with which the waters were discharged, and a loud cracking sound was heard. She complained of terrible suffering at the umbilical region, and grasped this with both her hands. Labour-pains ceased, and she became ghastly and cold, so that her friends believed her in the act of dying, and had the religious sacrament administered. After a long period, however, they determined to call in advice, and about six hours after the accident the author, Dr. Prassart, saw her. He found her suffering from the extremest prostration and intense tenderness of the belly, through the parietes of which the parts of the child were plainly felt. He easily delivered her of a dead child by means of the forceps, and a large discharge of blood followed. He endeavoured to ascertain the size and position of the aperture, but could only discover that his hand passed at once into the cavity of the abdomen, whence he removed the placenta, and that large coils of intestines passed into the uterus, the great pains induced forcing him to desist. The woman, after this, seemed almost lifeless, and Dr. Prassart informed her friends that she could not live the night. With true Germanic phlegm, he seems to have taken no pains to ascertain whether his prediction was verified, and in *four days* after was much surprised at being again called to visit the patient. He now found severe inflammatory action of the womb and abdomen set up, accompanied by great prostration of strength. We need not follow the case through its remaining details, presenting as it does but another example of the occasional wonderful power which nature employs in coping with the direst extremities of disease. The author, from his infrequent visits, (alternate days,) and the nugatory character of his treatment, may be

considered as having delivered it over into her hands, the result being, that in four weeks the woman was enabled to leave her bed. She continued for some time after her recovery to be tormented with occasional severe pains, but in the course of the following year natural menstruation was re-established.—*Casper's Wochenschrift*, No. 41, 1847.

POOR-LAW MEDICAL RELIEF.

CONFERENCE WITH THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

On Friday, February 18th, a deputation from the Committee of Poor-Law Medical Officers was favoured with an interview with the Council of the Royal College of Surgeons The deputation, consisting of Dr. Hodgkin, Mr. Vallance, Mr. Mitchell, Dr. Barnett, Mr. Lobb, Mr. Lord, Mr. Bottomley, and Mr. Peter Martin, were received by the President, Mr. Travers, and by Mr. Green and Mr. Stanley, the Vice-Presidents, of the College.

The deputation stated in detail the evils attending the present system of medical relief, both as regards the medical profession and the poor, and submitted to the College the heads of a plan they had agreed upon, as containing the principles of a better system. They reminded the College that the only improvement which had hitherto been made in the system since the introduction of the new Poor-Law had been in a great measure owing to the exertions of their former President, Mr. Guthrie, and explained that by the general reduction of salaries consequent on the medical order, Mr. Guthrie's plan had paatially failed in giving the relief intended. The deputation particularly dwelt on the necessity of placing Poor-Law medical relief under competent professional control.

The President and Vice-Presidents of the College assured the deputation of the interest felt by them in the matter, and of their approval of the principles set forth by the deputation. Without committing themselves to the details of the plan, they gave an assurance that it should have the full consideration of the Council, and intimated that the Council sympathised fully with the objects contemplated by the Committee of Medical Officers, and would be ready to give them an active support.

DR. BERNCASTLE AND THE GUARDIANS OF THE POOR OF THE PARISH OF CROYDON.

At a meeting of the surgeons to the parish of Birmingham, it was unanimously resolved,—

"That this meeting considers that the conduct of Dr. Berncastle, in his attendance on the woman Howard, at Croydon, in January last, was highly commendable and humane."

"That the Board of Guardians, having refused to allow her to be a parochial patient (most unjustly we believe,) had no authority to interfere subsequently in the case under any circumstances."

"That such refusal having caused the cessation of Dr. Berncastle's attendance upon the case, his responsibility immediately ceased, and whatever consequences might be attributed to such non-attendance, the blame must rest with the Guardians, and not with him; hence the charge of neglect against that gentleman and his consequent dismissal were entirely the result of his obedience to their own instructions."

"That after a careful consideration of the evidence adduced at the inquest, there is not the slightest foundation for any charge of neglect against Dr. Berncastle, or for the unmanly and oppressive conduct of the Guardians towards him, or for the extraordinary and illegal verdict of the Jury."

"That the ingratitude evinced towards that gentleman for his gratuitous attendance on a poor woman in a case of emergency, is calculated to have considerable influence in preventing the gratuitous services of the medical profession towards the poor generally."

"That the above resolutions be advertised in the *Times* newspaper, and copies sent to Dr. Berncastle, to the *Lancet*, *Medical Times*, *Medical Gazette*, and *Provincial Medical and Surgical Journal*."

Thomas Green, Robert Macpherson, John Simons, Frederick Field, Lewis Hill, John Onions, Samuel Badger, William Hoare, W. M. Richards, Josiah Clarkson, William Hinds, J. G. Sproston, George Richards, *Medical Officers*.

THOMAS CLARKE RODEN, Hon. Sec.

Birmingham, February 21, 1848.

TESTIMONIAL TO DR. BERNCASTLE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have this day addressed a note to the Editor of the *Lancet*, calling on the medical profession generally, to enter into a subscription for the purpose of presenting a purse to Dr. Berncastle, in testimony of their sympathy in his cause.

As a Member of the Provincial Medical and Surgical Association,—although I am sorry to say, a very useless one—a recipient of its benefits, conferring nothing in return,—I doubt not, my appeal will be heard and responded to by my Associates.

If gentlemen in different parts of the country would bestir themselvs, a sum worthy of the acceptance of Dr. Berncastle, could in a very short time, be collected. I beg to inform you that I will readily receive subscriptions from gentlemen in my neighbourhood, and put down £5 in the names of two friends and myself.

Trusting to receive your able advocacy in the cause,

I am, Sir, yours obedient,

C. WILSON STEEL.

Lewisham, February 19, 1848.

SUPPLY OF VACCINE MATTER: OPIUM IN STRANGULATED HERNIA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

It may perhaps be within your recollection, that in November, 1845 and 1846, I offered, through the medium of your Journal, to supply vaccine virus to

such members of the Association as might require it. My offer was so far well-timed, that I had upwards of two hundred applications. A large portion of my correspondents complained of the inefficiency of the virus supplied by the Institution in London; and one gentleman gave it as his opinion, that nothing but mucilage had been occasionally sent him. I have recently received the following letter; its suggestions are so good, that I will leave it to speak for itself:—

"Sir,—Rembering your kindness to me, on a former occasion, I have inclosed you a supply of fresh vaccine virus, and shall have great pleasure, whenever it may be in my power, to repeat it. It has often occurred to me how much benefit, and what a convenience it would be, not to medical men only, but to their patients also, if the various members of the Provincial Medical and Surgical Association would distribute, per post, amongst those of their acquaintance, the surplus virus which they frequently have by them, as by so doing, they would in a great measure remove the difficulty which so often exists, in procuring a supply of so valuable an article.

"I am, &c. &c."

The unexpected supply referred to proved a most seasonable one, as I was much in want of it, and knew not whence to obtain it.

I will here mention an interesting case of strangulated scrotal hernia, of recent date, in which the good effects of opium were most manifest. The subject was a painter, a very fine well-made man, who has long been subject to scrotal hernia of the right side, for which he usually wears a truss. The bowel occasionaliy comes down, but he has hitherto always succeeded in putting it up again. In reaching above his head, while at work, the hernia suddenly protruded, and all his efforts at reduction were fruitless. I saw him shortly afterwards, and all the usual means were tried in vain. I endeavoured to produce syncope by venesection, but so unusually large a quantity of blood was abstracted without success, that it was deemed prudent to desist. I then gave him one grain of solid opium every hour. After four doses the bowel was easily returned, and he had not since a bad symptom.

Many years since (upwards, perhaps, of twenty,) two cases occurred to me, in which I bled *ad syncopen*, and used the warm bath, &c., without success. In both these I then gave a good dose of laudanum, and left them, in the full expectation of being under the necessity of operating; but on quickly repeating my visits, I was rejoiced to find that in both cases the hernia had disappeared. I was then much more disposed to attribute the good effects to the venesction and warm bath, than to the opium.

I am, Sir,
Very truly yours,
T. P. FERNIE.

Kimbolton, February 26, 1848.

Medical Intelligence.

APPOINTMENTS.

Thomas Barrett, Esq., has been unanimously elected one of the Medical Officers of the Bath Eye and Ear Infirmary, in the room of S. Edwards, M.D., who has left Bath.

M. Bonillaud has been nominated Dean of the Faculty of Medicine, Paris, in the room of M. Orfila, who has been superseded by an order of the new Provisional Government.

M. Berard has been re-appointed Dean of the Faculty of Medicine, Montpellier, in the room of M. Ribes.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, Feb. 17, 1848:—Samuel Franceys Gosling, Congleton; John Orred, Liverpool; Charles Devonport Rook Symons, Devonport; Thos. Hore Graham, Stoke in Devonport.

Gentlemen admitted Thursday, February 24:—Charles Jennings; John Farmer, Hereford.

OBITUARY.

Died, February 6th, aged 88, William Daw, M.D., Chicklade House, Hindon, Wilts.

February 12th, at Bury St. Edmund's, aged, 83, Thomas Smith, M.D., lately Physician to the Suffolk General Hospital, and formerly to the Nottingham Infirmary.

February 18th, of fever, Robert Twiss, M.D., Medical Attendant of Bird Hill Dispensary, County of Tipperary.

February 29th, at Hertford, aged 67, Geo. Dickens, Esq., M.R.C.S., Consulting Surgeon to the General Infirmary.

Lately, Thomas Sumner, Esq., Surg on, n le Willows, Lancashire.

BOOKS RECEIVED.

A Few Words on Behalf of the Middle Classes of England on the Subject of the Income Tax. London: Ollivier. 1847. 8vo. pp. 21.

A Brief Essay on the Nature and Treatment of Herniæ or Ruptures. By David Tod, M.R.C.S., &c. Third Edition. London: Renshaw. 1848. 8vo. pp. 8.

The Fifth Annual Report of the Birmingham and Midland Counties Lying-in Hospital and Dispensary for the Diseases of Women and Children. Birmingham. 1848.

A Descriptive Catalogue of the Museum of the Birmingham and Midland Counties Lying-in Hospital. By John G. Connor, A.C., T.C.D. Birmingham. 1847. 8vo. pp. 209.

TO CORRESPONDENTS.

Communications have been received from Dr. Paxton; Mr. C. W. Steel; Mr. J. Gabb; Mr. T. C. Roden; Mr. H. Hanks; Dr. Alexander; Mr. H. R. Rump; Mr. A. J. Salter; the Gloucestershire Medical and Surgical Association; Mr. Crompton; Mr. T. P. Fernie; Dr. O. Ward; Professor Simpson; Mr. Amyot; Mr. Martin; Chirurgus; Mr. H. Williams; Mr. F. Elkington.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels and books for review may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

MEMOIR ON TURNING, AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS, IN DEFORMITY OF THE BRIM OF THE PELVIS, &c. &c.*

By J. Y. Simpson, M.D.,
Professor of Midwifery in the University of Edinburgh.

Sect. VI.—The Depression and Indentation during Labour of the sides of the Infantile Cranium, is compatible with the life of the Child.

Among the advantages of turning as compared with embryulcio, I have stated that "it gives the child a chance of life," and that the "neck of the child, if it be living or only recently dead, is so strong as to allow us to exert such a degree of traction upon the obstructed head, that the sides of the cranium may become greatly compressed or even indented under it; and that without necessarily destroying the child."†

As a comment upon these statements, Dr. Radford observes, "It has been said that the neck of the child alive, or recently dead, is so strong as to allow such a degree of force to be used as to greatly compress the sides of the cranium; *but* (he adds,) *such a procedure is at variance with all scientific views, and incompatible with the safety of both mother and child.*"‡

The accuracy or inaccuracy of the two different, and indeed, opposite opinions, thus expressed upon the same point by Dr. Radford and myself, is one of those questions in pathology which no mere opinion or mere reasoning could ever settle. In order to decide it, we must have recourse to facts and experience alone. And it is of the highest moment in relation to the whole object of the present enquiry, that the evidence on the matter be as perfect and unequivocal as possible; for, in fact, the practice proposed is based in the main, on the fundamental idea that the required compression and indentation of the infantile skull is *not* incompatible—as craniotomy is—with the continuance of infantile life.

Now, the records of midwifery contain numerous accurately-observed cases in which the cranium of the child has become greatly compressed or flattened, or actually depressed and indented in one of its sides, while passing through a very contracted pelvis, and that too, without necessarily destroying the life of the infant. Velpeau, for instance, the only author whom Dr. Radford quotes, tells us in a part of his work, which has evidently escaped Dr. Radford's observation, that the depression or "indentation (*enfoncement*) of the parietal or frontal bone, with or without fracture, has been noticed several times at the Maternity Hospital of Paris." * * * And "If (he observes,) the fracture or depression of the bones is not accompanied with effusion, nature ordinarily suffices to restore things to their primary state, and charges herself with the burden of the cure. Otherwise death is the usual consequence of them, or at least they produce drowsiness (*assoupissement*) and a great tendency to convulsions."*

Chaussier, who tells us that he had reported some examples of these depressions and indentations of the infantile skull in 1807 and 1810, makes the following judicious observations upon their general pathology and effects. "Sometimes," he observes, "when the sacrovertebral angle projects too far forward, we find on the portion of bone which rested on this prominence an indentation or depression, (*enfoncement ou depression,*) at which we often remark several small linear fissures (*fêlures*) in the form of a star, proceeding from the centre of the depression, and limited to the internal surface of the bone; at other times the bone is fractured in all its thickness, and its fragments are more or less separated, or forced in upon the brain; most commonly the infant dies in the act of delivery, or a short time after its birth." * * * * "These lesions, however, which would," he adds "be always fatal for an adult, do not always terminate so badly in the new-born infant, for, at this age the brain has neither the consistence, nor the action or use which it ought to have subsequently; they even heal easily and spontaneously if the infant be vigorous, and the labour has not been too prolonged."†

Various practical authors have left incidental notices of such cases of depression observed in the skull of the

* Continued from page 89.
† Monthly Journal of Medical Science, 1846-47. p. 718.
‡ Provincial Medical and Surgical Journal, 1847. p. 405.

* *Traité des Accouchemens*, Tom. ii., p. 588.
† *Recueil des Memoires, &c., sur divers Objets de Médecine Legale.* Paris, 1824. p. 436.

infant at birth, without the life of the child being compromised by the injury. Sometimes the injury has been the result of an excessive degree of compression by the forceps; but more usually it has been produced (as pointed out by Chaussier,) by the head of the infant being strongly crushed against the projecting promontory of the sacrum, and whether the infant passed as a cranial or footling presentation. Dr. Smellie, in his "Collection of lingering cases from a small, narrow, or distorted pelvis," prefaces his observations with this general remark, that "although these labours may seem to be of the same class, and require the same management with those that proceed from a large head, there is an essential difference; for though they are much the same with regard to the efforts of the woman, the operator in these has much less room when he is obliged to assist with his hand, and the child's head is disfigured and compressed into *large indentations*, occasioned by the jetting in of the upper part of the sacrum, and of the vertebræ of the loins."*

In the course of his valuable volumes Dr. Smellie in different parts casually details several instances bearing out this remark, and at the same time shewing that the injury is not necessarily fatal to the infant. I shall abridge some of these cases.

Case XVIII.—In a woman,† "sickly from her infancy and very much distorted," Dr. Smellie effected the delivery of a living child by a double application of the forceps. "The forceps when first fixed had impressed the forehead, though the mark disappeared in five or six days after birth; but they made a very considerable impression when they were fixed a second time along the ears." The pelvis was "distorted from the jetting forwards of the upper part of the sacrum," and this projection had produced an *indentation*, distinct from those produced by the forceps; "the head was of a lengthened form, and contorted to one side, and there was a *deep impression* above the ear."—"Had the child been large its life could not possibly have been saved."

Case XIX.‡—The descent of the infant's "head was retarded by a jetting-in at the middle of the sacrum," and the forceps were used. "The child's head was squeezed into a longitudinal form, flattened on the sides, with a *deep impression* on the cranium above the ears; and from an indentation on the os frontis by a blade of the forceps, which had been fixed on that and the occiput, I discovered the ears were not to the sides as I had imagined. These impressions (the author continues,) had very much galled and inflamed the parts, but in consequence of proper care they digested, and the child recovered, and as he grew up the marks diminished and disappeared."

Dr. Smellie describes a case of depression and injury of the infant's cranium at birth that is still more important than the preceding two in reference to the subject of the present inquiry, for in it the cranial indentation was produced in following the very practice which I am discussing,—viz., in turning the infant when the brim of the pelvis was narrow and contracted. The following are the principal particulars:—

Case XX.*—A patient had "a narrow and distorted pelvis," in consequence of "the three lowest vertebræ of the loins bending forwards." The patient was delivered four times. At her first and third labours the infants were obliged to be extracted by the crotchet. Dr. Smellie tells us that he "managed her second labour from the beginning in a slow and cautious manner; but (adds he,) although the child was small, I with the greatest difficulty saved it by the assistance of the forceps." At her fourth accouchement the shoulder presented. Dr. Smellie tried ineffectually to perform cephalic version, and then with some effort seized one of the legs of the infant and turned it, and extracted it as far as the neck, the head still remaining above the contracted part of the pelvis. After using considerable exertion in order to drag it through the deformed brim, Dr. Smellie states that he began to despair of the child's life, but adds, "as there was still a weak pulsation in the funis, I resolved to make another effort with all my strength, by which the head was moved a little lower; then forcing up my fingers to the forehead, I got a firm hold of it, and finished the delivery." The infant shewed some weak signs of life, and in about ten or fifteen minutes began to cry. "The infant (adds Dr. Smellie,) continuing to cry incessantly while the head was washing, I examined and perceived a large tumour above the right ear; I likewise found a *depression of the temporal bone* before the ear, and the frontal and parietal bones pushed outwards; these formed the swelling, and were the parts that stopped at the distorted bones of the vertebræ." The child was quieted by applying pressure on the tumour with a compress and bandage. Next day the swelling had disappeared. The mother recovered better than in any of her preceding labours.

Dr. Smellie relates another case† in which the head of the child was apparently injured in a similar manner in dragging it through "a distorted pelvis."

Case XXI.—The infant presented by the breech. After the body and extremities were born, "a good deal of force was used to deliver the head." Five minutes elapsed before the child breathed; at last it began to cry incessantly, "till one of the women observed a large swelling betwixt the left ear and temple." Pressure with the fingers first, and ultimately with a compress, quieted the child in the same manner as in the preceding case. "When I examined it (says Dr. Smellie,) next day, the swelling was gone, and it appeared to have been that part which stopped so long at the projection of the upper part of the sacrum before the head was delivered."

* Collection of Cases and Observations in Midwifery, Vol. ii. p. 358. 2nd Edit. London, 1758.
† *Ibid.* Vol. ii., p. 458.
‡ *Ibid.*, Vol. ii., p. 461.

* Collection of Cases and Observations, Vol. iii., p. 230.
† Cases and Observations, Vol. iii., p. 95. Collect. 32, Case 11.

Dr. Denman has recorded one exceedingly interesting case, in which the head of the infant was much injured during the version and extraction of it through a deformed pelvis, and that, as in the preceding cases of Dr. Smellie, without compromising the infant's life. The case is altogether so pertinent to the subject of the present remarks, and affords so much important corroborative evidence, that I feel assured I shall be excused in giving the details in full, and in Dr. Denman's own words:—

Case XXII.—"Many years ago I attended a patient in two labours, in both of which there was a necessity of delivering with instruments, on account of the smallness and distortion of the *pelvis*, and neither of the children could be preserved. In her next pregnancy I made a proposal to bring on premature labour, to which she and her friends would not consent, and I was dismissed from my attendance. In the course of twelve or fourteen years she had five more children, not one of which was born living. In the forty-sixth year of her age she proved with child, and again applied to me. When her labour came on, the first stage was suffered to proceed without interruption, but when the membranes broke, I without delay passed my hand into the *uterus*, and easily brought down the feet and body of the child; but the head being stopped by the narrowness of the superior aperture of the *pelvis*, I was obliged to exert, and continue much force, before it could be extracted. The child was born with very little or no appearance of life, but by the strenuous use of the common means recommended for this purpose, it was recovered. On the left parietal bone there was a depression of considerable extent, and to my apprehension of full one inch in depth, occasioned by the projection of the *sacrum*, but the depressed part gradually rose. In the course of a few months the bone regained its natural form, and the child was for several years in good health, with its faculties perfect. The woman recovered without any untoward circumstance."

"But (adds Dr. Denman, in a cautious and contradictory note,) the success of such attempts to preserve the life of a child is very precarious; and the operation of turning a child, under the circumstances before stated, is rather to be considered among those things of which an experienced man may sometimes avail himself in critical situations, than as submitting to the ordinary rules of practice."*

In the second Volume of her "Pratique des Accouchemens," Madame Lachapelle relates the following instance of footling presentation in which the child was born with a depression of the parietal bone:—

Case XXIII.—A woman, pregnant for the second time, had a large accumulation of liquor amnii, and the child floated so easily in it, that when labour pains first supervened, the presentation altered from time to time. The membranes at last were broken, and the left foot descended. By dragging at this foot, the lower extremities and then the trunk passed with facility. The left arm, however, got fixed between the head and pubis, and was disengaged with some trouble. "The head, however," to quote the author's own account, "although directed transversely, offered still greater difficulties in its extraction, either because the pelvis was a little distorted, or because our efforts were not absolutely directed according to the axis of the brim. At all events it is certain, that after the birth of the fœtus we found a *considerable depression* on the right parietal bone, which had rested upon the sacro-vertebral angle. In despite of this lesion, the infant, which was at first apparently still-born, not only lived, but the depression was dissipated, and indeed was scarcely visible fifteen days afterwards. The mother did not experience the slightest bad symptom."*

Dugés has recorded two cases which came under his observation, in which the cranium was very deeply depressed and indented in the way described in the preceding instances, and yet both children lived and did well.

Cases XXIV and XXV.—In one of these cases of Dugés the frontal bone was so much *depressed*, that the left eye appeared as it were protruded from the orbit; still the child neither suffered from convulsions, nor any other special symptoms. In the second case the child had come footling through a pelvis, the great [congugate ?] diameter of which was estimated at three and a quarter inches. (*Dont le grand diamètre etait evalué a trois pouces un quart.*) The head could not at first be extracted by the aid, even of very strong tractions on the inferior jaw and shoulders, but scarcely were these artificial efforts momentarily suspended, when the head passed rapidly without assistance, and expelled by the action of the abdominal muscles. The left parietal bone which had pressed upon the promontory of the sacrum was *depressed and indented* to the depth of half an inch, and throughout an extent of two inches. Two or three spoonfuls of blood were allowed to escape from the vessels of the cord, which yet beat with sufficient force, although the infant was apparently dead; and betimes the child became gradually re-animated, and began to cry, and passed meconium. It was troubled with constant hiccup, puckering of the lips, and torsion of the mouth to the left side; spasmodic closure of the right eye, immobility of the left; rigidity of the hands; fingers extended, and separate, with the exception of the thumbs, and the last phalanx of one of the index fingers, which were flexed inwards; rigidity of the arms and limbs. These symptoms were remittent, and returned in fits at intervals of ten minutes. Two leeches were applied to the left temple. The fits continued during the evening and night, but gradually became less and less severe. On the morrow the infant drank; it took the breast the following day; and in fifteen days after birth the cranial depression had almost entirely disappeared.

In his "Manual of Midwifery," the same writer (Dugés,) observes,—"The bones of the cranium are often fractured with indentation, by the sacro-vertebral angle of the mother. It is one of the frontal, or one

* Introduction to the Practice of Midwifery, p. 382.

* "Pratique des Accouchemens," Vol. ii., p. 166.

of the temporal regions, which is the most common seat of these lesions. * * * These fractures often heal spontaneously; the indentations even rise in a few days."*

Jacquemier, one of the latest French writers on midwifery, and from whose work I have quoted Dugés' cases, states that these fractures of the fœtal cranium, with depression, are not by themselves a cause of certain death; "the depression," he remarks, "relieves itself by degress, and after ten or fifteen days, there scarcely remain any vestiges of it."†

If it were required I might cite other cases, and remarks of the same description from other authors, in evidence of the fact, that the state of compression and indentation of the bones of the infant's cranium at birth, is not necessarily fatal to the infant's life. Some additional proofs will be quoted in the sequel; in the meantime I have, I believe, stated enough to show,—*first*, that the neck of the child, if it be living, or only lately dead, is so strong, as to allow us to exert such a degree of traction upon the obstructed head, that the sides of the cranium may become greatly compressed, or even indented, under it; and, *secondly*, that Dr. Radford is truly wrong in stating that such a lesion and practice is incompatible with the safety of the child. On the contrary, the recorded experience of Velpeau, Chaussier, Smellie, Denman, Lachapelle, Dugés, Jacquemier, &c. &c., proves (as we have seen,) that the depression and indentation of the child's head do not necessarily destroy the child's life. Nay, Dr. Radford's own experience on this point is, I know, not in favour of his views, but of mine. In evidence of this I shall quote a case in point, recorded by Dr. Radford himself, from his own practice.

Case XXVI.—"I was requested," says Dr. Radford, "by Mr. Dick, to visit a poor woman in New Blakely Street, who was suffering from protracted labour, caused by contraction of the brim of the pelvis. The long forceps were applied, and the child delivered alive. *A depression of considerable size was produced on the left parietal bone*, from the pressure it had sustained from the promontory of the sacrum. The signs which the child manifested were those of apoplexy. The funis was divided, but no blood followed, as the pulsation had previously ceased. The child continued in the same state during the day, and in the evening was attacked with convulsions, which were frequent. Two leeches were applied to the temples, the bowels were opened, and the child recovered."‡

But further, argues Dr. Radford, such a procedure as I propose is "at variance with all *scientific* views." I shall not stop at present to debate here whether the practice I suggest be "scientific" or not; but in a medical point of view I hold that appellation to be truly merited by any propositions and measures that tend, like the present, to promote the great essence and object of all medical science,—namely, the preservation of human life; and in the various cases which I have quoted in the preceding sections, while none of the mothers were lost, the lives of the infants were at the same time all saved. But assuredly the heads of most of these children would have been opened by the perforator, and their lives thus destroyed, provided, in each instance, the structure of the cranium had not yielded, and its bony parietes become fortunately depressed, and indented to the degree required to admit of its safe transit through the contracted apertures of the pelvis.

(*To be continued.*)

* "Manuel d'Obstetrique," p. 358, 359.

† "Manuel des Accouchemens," Tom. ii., p. 773.

‡ Essays on various subjects connected with Midwifery, p. 11.

CASE OF ACUTE LARYNGITIS,

WITH REMARKS ON DR. WARDELL'S CASES OF SPASMA GLOTTIDIS.

By T. OGIER WARD, M.D., Oxon.

In my last communication of an obscure case of sudden death, with enlarged thymus, I alluded to some cases of laryngeal affection, lately published in the *Provincial Medical and Surgical Journal*, by Dr. Wardell, respecting the nature of which I differed from the author; and I stated my intention to recur to the subject at a future period, and to describe a case that had recently fallen under my observation, which seemed to me, though identical in its symptoms with Dr. Wardell's alleged cases of spasm of the glottis, to be purely inflammatory.

November 25th, at 6 p.m., during the prevalence of the influenza, I was requested by a medical friend to take charge of a case during his unavoidable absence, which he considered so urgent that he dared not quit the house without leaving somebody in attendance. When I reached the place, I found the patient, a maid-servant, aged 20, lying in bed in a semi-recumbent posture; she was as red as scarlet, with a flushed and tumid face, bright and prominent eyes, distended nostrils, gasping for breath, and exclaiming in a whisper that she was choking. She was very restless, throwing her arms about, and tossing from side to side with vain attempts to relieve herself from the feeling of suffocation, and breathing with a stridulous sound, very audible as I ran up stairs. Her throat was bleeding from the bites of twenty-four leeches which had just been applied, and yet every moment the dyspnœa was increasing. I was told that she had caught cold at church the previous Sunday, but had taken no notice of it till 4 p.m., this day, when she was seized with sudden pain in the larynx, and dyspnœa, attended with extreme heat of skin, and rapid pulse—150. My friend being in immediate attendance, ordered twenty-four leeches to the throat, which had just dropped off when I saw her. Sensible of the urgency of the case, and that if she were not speedily relieved asphyxia must shortly occur, I determined to perform laryngotomy, if the remedies I proposed to use failed in their effects. I therefore returned home, and though I was not absent

ten minutes, I found on my return the danger still more imminent, the pain and dyspnœa having both increased.

I first gave her two grains of tartarized antimony in a little jam, which she swallowed with very great difficulty, making the same efforts as if she had a quinsy, though no affection of the throat was discoverable by the eye; and having waited some time, and finding no effect produced, I inserted a few grains of powdered alum into the tube of my caustic case, and blew them into her throat, which the alum readily entered during her efforts to inspire. Cough was instantly excited, and as soon as it had subsided I blew in more alum, with a similar result, until I had used about nineteen grains of alum at three insufflations. After the cough had ceased the third time, she said in a clearer voice that she was relieved, and began to breathe with more facility, the respirations falling from sixty to forty a minute, and the pulse sinking from 150 to 120. She now began to converse, and told me that the larynx was the seat of the pain, and that she felt a little thing of the shape of a heart in her throat that seemed to stop her breath. Soon afterwards the emetic began to act, she vomited freely, and in the course of half an hour she was out of immediate danger, though still suffering from pain in the larynx. Calomel and Pulvis Antimonialis, with saline mixture, were now ordered, and in a few days she completely recovered; but, so different was her appearance the morning after the attack, from the subsidence of the fever, and the removal of the expression of anxiety from her countenance, that I failed to recognize her at my visit.

If we now examine the course and symptoms of this case, there will be little difficulty in coming to a correct conclusion as to its nature. A girl catches cold during the prevalence of influenza, (which was frequently attended with pain in the larynx, and hoarseness and loss of voice,) and then is seized suddenly with acute pricking and burning pain in the larynx, attended with loss of voice and extreme dyspnœa, of a stridulous character, clearly indicative of a physical obstruction to the passage of air; while her own description of feeling a "thing like a heart" at the back of the throat, yet invisible to inspection, points as clearly to the epiglottis as the part she meant. This swelling of the epiglottis, together with the pain and tenderness of the larynx, and the general fever, are so different from the symptoms of spasm, that we cannot fail to recognize the presence of acute inflammation of the larynx, attended with œdema of the epiglottis and glottis.

It may, however, be objected, that the speedy relief induced by the insufflation of the alum is inconsistent with the removal of an inflammatory deposit such as œdema. But this lesion forms so rapidly in certain cases, that there can be little difficulty in admitting that it may be as speedily removed, particularly if we take into consideration the structure of the larynx, consisting of cartilages, partially covered with thin muscles, but mostly only by a mucous membrane, connected with the parts beneath by a lax areolar or cellular tissue, exactly similar to the texture of the eyelids,—except that the latter have one surface composed of cutis, while the former has both its interior and exterior surfaces, consisting of mucous membrane, at least around the glottis. Now, we continually see the effect of a blow, friction, or even the irritation of a little dust, in producing œdema of the eyelids, which subsides as rapidly as it has arisen, and therefore why may not the same result occur in the larynx from the direct application of a strong astringent, as alum? In cases of relaxed and œdematous uvula, we can see this effect produced by the action of an astringent gargle. Besides, in further proof of the inflammatory nature of the attack, although the dyspnœa was relieved, the other symptoms of inflammation, the pain, tenderness, fever, &c., still remained, though in a less degree, and did not entirely cease for three days. Hence I can come to no other conclusion than that the above was a case of acute laryngitis, with œdema of the glottis and epiglottis.

Let us now apply the same reasoning to Dr. Wardell's alleged cases of spasm of the glottis, for, coming from the note-book of a professed pathologist, they carry greater weight, and are deserving of more attention than would perhaps be the case did they record the ideas of a less practised observer.

Dr. Wardell sets out by stating that "these cases are not published as presenting features of very great rarity;" that "spasm of the glottis is but occasionally met with in adults,"—"nor was it until of late years fully understood." That such cases are not very rare we may judge, from the numbers that have recently been published in the medical journals since Dr. Wardell has turned attention towards them; and that even now they are not fully understood may be gathered from the fact, that though presenting the same features as Dr. Wardell's and my own, they are entitled cases of spasm of the glottis by their authors. Dr. Wardell's observation respecting their being only occasionally met with in adults cannot apply to these, and therefore, I would beg to be informed where we can meet with published cases of pure uncomplicated spasm of the glottis in the adult, as I have not been able during an extensive search, especially directed to this subject, to meet with a single instance. There are numerous cases of dyspnœa, spasmodic asthma, and angina pectoris in our medical records, and every man of experience can doubtless add to their number from his own practice; but pure spasm of the glottis is not met with in adults in England, whatever may be the case in the north; and that this may be so is not improbable, when we remember that infantile spasm of the glottis is almost unknown in France, probably owing to the greater dryness of the climate; and Messrs. Rilliet and Barthez, in their work on infantile diseases, borrow their description of it from the English authors. Further, I believe that every author who has written on the subject has admitted that great obscurities do surround the pathology of this disease.

The disease in Dr. Wardell's first case occurred in a girl aged 18, who had taken cold from wet feet, and began suddenly with dyspnœa and loud croupy inspiration, lasting 17 hours without intermission, but with slight remission, recurring again four hours afterwards,

continuing some time, and being attended with symptoms of a spasmodic character. The attacks ceased on the third day, having been combatted by bleeding to fainting at first, followed by hot drinks, and a full dose of morphine at bed-time. The treatment on the following days was a combination of opiates and antispasmodics, with counter-irritation.

The next patient, a boy, aged 16, had also got wet; his complaint began the next day with hoarseness, which was relieved by Linimentum Ammoniæ, and the ordinary treatment for a cold. Eleven days afterwards he had an attack of dyspnœa, with crowing inspiration, which lasted two hours, and was relieved by bleeding and opiates. It afterwards returned with violence, and was attended with convulsive movements of the limbs, and hard accelerated pulse, the patient being an epileptic subject. The treatment was similar to that of the former case, and proved successful the second day.

Now in regard to these cases, both of which were attended with febrile symptoms at the outset, I would ask what evidence have we of spasm of the glottis that may not as readily be adduced in proof of the inflammatory nature of the attack? Indeed, in a third case Dr. Wardell admits the existence of inflammation in the larnyx, and argues justly that the irritation had produced a spasmodic closure of the glottis. That there was a constriction of the glottis in these cases can hardly be doubted; but, as Dr. Wardell must be aware, that true spasm or closure of the glottis, from whatever cause, cannot continue for more than a few seconds without being followed by death, it is to be regretted that he should have given us these interesting cases under the title of spasm of the glottis, and that in his observations upon them he should have endeavoured to identify them with the infantile complaint. It would have been better had he imitated the reserve of that excellent pathologist, Dr. Copland, who does not admit any disease under that name into his Dictionary of Medicine.

I cannot pass over one of the observations of Dr. Wardell, published in the *Provincial Journal* for October 20th, as it is even more calculated to mislead than the cases themselves. It is as follows:—"It has been said that cold and damp have nothing to do with the production of laryngismus stridulus, and that croup on the contrary, is mainly brought on by these conditions. It is quite clear from the above cases, that the first of these statements is incorrect, as in both instances wet and cold were the exciting causes." Besides the *petitio principii* involved in this sentence, did it never occur to Dr. Wardell, that they might be very reasonably considered as cases of laryngitis, or œdema of the glottis, or other inflammatory disease? I conceive also that Dr. Wardell has failed in his endeavour to prove the existence of any hysterical affection in either case in support of the spasmodic character of the attacks. The girl exhibited none except when "choking," and the wonder is that the boy, an epileptic subject, was not more convulsed during the attacks.

There are several other remarks that might admit of discussion, but I pass them by as not relevant to my present purpose. In what I have stated with regard to these cases I have no wish to detract from Dr. Wardell's merits of close observation and appropriate treatment; but believing that pure spasm of the glottis does not occur in the adult, or at least has not yet been described, I cannot but object to these cases being brought forward as instances of it, particularly has they have led to the publication of similar ones by other parties, to which the above remarks are equally applicable. The purely spasmodic disease of children has already received almost as many names as it has met with describers, and if other complaints of the respiratory organs which have only one symptom (viz., the stridulous breathing,) in common with it, are to be classed under the same head, neither the nosology nor pathology of spasma glottidis can ever be established on a secure basis.

Kensington, Feb. 25, 1848.

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Venereal Ulcerations.—These are of two kinds. The first is a circular ulcer, chiefly found on the shoulders, back, or abdomen. It seldom exceeds three inches in diameter, and is rarely less than two. It forms a regular circle, having an area within it of sound skin. As its depth does not extend to the cellular tissue, it may be called a superficial ulcer, and it probably arises from a spot. When these ulcers occur, they may be considered as a proof of the long continuance of the disease. They do not appear to arise from the skin glands.

The second kind is an ulceration which attacks the toes, and is much more serious than the first, having sometimes proved fatal. This is a deep, painful, and ill-conditioned sore, discharging an offensive ichor, of a dark colour. It will sometimes extend around the foot; and if the under part alone be affected, the ulcer generally occupies the whole angle between the foot and toes. As the sebaceous glands abound in these parts, it may be presumed they are involved in the disease. This ulcer is seldom seen but in hospitals, and in persons very inattentive to cleanliness.

Treatment of Ulceration between the Toes.—These ulcers require great attention: in an early stage they will often heal with common dressing and Bates's camphorated water, considerably diluted. This wash answers better than those of mercury. When the ulcer spreads extensively, and becomes foul and painful, the fermenting poultice, made in the following manner, may be tried with advantage:—"Let flour be mixed with honey till it becomes of the consistence of dough,

* Continued from page 123.

and then a sufficient quantity of yeast may be added. The mass should be placed before a fire till it begins to rise, when it may be applied, in order that the fermentation may go on upon the ulcer." Opium, bark, and sulphuric acid, should be given internally; and if the opium should not give ease, the Extractum Conii may be substituted in large doses, beginning with five grains three times a day, and gradually increasing the dose till giddiness is produced. The extract of conium, though an uncertain remedy, should not be neglected; it is often found to succeed better than other narcotics. The Extractum Stramonii has been tried in these cases till it began to produce its poisonous effects, viz., tremors and flashes of light passing before the eyes, and general disturbance, but without success.

Venereal Ulcers on the Tongue.—These are by no means common in syphilitic disease. This morbid alteration generally begins rather beyond the middle of the tongue, in the direction of the central line. It appears first as a soft tubercle, and enlarges in length towards the base of the tongue; the edges have a sort of mulberry appearance, and the ulcer discharges an offensive matter. Sometimes the edges of the tongue, the uvula, or arches of the palate, have an excoriated or aphthous appearance. These symptoms sometimes occur without any other venereal symptom, but they are more commonly in association with blotches on the skin. At other times there will be an ulcer on the side of the tongue, with callous irregular edges, accompanied with sore-throat; or a sore on the tip of the tongue, with smooth callous edges, very painful, especially during the night; or there may be tubercles on the side of the tongue, resembling those which appear on the inside of the thighs and scrotum, when they excoriate each other.

[Mr. Pearson states that he has not seen more than six indisputable cases of venereal ulcers on the tongue. I have, myself, seen two well-marked cases. The first occurred in a young man admitted into the Royal South Hants Infirmary. It consisted of a soft tubercular mass, considerably elevated, of an ovoid shape, mulberry colour, situated upon the centre of the middle line of the tongue, and occupying half its length. The second was that of a young man, 25 years of age. It was a large and deep ulcer on the right side of the tongue, discharging an offensive matter, and so extremely painful as to prevent mastication. Both these cases were speedily and completely cured by five grains of the Pilula Hydrargyri every night, and five grains of the iodide of potassium, in solution, three times a day. I have also seen a syphilitic sore on the lower lip, of a middle-aged man, somewhat analogous in appearance to the former of the above cases: it had grown to a projecting mass of a loose texture, of a deep red colour, and of the shape and size of a large walnut. It was proposed to extirpate it by excision, but by the use of the iodide of potassium, and the compound decoction of sarsaparilla, it soon got well.]

Tertiary Symptoms—[Called by Mr. Pearson the second class of secondary symptoms.]—As the venereal disease advances further into the system, and affects parts differing in structure and function, it puts on a different appearance. When admitted into the blood-vessels, its morbid effects are prodigiously multiplied, and are chiefly confined to those parts exposed to the air.

The secondary symptoms are often seen to remain stationary for a time, and if too small a quantity of mercury be used, the same symptoms may return again and again without proceeding into the tertiary.

In the secondary symptoms the powers of the constitution may be sufficient to cause the eruption to disappear, but in the tertiary symptoms the constitution does not seem to possess the same remedial power. In this stage of the complaint the general health suffers more than in the earlier stages; the complexion loses its normal colour, and assumes a sallow leaden hue; there are frequent shiverings, wandering pains, and general uneasiness; the pulse is frequent; there are profuse night sweats, great emaciation, and, not unfrequently, œdematous swellings of the ankles and feet; the tongue often remains clean, and the appetite good. At other times there is a disinclination for food, with sickness, bringing up a ropy mucus from the stomach, to the amount of, in some cases, a pint at a time. There is sometimes hoarseness and complete loss of voice.

Tertiary symptoms may be divided into two species:—1st, affections of the skin and membranes; 2nd, morbid alterations of the bones.

Affections of the Skin and Membranes.—In this stage the eruption is generally pustular, larger than variolous pustules, deeply seated, not rising much above the surface, and of an orange or light-red colour, with a hair generally in the centre. It soon becomes covered with a white crust, which gradually assumes a darker colour; then the adjacent parts are involved, and the whole has somewhat the appearance of carbuncle, leaving deep and foul ulcers, which are very painful. These pustules vary in size (from the size of a split pea to that of the palm of the hand,) and are met with chiefly on the arms, neck, face, and shoulders. The forehead and nose are sometimes seen covered with four or five large crusts, projecting two or three inches from the surface, and looking like horns.

The ulcers are disposed to produce fungus very quickly, and leave deep and indelible cicatrices behind. The ulcer often appears as if the part had been scooped out, having thickened edges, and discharging an offensive and sanious matter. It has been mistaken for cancerous disease.

[In the summer of 1846 I met with an instance of

this kind. A married woman, of middle age, had a large deep ulcer on the left ala of the nose, which disfigured her face exceedingly. It had existed for nine months, and resisted every means prescribed for its cure by various medical men. The edges were raised and thickened, the surface foul, the discharge sanious, and the adjacent skin of the ala discoloured and swollen. At first sight I considered the case to be carcinomatous; but, being reminded that a few years previously she had been under my advice for ulcerated sore-throat, a light was at once thrown upon its true character. Five grains of blue pill were now ordered every night, and four grains of the iodide of potassium three times a day, dissolved in peppermint water. In one month the ulcer was completely healed, and all disfigurement removed.]

It is somewhat extraordinary that there should not be a tendency in the absorbent system to be affected again by these ulcers or pustules in like manner as they are affected by a primary sore, when they so readily carry the virus into the next absorbent gland; this may arise from the matter formed in an advanced stage of the disease being different from that of the primary sore, or from its being in a diluted state; but it is not easy to arrive at any absolute conclusion on this point. At the same time it is important to ascertain whether the fluid from a tertiary ulcer can communicate the disease to a sound person. There are no facts to prove that the constitution possesses the natural power to render the virus innoxious to the patient himself. The matter of a chancre is certainly the most active; that of a bubo is much less so; and that arising from eruptions and nodes still less active: but in the last even it is sufficiently powerful to produce a series of symptoms, which, if neglected, will finally destroy the patient.

Tertiary sores are so seldom situated on the organs of generation, that it is difficult to decide their character, when sores apparently of this kind *are* found there, either from patients generally giving incorrect accounts of themselves or from having an interest in misstating their case in order to conceal the cause of their being possibly of a more recent date. When tertiary sores really exist on the genitals, the discharge is generally so great as to dilute the virus and render infection much less certain than from the discharge of primary sores.

It has been observed, that the symptoms, which precede the appearance of the secondary eruption, are not very dissimilar to the eruptive form of small pox, and that when the eruption appears the fever declines; but the constitutional disturbance in the *tertiary* class is much more permanent, and is not relieved by the eruption.

The patient continues languid, especially when he rises in the morning; has a sallow and leaden aspect; wandering pains; profuse night sweats; vomits a ropy mucus, and is occasionally affected with hoarseness.

This may be called "erethismus syphiliticus," produced by the irritation of a morbid poison. It has frequently been mistaken for hectic fever, and greatly aggravated by the treatment, whilst all the symptoms have been relieved by the proper administration of mercury. Whenever, therefore, a patient, who has had the venereal disease, of which but *few* marks remain, complains either of wandering pains, headache, soreness of the throat, or loss of voice, the symptoms are to be suspected of being the result of lues,—at any rate they require to be traced attentively to their origin.

Enlargement of the Ligaments of the Joints, and Affections of the Bones.—This is not a frequent symptom, yet it is sometimes to be met with. The joints most frequently affected are the ankles, wrists, and sometimes the elbows. Here there is a different affection from that attacking the joints during a course of mercury, in which the middle joints of the fingers, the joints of the elbows and ankles, &c., are sometimes tumefied, and have puffy or livid appearance. This case is frequently attended with a good deal of pain, and a bad state of health, which seems to threaten the patient with consumption. When the ossa malorum or alveoli of the lower jaw are affected, the result is generally fatal; and is to be attributed to the mercury and never to the venereal disease.

The periosteum is the membrane most frequently affected by the venereal disease, and at first the subjacent bone is not involved in the disease; but as diseased bone is often the result of a morbid condition of the periosteum, both are sometimes found involved.

When the venereal virus attacks the bones of the head, the centre of the parietal bones will be found most commonly the seat of the disease, and the frontal bones will be affected at about the roots of the hair.

The malar bones and the nasal, are not often attacked—indeed the latter are but very seldom if ever destroyed by the venereal virus, though very often by the abuse of mercury. The horizontal plate of the superior maxillary bone, the vomer, the cancelli of the ethmoid bone, and the inferior spongy bones, are most frequently attacked by the venereal disease.

The radius and ulna are seldom affected by it, and then only in old cases; the tibia is usually attacked at its lower extremity; and the fibula is generally exempt, except sometimes at an advanced stage of the disease. The bones of the hands and feet do not suffer from the venereal virus; and it is not certain that caries of the clavicle, sternum, or ribs ever proceed from this cause; these bones suffer more commonly from scrofula, although the affection may subside under the use of mercury. [I once saw the greater part of the sternum necrosed by struma.]

Venereal Nodes.—When the periosteum is attacked there is acute pain, which exacerbates in the evening, and is much increased by pressure; there is generally some redness externally, and the membrane is always

thickened, accompanied by the formation, of a glairy fluid, or a semi-coagulated mass. Many weeks may elapse, if the inflammation be chronic, without the secretion of pus; and previously to this, the bone is seldom diseased; but if the periosteum be much separated, the bone will probably become carious.

The pain occasioned by this form of the disease is the most acute that can be endured,—the patient is prevented from having any sleep, and sometimes becomes delirious.

The progress of the disease is various. The part may acquire a prodigious thickness, without any matter being contained; or the fluid may be effused between the periosteum and skin, proceed rapidly, and not be attended with much pain. This is called the spurious node, and is found upon the forehead and upper part of the tibia; again, the matter may be under the periosteum, and then the pain is most severe. The abscess proceeds but slowly, and seldom opens spontaneously. The rapid increase of size occasionally observed, is not owing so much to the virus itself as to the matter acting as an irritant; this case will occasionally subside in as rapid a manner as it took place.

(To be continued.)

CASE OF FRACTURE OF THE SUPERIOR MAXILLA, WITH DISPLACEMENT OF THE MALAR BONE.

By Hugh R. Rump, Esq., M.R.C.S.E., Wells, Norfolk.

Robert C., aged 25, a seaman, tall and muscular. On Sunday, the 9th of January, 1848, whilst driving at a rapid pace out of an inn yard, the wheel came in contact with the gate post, by which means the gig was upset, and its driver dashed with great violence upon the hard and frosty road, alighting on his face. When first visited, he was suffering from concussion of the brain, was very pallid, and the skin bedewed with perspiration; he made frequent ineffectual attempts to vomit, and although very drowsy and lethargic, replied rationally, when interrogated in a loud and distinct voice. The pulse was small, quick and irregular; and the extremities were cold. The right side of the face presented a very peculiar appearance; the natural prominence of the cheek had disappeared, whilst the globe of the eye was forced upwards and slightly outwards; there was a superficial wound on the cheek, and the eyelids were tumid and ecchymosed. Upon making an examination, (both externally and within the mouth,) a fracture was immediately detected in the superior maxillary bone, extending from its orbitar surface downwards through the canine fossa, then taking a direction backwards and downwards, below the malar process of the bone and continuing its course, through the maxillary tuberosity. The malar bone, together with the malar process of the maxilla, was driven upwards and inwards, towards the internal angle of the orbit; and projected upwards above the floor of the orbit nearly a quarter of an inch, so that its circumference was considerably diminished. By carefully tracing the finger along the zygoma, a depression could be recognized at its articulation with the malar bone, a space intervening between the two bones. No lesion of the fronto-malar articulation could be detected.

As all attempts to reduce the fracture and to place the bones in situ proved abortive, the patient was put to bed, wrapped in blankets, bottles of hot water were placed to the feet, a cordial stimulant administered, and a water-dressing applied to the wound.

January 10th. Had no sleep during the night; was very faint, and vomited two or three times. Complains this morning of great numbness of the right side of the head, and has lost all sensation in the upper part of the cheek, or in those parts supplied by the supra-orbital nerve; and in the gums and teeth, as far as the mesial line. Smart febrile re-action has commenced; the face is flushed, and the soft parts about the seat of injury are very swollen and ecchymosed; tongue furred and dry; pulse 86, full, but compressible.

To take five grains of calomel, with ten of extract of colocynth directly; a saline draught every three hours; a dozen leeches to be applied to the cheek, and subsequently water-dressing.

21st. Is convalescent; the only inconvenience resulting from the accident is loss of sensation in part of the cheek, side of the nose, gums, and teeth. Returns to his duty to-day.

Observations.—Fractures of the bones of the face are acknowledged by all surgical writers to be of comparatively rare occurrence, and they are all equally agreed, as to the difficulty, and in most cases, the impossibility, of their reduction,—it not being "practicable in these cases, as in fractures of the limbs, to operate by any mechanical power upon one or other of the fractured extremities, for the pupose of reducing them to their normal relative position,"—and that unless the fracture be compound, and great inconvenience and danger be apprehended from detached fragments of bone, it is far better to suffer the fractured bones to remain displaced, than to seek by operative means, to remove the deformity resulting from such accidents, the risk being too great from the division of the soft parts, and the possible benefit to be derived therefrom too inconsiderable, to warrant such procedure. In the above case considerable deformity exists, from the diminution of the orbit by the fractured bones projecting above its floor; but although the fracture extends through that part of the bone from which the inferior oblique muscle arises, every movement of the eye is accurately performed and vision remains unimpaired. The levator palpebræ muscle not being capable of elevating the lid sufficiently for the present position of the globe, is assisted by the occipito-frontalis, giving the patient the appearance of having undergone the operation for ptosis. From repeated and very careful manipulations, I am inclined to believe that the depression felt at the temporo-malar junction, was the result of disarticulation, and not of fracture. As both the anterior and posterior dental

branches of the second division of the fifth nerve are implicated by the fracture, it will be interesting to observe hereafter, whether the teeth become carious from defective innervation.

CASE OF LITHOTOMY: THE CALCULUS WEIGHING SEVEN OUNCES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I request you will favour me by inserting in the *Provincial Journal*, the following (to me,) extraordinary case of lithotomy, and I shall feel obliged to any of my brethren who will inform me through the same channel, whether there be a similar case on record in one so young, as I am inclined to think it unique in the annals of surgery.

I am, Sir,

Your obedient servant,

GEORGE BULLEN.

Ipswich, March 5, 1848.

On Thursday last, I operated with a common director and a straight bistoury, upon Sophia Cooper, 14 years of age. I extracted a calculus weighing *seven ounces*. This enormous mass was of course broken into many pieces. Seven portions, each as large in size as an ordinary calculus, were removed by the forceps, some with considerable difficulty from their ragged edges becoming entangled in the soft parts. The smaller fragments were extracted by the scoop.

I was fortunate enough after the operation to be able to adapt the fragments so accurately as to make the stone complete. It is composed of oxalate of lime, with a nucleus of uric acid, and measures round its largest circumference eight inches and a half, and round its smallest six inches and three quarters, and is about the size of a swan's egg.

Up to the present time, I rejoice to say, my patient has progressed without one untoward symptom.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MARCH 22, 1848.

In our last number we alluded to a general measure of Medical Legislation which had been agreed upon by a Committee of the Royal Colleges of Physicians and Surgeons, the Society of Apothecaries, and the National Institute of Medicine, Surgery, and Midwifery. The propositions agreed to as the heads of this measure as they appeared in a contemporary Journal were also published in another column. We have since received an official copy of the document, and as the subject is of the deepest interest to the whole profession, and the official copy differs in some degree from that before published, we believe we shall be consulting the wishes of the members of the Provincial Association, by here laying the entire measure before them in an authentic shape.

PRINCIPLES ON WHICH A BILL FOR REGULATING THE PRACTICE OF PHYSIC AND SURGERY SHOULD BE FOUNDED.

I. *New Incorporation.*—That a Charter of Incorporation should be granted to the Surgeon-Apothecaries of this country, under the title of "The Royal College of General Practitioners of England."

II. *Establishment of a Council.*—That a Council should be established to superintend the Registration of all Medical and Surgical Practitioners, and for the general control of Medical Education and Practice.

That the Council should consist of one of Her Majesty's Principal Secretaries of State, in right of his office, (who should also be President of the said Council, with power to appoint a Vice-President,) and that the other Members of the Council (of whom not less than two-thirds should be registered members of the Medical Profession,) should be such persons, not more than twelve, whom Her Majesty, with the advice of Her Privy Council, should deem fit to be members of the said Council.

That the Council should be empowered, with the approval of the Secretary of State, to appoint a principal Secretary, and local Secretaries for Scotland and Ireland, and Clerks, Messengers, &c.; and that the Members of the Council, the Secretaries, Clerks, &c., should receive such salaries as the Lords of the Treasury should think proper to allow.

III. *Register to be made and published.*—That a register should be made and published by the said Council, as soon as conveniently may be, of all persons entitled, as after explained, to be registered as Physicians Surgeons, or General Practitioners, and who shall apply to be so registered within one year if residing in any part of the United Kingdom, or within two years if resident abroad; for which a fee of Ten Shillings shall be paid by each person so registered. And that to the Register should afterwards be regularly added the names of all persons who shall receive Letters Testimonial, as after explained, of their fitness to practise as Physicians, Surgeons, or General Practitioners; and that for such registration should be paid the sum of Five Pounds in the case of a Physician or Fellow of the College of Surgeons, and of Two Pounds in the case of a General Practitioner. All such fees should be applied towards defraying the expenses of this Act.

The Register to be formed on the plan of a specimen submitted to the Committee of the House of Commons in 1847, by the Registrar of the College of Physicians.

And all persons desirous of being continued on the Register, should be required to send their names and residences to the Council, annually, but without the payment of additional fees.

The Register to be received as evidence in Courts of Law.

IV. *General Practitioners.*—That those persons should be entitled to be registered as General Practitioners, who shall be enrolled as Members of the Royal College of General Practitioners within one year from its first Incorporation, according to the provisions of a Charter which has been prepared for that College; and that those persons should afterwards be entitled to be so registered who, having attained the age of twenty-two years, shall have received Letters Testimonial of their

fitness to practise as General Practitioners, from the examining Board of the Royal College of General Practitioners, and who shall also have been examined and admitted as Members of the Royal College of Surgeons.

Surgeons.—That those persons shall be entitled to be registered as Surgeons, who shall have been admitted as Fellows or Members by the Royal College of Surgeons. That the Members of the College of Surgeons who dispense medicines, or supply medicines to their patients, shall be required to enrol themselves in the College of General Practitioners, and to be registered as Surgeons and General Practitioners; and after the passing of the Act, Members of the Royal College of Surgeons shall not be registered as Surgeons unless they be also admitted as Members of the Royal College of General Practitioners, and registered both as Surgeons and General Practitioners.

Physicians.—That those persons should be entitled to be registered as Physicians, who shall have been admitted as Members of the Royal College of Physicians, according to the provisions of a new Charter which has been prepared for the College of Physicians, and has also been submitted to the Government, which Charter it is expedient should be granted to the College of Physicians.

Registry of Special Cases.—That the cases of persons who have been engaged in practice prior to the passing of the Act, without being Members of any Corporate Body in the Profession, should be referred to the College of the department in which they have practised respectively, for special investigation of their claims to be admitted to register.

V. *Reciprocity of Practice.*—That the Members of each class of the Profession, registered in each of the three kingdoms respectively, should be entitled to be registered and to practise reciprocally in either of the three kingdoms as Physicians, Surgeons, or General Practitioners, as the case may be, provided the education and examinations of each class respectively, be assimilated and regulated by a certain standard common to each class; and provided that, previous to registration, they be enrolled in the College appropriated to their class, in the country in which they practise.

VI. *Powers of the Council as to Bye-Laws.*—That the Council shall be empowered to allow or disallow any new Bye-law which shall be made by either of the Colleges.

Registry of Students.—Also, to cause a Register to be made of Medical and Surgical Students, and to make such dispensing regulations as shall seem fit in favour of those Students who shall have commenced their professional studies before the passing of the Act.

Returns of Fees, Examinations, &c., for securing Uniformity and Efficiency of Examinations.—Also to call for Returns respecting Examinations, and Fees for Letters Testimonial and Admission into the respective Colleges, and to take such other measures as may be necessary in order to assimilate, as nearly as possible, the education, examinations, and fees for each class of the Profession, respectively, in each of the three Kingdoms. And that the Council should be empowered, in any case in which it should appear to be necessary, in order to secure efficiency and uniformity of examinations, to depute one or more of its members to be present at the examinations of any of the Colleges; provided the Members of the Council so deputed be Medical Practitioners, and of the same class in the Profession as the College to be so visited; and if, upon the Report of such visitor, or otherwise, the Council should be of opinion that its regulations are not complied with by any examining body, that it should be lawful for the Council to refuse to register upon the Testimonials of the Body so in default, until the same be amended to the satisfaction of the Council.

As to Striking from the Register.—That the Council should be empowered to strike from the Register the names of any persons who shall be proved to have obtained the registry of their names by any fraud or false certificate, or who shall have been convicted of felony, or of having wilfully and knowingly given any false certificate in any case in which the certificate of a Medical Practitioner is required by law; also, the names of any persons who shall have been expelled from either of the Colleges, according to the terms of their respective Charters, provided such expulsion shall have been approved and allowed by the Council, as before required, respecting Bye-Laws.

VII. *Privileges of Persons registered.*—That no one who is not registered should be judged capable of performing any act which is required by law to be done by a Medical Practitioner; nor should any but a registered person be appointed to any office which is deemed by the Council to be a public Medical or Surgical office; nor should any but registered General Practitioners be entitled to demand or recover fees for Medical and Surgical advice and attendance, or for medicines prescribed or administered.

VIII. *Penalties on Unqualified Persons, and for false Pretences of Qualification.*—That penalties should be imposed by summary process on all unregistered persons practising Medicine or Surgery.

Also, on all unregistered persons falsely pretending to be registered.

Also, on all Persons assuming any professional name or designation to which they are not by Law entitled, or which implies that they belong to a class in the Register in which they are not registered, or that they are Members of a College in which they are not enrolled.

In thus laying down the principles on which a Bill should be framed for regulating the whole Medical Profession, the Committee has entered into particulars only as regards the Profession in England; but, under the fifth head, respecting reciprocity of practice in the three kingdoms, it has assigned the conditions which are clearly indispensable for the attainment of that desirable object.

The Committee is aware that some variations from the plan which is here drawn out for England may be rendered advisable or necessary, by local circumstances and the rights of existing institutions, in Scotland and Ireland.

And the Committee is contented that such variations should be made, provided the principle be not contravened, that equality of Education and qualifications in each class respectively of the Profession in the three kingdoms should be first obtained, in order that the right of reciprocal practice may be justly allowed.

(Signed,)

J. A. PARIS,
President of the College of Physicians.

BENJ. TRAVERS,
President of the College of Surgeons of England.

EDW. BEAN,
Master of the Society of Apothecaries.

R. R. PENNINGTON,
President of the National Institute.

February, 1848.

We have no intention of criticising the several clauses of the foregoing document, but as it is evident that a number of gentlemen, members of the College of Surgeons, can have

had but little opportunity of being consulted in this measure, we feel ourselves called upon to direct their attention to the clauses which more especially concern their body. In our last number the Council of the Provincial Medical and Surgical Association appealed to the physicians of England resident in the provinces, to express their opinions on the proposed Charter to be applied for by the Royal College of Physicians in connection with this measure, with the intent that such objections as may be entertained might be brought under the notice of the College. We are now authorized to state that the Council of the Association are equally desirous of learning the opinions of those members of the Royal College of Surgeons who may consider their interests not to be sufficiently represented in the conferences which have recently taken place, with the view of ascertaining and making known in like manner, in the proper quarters, the objections which may be entertained to any of the provisions of the contemplated measure.

Before concluding these remarks we beg to express our conviction that the Joint Committee have been influenced by the sincere desire of accommodating differences and obviating difficulties in the best manner that existing circumstances will permit. Their exertions are entitled to our respect and gratitude, and in calling for an expression of opinions on the subject, we are desirous of giving effect to the general principle of the measure which they have drawn up, by pointing out any objections which may be generally and strongly felt to certain portions of it, so as to induce them to adopt such modifications, should any be thought desirable, as may obviate opposition hereafter.

Notice.—It is requested that the Members of the College of Surgeons in general practice, and residing in the provinces, will communicate their opinions in reference to the clauses of the proposed measure on medical legislation, to the Council of the Provincial Medical and Surgical Association.

R. J. N. STREETEN, M.D.
Secretary to the Association.

Reviews.

Metropolitan Sanitary Commission. Second Report of the Commissioners appointed to enquire whether any, and what, special Means may be requisite for the Improvement of the Health of the Metropolis. 1848.

Is there any disease concerning the treatment of which each of us has less settled opinions as to the course he should pursue, than in that of Asiatic cholera, supposing it were again to visit us? On the other hand, what disease is more amenable to our remedies than diarrhœa? The treatment recommended in Asiatic cholera, is opposite and discordant, varying from bleeding to brandy,—from croton oil to opium,—from cajeput oil to cold water. That of diarrhœa is simple; aromatic confection, chalk mixture and opium, as a general rule, effectually relieves it. Asiatic cholera is the opprobrium of our art; the treatment of diarrhœa is almost as certain as if medicine was an exact science. But it is eminently satisfactory to those who love their profession, and feel deeply and conscientionsly that their art has a great and most useful power over disease, to find that Asiatic cholera, like consumption, is only incurable when fully formed, and that it has an early stage which is amenable to a fixed treatment. This stage is diarrhœa.

The Sanitary Commissioners have again brought forward the evidence on which this is founded, and we feel that we are doing our profession an important service, by circulating among them what otherwise would be chiefly read by members of parliament.

During the visitation of Asiatic cholera in 1832, it was very fatal at Bilston. Out of 14,700 inhabitants, 3568 were attacked, of whom 792 died in less than seven weeks,—one quarter of the whole population were subjects of the disease, and one fifth of those attacked died. Hear what the clergyman said:—

"The pestilence continues its ravages amongst us in a frightful manner. Our necessities are increasing every hour, and our resources are fast failing us. Three hundred pounds have been granted to the Board of Health out of the poor-rates; but this sum will not pay for the coffins of the dead. All kind of business is at a stand. Nothing reigns here but want and disease, death and desolation. Two of our medical men have perished; two more have left the place to recruit their exhausted strength; and my respectable neighbours are nearly worn out by mental anxiety and exertion."

In this extremity the Privy Council were applied to, who immediately sent down Dr. Mc'Cann, (since dead,) who had seen much of the disease in India.

Dr. Mc'Cann was convinced that looseness of the bowels is the premonitory symptom of Asiatic cholera, and that the effectual way of stopping the progress of the disease is to arrest this simple diarrhœa by the ordinary remedies. "The first thing he did was to

open a dispensary; to secure the attendance of medical men there night and day, and to placard the town with notices that, whoever was attacked with looseness of the bowels, might receive gratuitously, at this institution, instant advice and relief. Two assistant surgeons paid by the Board of Health were in constant attendance, and the resident surgeons of the town, three in number, undertook to visit the institution daily at regular intervals."

The effect was striking. In one week the mortality was reduced one half.

From June 20th to August 26th—275 deaths.

On the 26th the Dispensary was opened.

From August 26th to Sept. 2nd—132 deaths.

During these eight days 1100 personal applications were made for bowel complaints and attended to. In the next seven days there were 44 deaths, (one third of the number in the previous week;) 130 patients applied daily for relief. In nine days from this period the disease was extinguished.

By similar means under the same superintendence, a similar result was produced at Wolverhampton, where cholera was very extensively prevailing.

Mr. Hodgson, who was appointed by the Government on the Cholera Board of Health at Birmingham, and consequently paid great attention to the disease, was acquainted with what was going on at Bilston, and subsequently conversed with Dr. Mc'Cann on the subject. Mr. Hodgson has given it in evidence that he believes Dr. Mc'Cann's proceedings furnish a key to the treatment; and that to him is due, not of having first said that there is a premonitory stage, but having insisted on this point,—that there is a stage at which the disease may be readily stopped, but if it gets into the other stage, there is no known treatment to be relied on. Dr. Mc'Cann told him that he never knew a single instance of any person who had the second stage, who had not (perhaps only slightly,) the premonitory one; and Mr. Hodgson found, on conversing with nearly all the medical men who watched the treatment at Bilston and Wolverhampton, that they unanimously agreed in opinion as to the importance and efficacy of Dr. Mc'Cann's views and proceedings. "I have always felt (says Mr. Hodgson,) since that time, so far as my knowledge of the matter went, that if cholera ever threatened this country again, it would be a very manageable disorder, provided Dr. Mc'Cann's ideas were fully explained and acted upon, namely, that cholera consists of two parts—the premonitory condition, and the condition of collapse; and that, if you catch the disease in the premonitory condition, you may stop it at once, but that when it comes to the other condition there is great danger."

When questioned as to this premonitory stage, he said:—

"Any deviation from the usual healthy action of the bowels on the side of diarrhœa, I should regard as the early stage, as it were the blossom of the disease." So that if a person was accustomed to have only one evacuation a day in a solid form, and that were changed into a loose state, you would still regard that as a premonitory symptom? "I should."

The plan adopted at Birmingham he thus explained:—

"I have now by me some of the packets of medicines which were given gratuitously to the poor, and at a small cost to others. Various stations were appointed in the town from which these packets were distributed. Each packet contained three boluses, and each bolus consisted of twenty grains of opiate confection. The patient was directed to take one bolus every hour in a little warm water, or weak brandy and water, until the relaxation of the bowels ceased. Also in each packet there was a small bottle of strong sal volatile, of which a teaspoonful was to be taken in warm water, frequently, if the patient was cold, faint, or exhausted. Printed directions, as to the use of these remedies and other matters, were enclosed in the packets, and the patients were strongly urged to apply immediately for medical advice."

The plan which Dr. Mc'Cann himself followed, is explained by a relative, Mr. N. Mc'Cann:—

"Where only a slight looseness of the bowels existed, with or without pain, he gave at once a small dose of calomel, with rather a large one of opium; if the dejections continued, he administered the chalk mixture, combined with aromatic confection, ammonia, and tincture of bark; if the contrary effect were produced,—namely, constipation, small doses of castor oil were prescribed, to regulate the bowels. An embrocation of heated turpentine and laudanum was at the same time rubbed over the chest and abdomen, as a counter-irritant and sedative."

These views are in accordance with the practice in the Indian army. When cholera is raging every soldier has positive orders to report himself sick (says Dr. Parkes,) if he has any symptom of bowel complaint. The opinions of the Russian physicians at the present time are also in perfect accordance. In all the accounts from Russia received by the Sanitary Commissioners, "the medical men who are treating the epidemic which is now prevailing, first and prominently urge, '*that the greatest attention must be paid to the diarrhœa which precedes cholera.*'"

This plan is so remarkable, so accordant with the sage maxim *obsta principiis*, so confirmed by satisfactory evidence, as well as by the opinion of one whom it would be supererogatory to praise in this Journal,—Mr. Hodgson, of Birmingham,—that we give greater publicity to it with satisfaction. We would not affirm that these means will stop the earliest cases, which all evidence seems to prove are the most fatal, and the least amenable to any means, but that they will greatly diminish the mortality if energetically followed out, there can be no reasonable doubt, after this evidence.

Medical Portraits.

We beg to direct attention to the series of admirable portraits now in course of publication by Mr. T. M. Stone, of the Royal College of Surgeons. The portraits are published by subscription, and we understand it is the intention of Mr. Stone to continue the series so long as he meets with sufficient encouragement; not with any view to profit, but with the praiseworthy object of forming a uniform collection of portraits of those members of the profession who have been, and are, daily contributing to the advancement of medical and surgical knowledge. Those hitherto issued are two capital likenesses of Professor Fergusson, and Dr. Todd, of King's College Hospital, and a third of Mr. South, which we have not yet seen, has since appeared. They are drawn on stone by Mr. Maguire, and if continued in the same style of excellence, the undertaking cannot fail to meet with success. We are glad to learn that the provincial physicians and surgeons will not be forgotten in the series.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

COMMUNICATIONS.

[The following communications have been forwarded by Mr. Crompton.]

From James Barton Hilton, Esq., Surgeon, Swinton, near Manchester.

In accordance with your wish, I gladly furnish you with such information as I possess respecting the treatment of burns. In doing so, I have nothing novel to suggest; but circumstances having thrown more than an ordinary share of this description of practice in my way, I presume that to have been your motive in soliciting a contribution from me.

Having been in practice for nearly seventeen years in a neighbourhood where explosions of carburetted hydrogen gas frequently occur, I have had abundant opportunities of seeing cases of burns, and for the last six years I have attended all the cases occurring in the collieries in this district, belonging to the Earl of Ellesmere, and a great proportion of those in the other numerous coal-pits in my neighbourhood. On referring to my day-book, I find that I have attended twenty-seven cases of burns during the last twelve months. The colliers are generally strong healthy men, most of them under forty years of age. The burns from explosions are chiefly situated on the face, neck, arms, hands, abdomen, back, and chest, as these are the parts most exposed to the action of the fire, in consequence of the men (as you are no doubt aware,) pursuing their calling in a state somewhat approaching to nudity. When an explosion takes place, the candles of the colliers are extinguished, and the men have to find their way in the dark to the mouth of the shaft in terror and confusion; hence it happens that the burnt surfaces coming in contact with the sides of the pit, have the cuticle destroyed, broken, or abraded in many places, more especially about the shoulders and fingers.

When I commenced practice I adopted Dr. Kentish's plan of treatment, but the turpentine gave such horrible pain that I was obliged to relinquish its use. If I gave anodynes in doses sufficiently large to allay the pain, they appeared to produce more harm to the system in general than the turpentine appeared to benefit the burns; I therefore speedily abandoned the use of the spirit of turpentine, and of the turpentine liniment, and substituted a cerate composed of equal parts of the Unguentum Resinæ, and Ceratum Cetacei. I have read of cases in which the spirit of turpentine is said to have produced soothing effects, but I never witnessed such a case; on the contrary, in all the cases in which I have seen it used, it produced intolerable pain and suffering. I think that my cases are cured quite as speedily with the use of diluted Unguentum Resinæ as when I used turpentine; but I have an impression that the cure of burns does not depend so much on the remedies employed externally in the first instance, as on the subsequent vigilant watching, careful dressing, and after-treatment. I am satisfied that whoever wishes to gain credit in the treatment of burns, must pay particular attention during the suppurative stage, in order to insure the well-doing of his patient. As soon as I see an adult after a burn, I give him sixty drops of a solution of the acetate of morphia, equivalent to half a grain, and repeat the same every hour, if necessary for the relief of the pain, which generally subsides after one or two doses of the opiate. I consider it advisable to give a large dose of the morphia, having seen the best results from such a practice. As speedily as possible I cover all the burnt surfaces with the cerate above alluded to, spread upon linen, or cotton, and when suppuration is established, instead of continuing the diluted resin ointment, I apply the Pulvis Calaminaris freely to the ulcerated surface, and cover it with the Ceratum Calaminaris spread upon linen or cotton as before. I dress my patients daily, and administer internally salines and opiates throughout the treatment, and castor oil as an aperient. The following case will better explain my mode of treatment:—

Case.—Isaac Jones, aged 22, a collier, on the 11th of May, 1847, received severe burns on the whole body above the loins, his hands being very much bruised in finding his way to the mouth of the shaft. I immediately gave him sixty drops of the solution of morphia, (half a grain,) and dressed his burns with the resin cerate, which was continued till the 17th, being six days since the receipt of his injuries. Suppuration in the mean time having been fully established, and the cuticle detached along with particles of coal and dust, I prescribed the application of the Pulvis Calaminaris over the whole surface of the burns, over which the Ceratum Calaminaris was applied. These dressings were continued daily, in combination with a strong solution of the sulphate of copper, until the 29th, on which day the sores were healed, without the slightest deformity. The internal medicines were opiates, salines, and castor oil.

In the case I have just related the discharge of pus was excessive, particularly from the back, and probably increased by the hot weather and a close apartment. Burns situated on the back are very troublesome and difficult to treat. The patient should be raised into a sitting posture at the time he is being dressed, with his arms crossed or extended before him, and the entire discharge should be removed, and all the moisture allowed to evaporate, before the dressings are applied to the granulating surface: many days are gained in the treatment by adopting this method. I have the highest opinion of the Pulvis Calaminaris as an absorbent in the treatment of burns. I formerly used the Creta præparata but it did not answer anything like so well. The timely use of the calamine powder and the solution of the sulphate of copper, will facilitate in a surprising manner the healing of burns arising from the causes mentioned above.

Subjoined is a table of twenty-seven cases which have been treated by me within the last twelve months, on the plan above detailed. Of the two deaths which took place, one occurred on the second day, before re-action was established, and the other sank on the eighteenth day from a sudden attack of diarrhœa. In those which recovered, there were no marks or deformities.

Name.	*Age.*	*Parts burned.*	*Result.*	*Days under Treatment.*
John Marland	36	Back severely.	Cured	28
Joseph Marland	13	Back, face and arms.	..	28
Wm. Marland	14	Back & arms severely	..	30
Peter Doodson	15	Whole body deeply burnt.	Died	2
Mr. A. Knowles	20	Hands, face, ears, and neck, severely	Cured	24
John Jelly	30	Face, ears, neck, and hands, severely burnt and lacerated	..	17
Wm. Foster ..	27	Face, ears, neck, chest abdomen, hands and arms severely, and ankles slightly	Died	18
John Rothwell	28	Hands and face slightly burnt	Cured	11
Wm. Clarkson	20	Face, neck, hands, and arms severely; chest and back slightly	..	27
Wm. Smith ..	21	Face slightly	..	6
James Gregory	20	Whole of the back superficially	..	11
Wm. Evans ..	24	Face, ears, neck, chest, abdomen, arms, and back, severely	..	24
— Fitch	22	Back, slightly	..	4
John Tatlock	16	Face, neck, ears, and hands, severely; back slightly; and ankles severely	..	27
Aaron Tatlock	22	Hands & face severely	..	13
— Hutchinson	26	Abdomen, chest, back, severely; face slightly	..	18
Wm. Mayo	21	Face, ears and back, severely, and neck slightly	..	15
John Johnson	24	Face and back, slightly	..	5
— Wilcox	28	Arm, slightly	..	4
Robert Eden ..	24	Back, shoulders, arms, and hands	..	11
Thomas Hope	30	Face, shoulders, back, abdomen, chest, hands, and arms	..	23
Moses Morris ..	34	Face severely.	..	8
Jas. Marsh	36	Chest and face.	..	10
Isaac Jones ..	22	Face, back, chest, and arms, severely	..	23
Jas. Tarbrook	28	Face and hands	..	9
Wm. Grundy ..	20	Face, back, loins, and arms	..	30
John Ardern ..	24	Face, back, abdomen, arms and hands, severely	..	27

From F. A. Bulley, Esq., F.R.C.S., Surgeon to the Royal Berkshire Hospital, Reading.

Mr. Bulley has forwarded to me a reprint of a paper which appeared originally in the *Medical Times*. In the note accompanying it he remarks "Having experimented largely on the use of the treacle bath, diluted and undiluted, I have ascertained that the effects of each way of using it are quite different, and that those effects which I have detailed in the paper are not procurable by the use of the treacle *alone*, as used by Mr. Greenhow and others. It is all important that the mixture should be applied at the temperature* of the body, to prevent the danger of metastasis, which so often follows cold applications. The remedy, as I use it, is not intended to exclude the air, for which purpose the treacle alone was suggested, but for the purpose which I have more fully detailed in the paper."—S.C.

There are no accidents to which the human frame is liable, the treatment of which has been so various or undeterminate, as that of injuries by fire. In one class of cases it has been recommended that stimulating applications should be used; in another, that they should be of a sedative nature; while in many cases

* There can be no doubt that Mr. Bulley is quite right in attaching importance to *temperature*. It has not been remarked (as far as I know,) by any observer, that most of the popular remedies in burns are either *non-conductors* of heat or *calorifacients*. Cotton, flour, resins, &c., are non-conductors; turpentine and the essential oils are calorifacients. I am trying to establish by experiment this view. If successful, it appears to me that a great stride will have been made towards reconciling the conflicting statements in books respecting the efficacy of different remedies in burns. It would, of course, likewise upset the popular opinion that all remedies for burns act only by excluding atmospheric air.—S. C.

the exclusion of the air from the burnt surface has been supposed to be of the first importance; but, whatever may have been the means suggested for their relief, they do not appear to have been formed upon any fixed principle, and every medical practitioner must at times have found a difficulty in determining which of the many different methods would be the best to be adopted in an emergency of this kind.

I shall, therefore, be excused for relating a few cases illustrative of a simple mode of treatment which, as far as I am capable of judging, is applicable to burns of every degree of intensity, and which I have been in the habit of employing for several years past, both in hospital and private practice, with the most satisfactory results.

The remedy in question consists in the application of treacle and water, in the proportion of one part of the former to three of the latter, over the burnt surfaces, at a temperature of 98°, by means of lint soaked in the solution and laid over the whole of the injured parts. This dressing is to be changed night and morning, the lint having been kept moist during the day by occasional saturation with the mixture of the same temperature, most readily done by soaking a sponge in the fluid, and at intervals squeezing its contents over the lint while still in contact with the surface. The constitutional means to be adopted will be best understood from a perusal of the accompanying cases :—

Case I.—Martha H——, aged 16, was admitted into the Royal Berkshire Hospital, October 7th, 1846, on account of a burn which she had received by the explosion of a box of gunpowder, that had been left in a cupboard, to which she had inadvertently gone with a lighted candle. Half an hour had elapsed since the occurrence of the accident before I saw her, when the following appearances of injury presented themselves :—Her face, which was of a much darker colour than natural, and enormously puffed and swelled, was in the most agonizing pain, and it would have been impossible for her most intimate friend to have recognized a single feature, so great was the disfigurement of her countenance. Her eyes were deeply sunk in the surrounding swelling, with great puffing of the lids, so that it was impossible by any means to ascertain whether the eyeballs had been injured or not by the fire. The whole skin of the face and eyelids was in a state of active inflammation, which appeared to have been increasing during the short time which had elapsed since the occurrence of the accident; the forehead, and at least one half of the hairy scalp, were in the same swelled and puffy state, the hair having been burnt off close to the skin. On the fore part of the neck the injury extended from just below the angle of the jaw on the left side, downwards towards the left breast, and in a large portion of this burnt surface the skin and subjacent cellular tissue were destroyed, the former having assumed the dark brown hue indicative of its complete disorganization. Both arms, from the shoulders downwards, and in the whole circumferance of the limbs, were burnt in the same degree as the face, but without abrasion of the surface; the whole of the integuments, with the exception of a patch on the upper part of the arm, near the left shoulder, which had been more deeply injured, being in the same reddened, swelled, and violently inflamed state. The skin of the hands and fingers had been completely rubbed off, owing to her having hastily laid hold of the handle of a pump, in her endeavour to get some water to assuage the pain. There were several large and deep burns over the fore part of the chest, where the skin and cellular membrane had been entirely destroyed.

The treatment immediately adopted was the application of lint, saturated with the mixture of treacle and water warmed, over the whole of the injured surface, with the exception of the hands, which were carefully dressed with simple cerate, to prevent adhesion of the raw surfaces between the fingers. The direct effect of the application was a slight increase of the pain, which lasted for a few minutes, and then subsided, leaving her comparatively free from the intense and burning heat from which she had just previously been suffering. After the first day or two she felt no pain on the application, but only its soothing effect, which every day became more and more apparent. Sometimes the dressing, though not painful, was very fatiguing, so that it was necessary to give her a little wine, which was more necessary when the extensive surfaces began to discharge pus.

Altogether, the treacle dressing was employed for six weeks, using it morning and evening in the same manner as when first applied. For the first fortnight she was much troubled with a feverish thirst, which left her, however, at the end of that period; but she never had any particular rigors, nor, with the exception of occasional slight pains in the chest, any such internal uneasiness as would indicate a disposition to metastatic inflammation of any kind.

At the end of six weeks the inflammation, which had more or less affected the whole of the injured parts, had nearly subsided, and the skin of the arms, after having been covered with a purulent incrustation, which had once or twice exfoliated and reappeared, had assumed in a great measure its natural appearance, with the exception that in the upper parts, where it had been more deeply burnt, the hollows formed by the loss of the integument and cellular tissue still exposed a large granulating surface, but perfectly smooth and level.

The skin of the face and head had undergone the same change as that of the arms, having become covered once or twice with the same kind of purulent crust, which had afterwards exfoliated, leaving the cuticle smooth and unaltered, with the exception of its having assumed a brownish colour, which remained for some time after her discharge.

After this period, viz., six weeks from the date of the accident, simple cerate was applied to the granulating surfaces, the carbonized skin having become wholly exfoliated, and the treacle dressing was used only to the surrounding sound integument, with a view to soften it, and give it an additional extensibility, and allow of its being drawn more evenly towards the centre of the wounds in the progress of healing, which in some cases it seems capable of effecting, and to which in some measure I attribute the smoothness of the cicatrices, and the absence of puckering in the

neighbouring integument, which I have reason to believe is occasionally obtained by this mode of treatment.

The cure was, as is usual in such cases, somewhat tedious and protracted; but on her discharge from the hospital, at the end of four months and a half, all the wounds had healed, and, notwithstanding the original amount of injury (considerably more than a fifth part of the body having suffered from its effects,) little or no contraction was perceptible at any part—a result, from the apparently hopeless nature of the accident, at first scarcely to be anticipated. The internal remedies had consisted of small doses of syrup of poppies, frequently repeated, with, as circumstances required, more powerful opiates; also occasional doses of castor oil, as the most unirritating aperient, and as least calculated to favour the occurrence of metastatic intestinal irritation, which saline and drastic purgatives would appear in some cases to do. It is a remarkable circumstance that, during the whole period of treatment, there was an entire absence of any odour of putrescence, as accompanying the putrefactive decomposition which usually follows the destruction of living parts by fire.

Case II.—Alice A——, aged 9 years, admitted Dec. 8th, 1846. She had been left by her mother, with another child, while she went to work, in a room with a fire, when by some accident her clothes ignited, occasioning a burn, which on her admission was found to occupy the greater part of the upper arm, the axilla, and a considerable portion of the back part of the body on the left side. On these parts the skin had been completely destroyed, but in other parts, as in the forearm of the same side, the injury had not been so severe, the integument not being actually disorganized, although intensely reddened and inflamed by the action of the fire. On the hand there were several large vesications filled with a transparent fluid, which had collected before I saw her. She suffered intense pain, especially in the inflamed portion of the skin of the fore-arm and hand, where it had not been destroyed; the parts that were actually destroyed were, as is usual, not so painful. Lint soaked in the warm mixture of treacle and water was applied over the whole of the injured surface, with the effect of almost immediately relieving the pain, and appearing to put a stop to any further extension of the inflammation beyond what had been originally occasioned by the burn. The internal treatment was precisely the same as in the last case, with the exception that no other opiate was necessary besides the syrup of poppies, and that she took small doses of castor oil more frequently.

The effect of the external application in this instance, appeared to be, as in other similar cases, slightly stimulating at first, but afterwards of a decidedly sedative character. It also seemed to possess the power of checking or preventing the putrefactive decomposition which often takes place in these cases, rendering the patient very offensive to the other inmates of the hospital; for instead of softening and sloughing, and coming away in putrefied masses with the dressing, as it usually does, the skin became hard, black, and shrivelled, gradually separating from the surface of the granulations at the margin by a kind of exfoliation, until at the end of a fortnight the whole of it had been removed. She was discharged March 23rd, 1847, the wound in the axilla not having completely healed, with a very slight disposition to contraction, which, owing to the peculiar situation of the burnt wound, although it seemed to moderate it a little, the remedy was not altogether capable of preventing.

Case III.—Charlotte L——, aged 6 years, admitted December 31st, 1846. From the same cause as in the last case, her clothes had caught fire, occasioning a burn, which occupied a large space on the upper part of the back, on the left side, extending into the axilla and for some distance down the upper arm. Over the whole of the burnt surface the skin had been destroyed, as well as the cellular membrane underneath, and had the soft quaggy feel of complete disorganization. There was no difference in the intensity of the burn in any part, the integument having been destroyed wherever it had been touched by the fire. Owing to the complete destruction of the parts, she did not seem to suffer any considerable pain, but, as she had only partially recovered from a protracted typhus fever, was a very unfavourable subject for so severe an accident. She had a feverish appearance, and complained of some slight pain in the bowels, but had no rigors. The same external remedy was applied as in the last case, but with a larger proportion of treacle, as the parts were not particularly painful. Internally she took syrup of poppies two or three times daily, with occasional doses of castor oil. At the end of a fortnight the whole of the destroyed integument had separated from the granulating surface underneath, having become previously converted into a dry and dark brown substance, which was removed as it became separated at its edges, by cutting it off with scissors, to allow of the application of the cerate dressing to the granulations, when the treacle could no longer be of service. The denuded surface suppurated freely, so that, as well as from her previously enfeebled condition, it was found necessary to support her strength by giving her port wine and tonic medicines; but at the date of her discharge, March 23rd, 1847, the wounds had nearly healed, and as far as I could judge, notwithstanding their unfavourable situation, with but little danger of contraction. She had also recovered from the debilitating effects of the fever, from which she had suffered prior to the accident.

The foregoing cases are only a few of those which have been treated under my observation, in the manner I have detailed; many have been slighter instances of injury, and several as, or more, severe; but in all of them the beneficial effects of the remedy were more or less perceptible. Of course in some, the parts had been so extensively destroyed that there was from the first no prospect of recovery; but even under these untoward circumstances, I have fancied that the simple means I have employed have lightened the patient's sufferings and prolonged the fatal termination.

The action of the remedy appears to be *directly sedative*, and, as far as I have been able to observe, its first effects have been to lull the pain and moderate the

inflammation which almost always exists in the integument surrounding parts which have been recently destroyed by fire, and which has a tendency to a destructive progress if no effective means are used to prevent it. That this also applies to deeper-seated tissues, and is a frequent cause of the fatal termination of such cases, is substantiated by the observation of Mr. S. Cooper, who, in reference to this subject, remarks:—"The extent of the mischief is often difficult to judge of directly after the accident, notwithstanding the characters of the various degrees of organic injury are strongly marked: for at the same time that the heat disorganizes the parts on which it acts with the greatest violence, it always affects the textures immediately below them; and, though they may not be killed *in the first instance*, they may not be capable of bearing the subsequent inflammation, and afterwards mortify." Whether the remedy is capable of exercising the same beneficial influence upon these deeper seated-tissues, as it appears to do on the more superficial ones, I cannot for certain say, for, until the separation of the skin, they are not exposed to view; but, to the best of my judgment, it does so, moderating the inflammation here in the same manner as it does in the integument.

Its next most obvious effect appears to be that of modifying the tendency to putrefactive decomposition, which destroyed parts are prone to undergo prior to their separation as sloughs; and that it is capable of exercising such an influence I have scarcely any doubt, having had repeated opportunities of observing it, especially in the cases I have related, where its action in this respect was very remarkable, as the slightest putrescent or unpleasant odour could not be perceived during the whole period of the treatment. I had an excellent opportunity of observing this latter circumstance in a case which, through the liberality of one of my colleagues, was placed under my hands for treatment. Although no less than 270 superficial inches of integument (principally of that covering the abdomen,) had been destroyed, I could not, nor could those more immediately about the patient, at any time observe any particular smell. I may mention that this patient lived a month, and at the time of her death, the whole of the integument having undergone the carbonizing changes observed in similar cases, had separated from the surface, which had begun to suppurate freely. On dissection there was no evidence of the duodenum or any other part of the intestines having been inflamed by metastasis, but she appeared to have sunk from the great suffering she had undergone, as well as from the shock, from which she had never completely recovered. There was a slight turgescence of the posterior part of the right lung, but whether from subsidence or other cause could not be accurately determined.

It remains only to endeavour to account for the smooth and regular cicatrization, which I have reason to believe is assisted by this method of treatment. It occurs, I think, in this way:—The disorganized integument and cellular tissue, having undergone carbonization, remains adherent to the parts beneath, and while it is so in contact acts as an extraneous substance by excluding the air, from the surface, and mechanically represses the growth of what would otherwise be exuberant granulations. As the carbonized integument is first observed to separate from the margins, the granulations round the periphery of the wound, by the contracting process which Dupuytren ascribes to the approximation of the margins to the central point, begin to cicatrize before the centre of the wound has become uncovered, which always happens last, and thus a gradual and even cicatrization follows.

It will also be observed, that what would otherwise be called the separation of a slough is prolonged by this treatment, until the system has recovered strength to furnish healthy granulations, in contradistinction to those irregular and unhealthy masses which are produced on a too early separation of the sloughs, in a constitution yet suffering from shock, and aided in many cases by the stimulating applications which are sometimes employed. Perhaps, also, the constant application of the treacle dressing to the neighbouring skin, by rendering it more supple and extensible, may favour a more regular cicatrization, by enabling it more evenly to be drawn towards the margins of the cicatrizing wounds.

From John Higginbottom, Esq., Surgeon, Nottingham.

Since my communication in the *Provincial Medical and Surgical Journal* of the 28th of February last, it occurred to me that I should have added the following remarks:—

After the application of the nitrate of silver to a sore or ulcer, its action continues for three or four days, during which period its antiseptic properties are very apparent, for there is not the least fœtor, as it quite prevents the putrefactive process. This is a valuable property of the nitrate of silver which I have omitted to mention, although I have observed this result in my practice for many years.

I thought it might be as well to give *once more* the proportions of the concentrated solution of the nitrate of silver, which is as follows:—Eight scruples of nitrate of silver, twelve drops of nitric acid, and eight drachms of distilled water. I prefer this strong solution to a weaker one, as it can be readily and safely applied, either very slightly, or in a more severe degree, as surgical cases may require. In burns and scalds, one slight application on the inflamed surface, and two upon the denuded surface, I have found sufficient.

From Charles Clough, Esq., Surgeon, Southport.

My views on the subject of burns are, that cases of this kind are to be treated in a great measure as other inflammatory affections. In extensive burns, and especially in deep burns or scalds, it has always been my practice to apply for two or three days stimulant dressings,* to excite or promote the circulation through parts, the action of whose vessels you would suppose was weakened; but after this has been effected, common dressings, and the

* In the first instance, in severe burns, I apply both the Oleum Terebinthinæ, and the Linimentum Terebinthinæ, and continue the latter three days.

attention required for other sores, are wanted in these. To exclude the atmospheric air and prevent evaporation, seem to be the principal objects. Linseed oil and lime water has always appeared to me a cheap and very convenient application to fulfil the indications required. I should have almost the same objections to apply cold in extensive or deep burns, as I should have to apply heat to a frost-bitten part.

Foreign Department.

ON THE EMPLOYMENT OF LARGE DOSES OF TARTAR EMETIC IN THE TREATMENT OF PNEUMONIA, ESPECIALLY IN CHILDREN.

By Dr. Herard.

Dr. Herard observes, that although it is now universally allowed, that doses of tartar emetic, which toxicologists heretofore pronounced poisonous, may be administered with safety, yet the greatest discrepancy of opinion prevails as to the amount of benefit derivable from these, notwithstanding the question has received so much illustration from very able writers. Having had the opportunity of witnessing the treatment of pneumonia by tartar emetic at the Hôtel Dieu, by M. Sandras, and at the Hôspice des Enfans, by MM. Baudelocque and Blache, and this in a great number of cases, he believes that the results may be advantageously published, especially as the antimony was the only remedy employed. He does not agree with those who consider that because we have so powerful a therapeutical agent as bleeding, enquiries like these are superfluous; for not only is it desirable to possess more than one efficacious means, especially if their conjoined use is found to diminish the chance of death, and hasten convalescence, but there are cases in which bleeding cannot be performed without danger, as in ataxic pneumonia, particularly that of drunkards, and in pneumonia which manifests itself in persons already exhausted by prior diseases, or by being surrounded with anti-hygienic circumstances. Children, too, at least those who are found in hospitals, ill bear blood-letting, even in its mildest form.

Dose, and Mode of Administration.—In the adult the dose has been rapidly raised from five or six to ten grains, but never carried beyond this; while in children, commencing with one grain and a half or two grains, it has rarely reached five grains. It has always been administered in a julep, giving a spoonful or two every hour or every second hour, suspending it for two or three hours after meals, and preventing the patient drinking too much of ptisans while taking it. With such precautions the medicine becomes easily tolerated, the great error of practitioners being the administering it in too large a quantity of fluid. Moreover, a small proportion of syrup of poppies or gummy extract of opium is always added to the julep.

Action on the Economy.—1. *On the Alimentary Canal.*—The author's investigations in no wise confirm the assertions of those who state that inflammation of the bucco-pharyngeal mucous membrane is a common result of the employment of large doses of antimony. In four or five cases only out of sixty in which these were given did he meet with a slight aphthous ulceration, apparently resulting from the child's retaining the julep in the mouth before swallowing it. In seven only of thirty-one infants did the tartar emetic produce repeated vomiting and purging; in twelve the tolerance became established by the second day; while in the rest these symptoms were absent from the beginning. As a general rule, tolerance is more rapidly and durably established as regards the stomach than the intestines. Diarrhœa is, however, seldom increased by the antimony, and in some cases obstinate constipation follows its use. When tolerance is of somewhat difficult establishment, it seems to be more readily brought about by increasing the dose, and the frequency of administration, than by a contrary proceeding. After the fever has subsided, and the medicine is only continued because of the persistence of some local symptom, tolerance is still maintained. Some patients even take it at their meals, and in others it seems to excite the appetite.

2. *Circulation.*—All observers agree that antimony exerts a marked effect in diminishing the number of the pulse. This, in the adult, rapidly falls from 105 to 80, 70, 60, or even 45. In the child the diminution is less marked and less permanent, the pulse still retaining somewhat of the oscillatory character proper to the time of life. This effect upon the pulse cannot be said to result simply from the ameliorated state of the patient, since it is observed the very next day after giving the antimony, and during the existence of very grave pulmonic lesions, ascertainable by the stethoscope. More than once a pulse, which had descended to 50, has risen to 70 on discontinuing the antimony, again to fall on its resumption. This effect upon the pulse is usually more marked in proportion to the ease with which tolerance is established. Simultaneously with the diminution of the number of the pulse, there is sometimes, but not always, an enfeeblement of the arterial and cardiac pulsations; but the intermissions and irregularities mentioned by Trousseau have not been observed by the author. The effect upon the pulse is sometimes long in disappearing, this continuing slow for several days after the suspension of the medicine.

3. *Respiration.*—This, as well as the pulse, has almost always been found slower than natural, but its condition is much more difficult of exact appreciation, especially in the child. It is best examined during sleep, and then is found sometimes to have become affected even by the second dose.

4. *Secretions.*—Transpiration has not seemed either in the adult or child to be increased by large doses of antimony; nor has the increased secretion of the urine, noted by some authors, been observed.

Mode of Action.—Many excellent observers explain the curative agency of antimony in pneumonia by the powerful sensation it produces upon the alimentary canal; and M. Chomel attributes some of the advantage to the mechanical effect which the repeated vomitings exert in disgorging the lungs. But if these explanations are correct, the medicine should be given in smaller doses, for these exert a far more powerful

effect upon the alimentary canal than the larger ones; and every emetico-cathartic medicine might be expected to operate beneficially. In fact, the most marked benefit is derived from the use of antimony, just in those cases in which its complete toleration prevents any effect being produced upon the stomach or intestines. According to others, it determines towards the skin the morbid material which had become concentrated upon the internal organs; but the slight amount of increased transpiration ill accords with this explanation.

The rapid and marked depression of the circulation and respiration has been differently explained. Some, as Mialhe, have seen in it a chemical action, by which the oxidizing power of the lungs upon the blood becomes diminished; while others, as Trousseau, believe that the antimony admitted into the circulation acts directly through the nervous system upon the heart and inspiratory muscles. The lung consequently receives in a given time, a less quantity of blood, and has, as an instrument of hæmatosis, less blood to elaborate; and it is to this repose of the diseased organ that we may refer the resolution of the disease. To this it may be objected, that antimony is as efficacious in some other inflammations, as rheumatism. The author of the present paper is not disposed to add to these hypotheses, but observes that, however explained, the diminution of the number of the pulse is, in some measure, the index of the beneficial effect of the remedy. When this is marked and rapid, a cure is almost certain.

Therapeutical Effects.—The antimony, in the present series of observations, was administered to nine adults and thirty-one children. Of the former, one patient, admitted in an advanced stage of the disease, died; and the rest were completely cured. Of the children, seven died; two falling victims to tubercular pneumonia. In the other five, lobular pneumonia was very extensive; and five in thirty-one is a very favourable proportion in a disease so fatal as is the pneumonia of young children in a hospital. Lobular pneumonia is far less amenable to tartar emetic than the lobar; and those cases of broncho-pneumonia, as M. Guersent terms them, occurring in children under two years of age, are generally far more efficaciously treated by emetics than by antimony given in contra-stimulant doses. For the same reason, probably, the Rasorian method is less successful in aged persons than in the adult; for it is well known that at this period of life, pneumonia is complicated with bronchitis, and the characteristic tubular *souffle* is often absent.

So, also, in pneumonia succeeding to bronchitis, M. Sandras has found antimony far less efficacious than in cases of pure pneumonia. The most remarkable fact among the present cases was the rapid disappearance of the bronchial *souffle*, and its replacement by crepitant or sub-crepitant rales. Bleeding itself does not produce so rapid a passage from the second to the first stage of the disease. Frequently on the day of commencing the antimony, bronchial respiration, with bronchophony and resonance of the cough over the half of a lung, were ascertained, and the next day *râles*, more or less fine, might be heard over this entire space. Had this phenomenon been met with only once or twice, we should have explained it by the undoubted changeableness of the stethoscopic signs in childhood; but the result was obtained in so many children, that it would have been impossible not to refer it to the antimony, if even it had not been equally exhibited in the adult. The crepitant *râle*, on the other hand, persists with remarkable tenacity, and, becoming assimilated in character to the large, moist, sub-crepitant *râles* of chronic or subacute bronchitis, may extend far into convalescence, every other sign of returning health being present. The rapidity with which convalescence takes place, is, indeed, one of the most remarkable and advantageous results of the use of antimony. It can hardly be said to exist, so rapidly does health return, giving this method of treatment an infinite advantage over blood-letting in this respect.

Notwithstanding his conviction of its great efficacy, the author would not recommend tartar emetic as an exclusive remedy, believing, as a general rule, that the disease in adults is most advantageously treated by combining the antimony with venesection. It enables us to do with fewer blood-lettings, while these favour its absorption. But, to render it of service, practitioners must be convinced of its therapeutical importance, and prescribe it from the commencement, not as a mere accessory, but as an heroic remedy. In children *above two years of age*, it should be regarded almost as an exclusive medication, although in exceptional cases one or two emissions of blood or a blister may be required; this last, sometimes, however, often proves a dangerous remedy in hospitals.—*L'Union Médicale*, Nos. 127 to 131.

NOTES FROM A PRACTITIONER'S DAY BOOK.*

INTESTINAL IRRITATION A CAUSE OF ASCITES.

Irritation of the mucous membrane of the intestine will, under certain circumstances, cause an effusion of fluid into the peritoneal cavity. I once examined the child of a physician, a little boy about eleven years of age, who gradually emaciated and died from a chronic disease of the abdomen, with frequent diarrhœa, remaining after an attack of fever about two years before. At one time during this interval there had been considerable ascites, but it subsided under a diuretic treatment, and when the autopsy was performed, no fluid existed. Every abdominal and other organ was found in a perfectly healthy condition, with the exception of the jejunum and ileum, which exhibited several chronic ulcers of the mucous membrane, and three or four of the neighbouring mesenteric glands, which were enlarged from irritation. The peritoneum, even where it was contiguous to these lesions, showed no thickening nor other trace of its having been the seat of inflammatory action.

A nervous hysterical young lady had an attack of common autumnal diarrhœa which was then very prevalent. Before this had completely subsided, an extremely tympanitic state of the abdomen supervened, and in the course of a few days, the lower part of the distension was ascertained to consist of an effusion of fluid

* Continued from page 667 of last Volume.

into the peritoneal cavity, being readily removed by a few doses of a diuretic medicine.

A POINT IN THE TREATMENT OF MAMMARY ABSCESSES.

The following is a case of no very unusual occurrence :—A mother loses her infant, and, broken-hearted at the event, she neglects to pay that attention to herself which her case requires. No attempts being made to relieve the distended breast of its secretion, the gland becomes hard and painful. and at length abscesses form in different situations. If the treatment is confined to the evacuation of matter by puncture, and to the application of fomentations and poultices but little good is done. The former abscesses continue to discharge; fresh ones are constantly forming, and the woman at length sinks into a state of hectic. Means should be used to stop the secretion of milk, which has been going on all this time, and perpetuating the mischief. We have no better means of effecting this than by the administration of a hydrogogue purgative. I am usually in the habit of prescribing the sulphate of magnesia in the compound infusion of roses, to which, when there is much hectic and debility, I add some quinine, and dilute sulphuric acid. The effect of this treatment is sometimes almost magical. I have known a woman, who for months had been suffering from a succession of mammary abscesses, begin to get well from the moment that the salts produced its liquid evacuations from the bowels; the secretion of milk ceased, and the purulent discharge diminished, a more adhesive inflammation being established in the place of these two actions.

APHONIA CURABLE BY INHALATION OF THE FUMES OF BENZOIN.

A middle-aged spinster lady, consulted me about her voice, which she had lost for more than twelve years, having never, she assured me, during the whole of this long period, been able to do more than speak in a whisper. There was no cough, and a most careful examination with the hand and stethoscope led me to conclude that there was no organic or inflammatory change in the larynx. She was a nervous excitable creature, and I could only consider the case as one of hysterical disinclination to use the muscles which make tense and approximate the chordæ vocales. I had no reason to expect any benefit from treatment, and was quite at a loss what to prescribe. On my table there happened to be lying a packet of fumigating cards, made by impregnating blotting paper with benzoin and nitre. In my dilemma these met my eye, and snatching up the box I gave her a few, directing that one should be burnt every night, and its fumes inhaled. In a week or ten days she came again, and said she thought she was better, as her voice had risen to a squeak on one occasion. I urged a most persevering continuance of the remedy. Four months afterwards, happening to be in her neighbourhood, I encountered her, and to my great surprise she addressed me in a laryngeal tone, not yet very sweet indeed, but in a good serviceable voice, though a little rough. It was not capable of anything like modulation, but grated along at a uniform pitch, never apparently rising into a squeak, nor falling off into a whisper. During the whole four months she had most unremittingly used the fumigating paper, with the exception of a few days when she was suffering from a cold and cough. The improvement at first consisted only in an occasional grunt whilst talking, and during the last fortnight her voice had resumed a uniform laryngeal tone, which had been gradually becoming stronger.

The fumigating cards are made in this manner :—A sheet of thick white blotting paper is brushed over with a saturated solution of nitre until it is thoroughly wet, and when dry the compound tincture of benzoin is applied in the same manner. Each of these applications is repeated more than once if necessary. When thoroughly dry the paper is cut into slips, three inches long, by one and a quarter wide. One of these being lighted at the corner, burns without flame like tinder, emitting a dense white smoke, consisting principally of benzoin acid and some particles of nitre, which are thrown off by the crepitation of the crystals. When used for remedial purposes, this smoke should be inhaled by holding the head over the burning card.

A young woman suffered from a common catarrhal sore-throat, which lasted rather longer than usual. About a fortnight afterwards I was consulted, and found all the acute symptoms had subsided. She now merely experienced a defect in the power of speaking in a laryngeal voice, and all her words were uttered in a whisper. I recommended her every night inhaling the smoke of a fumigating paper. The very morning after the first time of doing so a great improvement had taken place, whilst by a few days' continuance of the treatment she was enabled to speak in a natural tone.

(*To be continued.*)

General Retrospect.

ANATOMY.

REMARKABLE ANOMALY OF THE AORTA.

The following particulars are derived from a *post-mortem* examination by M. Bouillaud.

The aorta for its whole length was divided by a septum, commencing immediately above the free border of the semilunar valves, and extending to the common iliacs. One of the semilunar valves was common to the orifices; the other two belonged each to a single orifice exclusively.

In the descending portion of the aorta, the wall of separation was perforated by small holes, most numerous at its lower part, and at its very end, just above the primitive iliacs was an opening much larger than any of the foregoing, (nearly two-fifths of an inch in diameter,) which very much resembled the foramen ovale, being oval and bordered by a kind of thin valve.

The left division of the aorta gave off the innominata, left primitive carotid, intercostal, lumbar, cœliac, and superior and inferior mesenteric arteries.

The left sub-clavian arose from both divisions, and was divided like the aorta in the first part of its course, but the rest of the artery not having been preserved, it is not known what disposition it presented.

One coronary and one renal artery came from the right division, and their fellow arteries from the left.

In the right division, at points corresponding to the

origin of the innominata, left carotid, cœliac axis, and mesenteric arteries, were cul-de-sacs lying alongside of those vessels where they sprang from the aorta. The smaller division was dilated at its orifice, and in its transverse portion to a circumference of about three inches and a half. The larger division, immediately above its origin, was dilated to about the size of a turkey's egg. The three coats of the artery were here distinguishable, if anything rather thicker than in the normal state. In its transverse portion, (at the commencement of which it suddenly contracted,) it became enlarged to the size of a small hen's egg, the seat of the latter dilatation corresponding to that of the second dilatation of the smaller division.

The right division, for its whole extent, exhibited calcareous degeneration and roughness of its internal surface. In the left were some unevenness—fibrous, or fibro-cartilaginous, but no calcareous formation.

The internal circumference of the larger division of the aorta was from two inches and 2-5ths to two inches and 3-4ths; two inches and 3-4ths in its descending portion, and two inches and 2-3rds above. That of the smaller division was about two inches at the origin of the innominata, from one inch and 3-5ths to one inch and 3-4ths in its descending thoracic, and from one inch and 1-5th to one inch and 3-5ths in its abdominal portion.

There was general and very great hypertrophy of the heart; in the pericardium were some opaque spots, but in neither it nor in the heart was there any calcareous deposit.—*Southern Medical and Surgical Journal*, Nov. 1847.

PATHOLOGY & PRACTICAL MEDICINE.

OBLITERATION OF THE SPERMATIC DUCTS.

M. Gosselin shews that the ducts destined for the passage of the seminal fluid are liable to become obliterated, just as the ducts for the transmission of bile, saliva, &c. The points at which he has observed obliterations are:—1. The vas deferens; 2, the globus minor of the epididymis; 3, the globus major of the same body; 4, the seminiferous tubes. He supposes these changes to be not an infrequent cause of impotence.—*Archives Générales.*

CANCER OF THE UTERUS SIMULATED BY THE IRRITATION OF A PIECE OF SPONGE.

Dr. Mitchell relates the following instructive case:—Mrs. P., aged 26, a delicate anæmic woman, married two years; commenced menstruating at sixteen, and has been regular up to the last year and a half. When four months married, she had an abortion, and amongst other means employed to arrest the flooding the vagina was plugged. She continued for a long time in a very precarious state, and has never been well since. She now (January 16, 1846,) complains of great pain at the lower part of the abdomen, with constant pruritus of the vulva; but what distresses her most is the constant discharge of a dirty sanious fluid from the vagina, varying in quantity at times, but always increased during the menstrual period, the fœtor being at all times unbearable. She has consulted several medical men, some of whom have pronounced it cancer. She is much emaciated, and in very low spirits, having tried a variety of remedies without benefit. The speculum has been used, and applications made to the part. On examining with the finger, the mouth of the uterus could not be detected at all, but a soft fleshy mass, occupying its place, and projecting over the cervix and into the vagina, quite insensible to the touch, could be felt. On introducing the speculum, a dark-coloured fimbriated body was brought into view. The end of an uterine sound was applied to it for the purpose of tracing its attachments, during which examination a small piece was detached. This piece was put under water, and found to consist of a minute portion of sponge, with a quantity of what appeared to be lacerated muscular fibre.

The after part of the treatment was very simple. Portion after portion of the mass was detached without much trouble, the whole being in a completely decomposed state, and only held together by the granulations from the uterus, which were very long and tender. The separation was attended with a small loss of blood. The pieces when put together weighed five drachms and a half. The vagina was syringed out frequently with warm water, and the surface to which the sponge had been applied touched three times with nitrate of silver at an interval of four days between each application. At the end of a month the os uteri was quite normal, with the exception of a slight induration and puckering of the lips. The menstrual function has been naturally performed, and she is gaining strength and flesh. This lady continued to improve, proved pregnant in March, 1846, and was safely delivered at the full period.—*Dublin Medical Press*, Dec. 8th, 1847.

ELEPHANTIASIS.

A remarkable case of this, in this country, unusual disease, is narrated by Mr. Southam, of Salford. The patient, an unmarried female, first came under the author's notice in the autumn of 1843. The disease had then existed about twenty years, and commenced when she was in her eighteenth year, on the dorsum of the foot, having been preceded by attacks of deep-seated pain. As the œdema extended, the pain became more severe, and the integuments the seat of frequent erysipelatous attacks. A large ulcer formed on the inside of the thigh, and three others near the ankle. The only cause assigned for the disease, was the sudden cessation of catamenia from cold. A drawing of the case, taken in 1845, was exhibited to the Royal Medico-Chirurgical Society; the measurement round the calf of the leg was two feet nine inches; above the knee three feet four inches; and at the upper part of the thigh, including the nates, five feet six inches. Owing to the integuments having yielded unequally, the leg had a somewhat lobulated form; there was neither indentation nor pain on pressure: the sole of the foot was the only part of the limb not implicated. She was able to go about the house, and assist in household duties, until within a few weeks of her death, which took place on the 21st of November, 1846, from an attack of dysentery.

On examining the body, the enlargement was found to have been caused by the deposit of a dense white lardaceous substance, interspersed with fat, in the

subcutaneous cellular tissue. The principal venous trunks were much larger than natural, and when divided transversely, were patulous; their coats were thickened and converted into a fibrous substance, disposed round the vessels in laminæ. All the smaller vessels when divided transversely, resembled arteries filled with coagula. The disease in the veins had not extended beyond the groin; those of the pelvic cavity were sound. The viscera were healthy. Nothing beyond slight hypertrophy of the epidermis and cutis was detected in the skin.

The author remarks, that he has been informed by several medical friends who saw the patient, and who had witnessed elephantiasis as it is met with in the natives of South America and the West Indian Islands, that the tumefaction seldoms attains so great a size as was observed in the case now related. From the appearances found on dissection, it is evident that the disease originated from repeated attacks of subacute or chronic inflammation of the venous capillaries, which caused the pain and febrile symptoms. The author is of opinion, that the immediate cause and pathological changes of elephantiasis bear an intimate relation to those of phlegmasia dolens and the induration of the cellular tissue, in new-born children, the apparent differences depending on the degree of venous obstruction, and on the remote influences which have originated it.—*Medico-Chirurgical Transactions*, vol. xxx.

SURGERY.

CASE OF SUB-MAMMARY ABSCESS DISCHARGED THROUGH THE TRACHEA.

By S. C. Sewell, M.D., &c.

Mme. A. D——, aged 29, ten years married, barren, consulted me early in March, 1840, for a painful affection of one breast, which I treated as a case of irritable breast, by frictions of iodide of potassium ointment, ioduretted solution of iodide of potassium, &c. In three weeks she expressed herself much relieved, and dispensed with further attendance. On the 20th of April, Mr. D—— called on me, and stated, that some uneasiness still remaining, and the breast having increased in size, Mrs. D—— had consulted Dr. ——, who had declared it to be cancer, and advised its removal. I immediately went to see her, and on examining the breast, I found that it was somewhat larger than the other, with fluctuation, indicating matter or other fluid behind the mammary gland. I repudiated the idea of cancer, expressing my conviction that it was a chronic abscess between the ribs and gland, and requesting that further advice might be called to decide the controversy. They suggested Dr. Robertson, who came on the following day and confirmed my diagnosis. Owing to the depth of the abscess, we declined making any incision, and the ioduretted frictions were continued. On the 10th of May I was hastily summoned to see Mrs. D——, who, I found, had commenced about an hour before to expectorate pus in considerable quantities; the expectoration was now less abundant; every few minutes a tracheal rale was heard, followed by cough and expectoration of pus. The breast was now the size of the other, and the gland moved loosely under the hand, as though detached. Pressure on the breast caused increased expectoration of matter. I applied a compress and bandage over the breast; the expectoration gradually ceased in four or five days, and Mrs. D—— has remained in good health to the present time. In this case, adhesion of the pleuræ, and perforation of the intercostal muscle, pleuræ and substance of the lung, until a large bronchus was reached, must have taken place. I should have mentioned that there was no effusion of pus into the pleura or emphysema of the cellular tissue, but there was loud mucous rale *à grosses boules* under the abscess.—*British American Medical Journal.*

IMPACTION OF A SHEEP'S TOOTH IN THE BRONCHUS.

A girl, aged 7, was admitted into the Stockport Infirmary under Mr. Rayner, having swallowed a sheep's tooth which she had in her mouth. She was immediately seized with symptoms of suffocation, which had subsided before admission. She remained free from cough for six days, when she had cough with copious expectoration streaked with blood. A minute examination of her chest led to the discovery that the foreign body was lodged in the right bronchus. Tracheotomy was performed, and the tooth was forcibly expelled by the wound, The use of chloroform was found very beneficial during the operation, as it subdued the violent action of the larynx and adjacent parts, which frequently embarrasses the operator.—*Lancet*, Febr. 26th.

APPLICATION IN BURNS.

The following is recommended as an application in burns by M. Thorel, of Avallon :—

Take of Hydrchloric acid (20 degrees,) 50 grammes.
Sulphate of soda, in powder, 65 grammes.
Dissolve.

The burnt part is to be plunged in the liquid, or the latter applied in lotions and frequently-changed compresses.

This mixture is useful only in burns of the first and second degree; it is inapplicable in the case of eschars. It arrests the inflammation instantly, and prevents the formation of phlyctenæ and blisters, or stops their development and breaking.

TREATMENT OF BLENORRHAGIC OPHTHALMIA.

M. Ricord's treatment is as follows:—The patient is to be kept quiet; the head should be raised, and the eyes completely secured from light; the diet very low. The first thing to be done is to rub the nitrate of silver over the affected surfaces, so as to produce a white film. After cauterization the eyes should be sedulously washed with warm water. The patient should be watched after the first use of the nitrate; it will then be perceived that the secretion is momentarily suspended by it, but when the crust formed by the caustic falls off, the pus re-appears, but is lighter in colour, and sero-sanguineous. So long as little white streaks, the result of cauterization, remain visible, and so long as the secretion is not again purulent, it may be judged that the influence of the nitrate continues, but if the secretion has become again purulent, the cauterization

may be repeated; indeed it can be safely used three times a day. The eye must be repeatedly cleansed during the day, and poppy-head fomentations be constantly applied; poultices are to be eschewed as they favour œdema. Mercurial frictions are injurious at this stage, not so at a later period.

If there be chemosis, this state should, if possible, be removed, while it is merely the result of œdema; when it has become phlegmonous, the conjunctiva is so distended as to be with difficulty seized with the forceps. The excision should be preceded by cauterization, and is to be made with curved scissors and flat forceps. When chemosis has reached the phlegmonous state, it cannot be excised, and is to be scarified. If there be much febrile action blood is to be taken from the arm. Leeches may be placed in the course of the jugular vein, or behind the ears. Mustard pediluvia are to be avoided, as the essential oil is apt to irritate the eyes. Blisters on the nape are advisable on the decline of the disease.—*Abstract of Lecture in the Lancet*, Febr. 12th.

THE INTERRUPTED SETON.

Mr. Lennard communicates a mode of counter-irritation which appears to him to have advantages over the ordinary plans. He calls this the "interrupted seton," and it is made by inserting with a small suture-needle, a number of distinct threads into the diseased part, which threads are subsequently tied together. The advantages supposed to exist are:—

1. The immediate action.

2. The perfect command over the extent of surface counter-irritated.

He recommends it in diseases of the serous membranes in particular.—*Lancet*, January 22nd.

PHARMACY.

NEW METHOD OF PREPARING MERCURIAL OINTMENT.

M. Soubeiran prepares in the first place an amalgam of fifteen grammes of mercury and two grammes of tin. He incorporates this with an equal portion of axunge, either by trituration on a marble plate or in a mortar, and he adds the mixed mass to 1,485 grammes of mercury, and one third of the proportion of axunge prescribed by the Codex. (One part of mercury to ten parts of axunge.) A few hours' trituration suffices for the total extinction of the metal. After the completion of the operation he adds the remaining two thirds of the axunge.

This process presents the very great advantage—that it is of most ready execution. The introduction of a foreign body might perhaps be urged as an objection to its adoption. To this M. Soubeiran replies that he has followed this method for the last ten years with the most perfect success, and has seen patients use enormous quantities of the ointment thus prepared, and continue its application for a long period of time, without experiencing the slightest ill effect from it. It is probable that the tin used in the process serves to diminish the cohesion between the molecules of the mercury. M. Soubeiran was led to this supposition the very first time that he had recourse to the new process. He was then endeavouring to prepare mercurial ointment with mercury which he had previously distilled. All his attempts and efforts to extinguish the mercury proved fruitless; and, after eighteen hours' incessant trituration, he had the mortification to find nearly the whole of the bright metallic mercury at the bottom of the mortar, but on subsequently adding the amalgam of mercury and tin, he succeeded instantly.—*Répertoire de Pharmacie*.

TOXICOLOGY.

POISONING BY THE SESQUICHLORIDE OF ANTIMONY.

Mr. Cooke relates the case of W. H——, aged 41, a pot-man at a public-house, of habits corresponding to his calling, who had been drinking rather more than usual for a week, when he locked himself in his room and swallowed an ounce of the butter or sesquichloride of antimony. He immediately experienced a burning sensation in the mouth and fauces, and very soon became insensible; he remained so for half an hour before he was discovered; he was then taken to a surgeon in the neighbourhood, who used the stomach-pump, and in an hour after he had taken the poison he was brought to the hospital, apparently moribund. This was at 4 p.m., April 23rd, 1847. The surface of the body was cold and clammy; eyes lustreless, with inactive pupils; the pulse was so small that it was only by the most delicate fingering it could be perceived; and the expansion of the chest so very slight that respiration appeared indeed to be suspended. In this condition it was quite hopeless to expect any effort at deglutition. External stimulants, such as the application of the strong Liquor Ammoniæ to the nostrils, tickling the same with a feather, and cold affusion to the head, were applied with marked benefit. The apparently dead was re-animated; in ten minutes he swallowed some tincture of bark, diluted with strong green tea, and this was repeated at short intervals for an hour, during which period he vomited some undigested food three or four times. The heart gradually recovered its nearly suspended action, the pulse became regular, the pallor and coldness of the surface were changed (although very gradually, and after he had been some time between blankets,) to a genial warmth, and the blank meaningless eye began to exhibit some perception. But it was several hours before he recovered the power of speech. The vomiting was slight, and did not continue after the first two hours. He slept during the evening and night, and the green tea was continued at intervals. Towards the morning of the 24th he began to complain of severe pain and burning in the throat and abdomen. He had passed water, but the bowels were not relieved. The tongue and mouth were not affected, but the fauces were considerably inflamed; pulse 78, small, rather hard; tongue dry in the centre; some tenderness over the whole of the abdomen; no sickness. He was ordered farinaceous food, with milk, a dose of castor oil, and a grain of calomel, with a quarter of a grain of opium, every four hours; fomentations to the abdomen. He became restless, and the tenderness increased; the pulse got up to 105, hard, until the oil operated freely, when all the symptoms were relieved. Subsequently he

continued to improve daily; the gums were very slightly touched by the calomel, all tenderness of abdomen ceased, and after taking some bark and acid, and good nourishing food, for a few days, he went out of the hospital on the 3rd of May, quite well.

Remarks.—This case derives its interest principally from its rarity, there being but four cases on record, of poisoning from this substance—one quoted by Orfila, from Borrichius, in which a few strong doses of the sesquichloride of antimony were taken by a naval surgeon, for gout. He was quickly salivated; purged "*par haut et par bas*;" collapsed; pulse imperceptible; dyspnœa; but sensible until he died. The other three cases are to be found in "Taylor's Jurisprudence;" two of them recovered; in both these, the poison was administered by mistake. In the third case, from two to three ounces were taken by a surgeon purposely; he died in ten hours and a half. The treatment is not recorded. The antidote is bark.—*Lancet*, Feb. 26th.

[One of the cases here alluded to occurred in the practice of our associate Mr. Bancks, of Stourbridge, and will be found recorded in the *Provincial Journal* for 1846, p. 611.]

RECOVERY FROM A POISONOUS DOSE OF STRYCHNIA.

The following interesting case is reported by Dr. Thomas Anderson:—

Mr. B. was the subject of severe tic douloureux, for which he was in the habit of taking large doses of muriate of morphia. On the present occasion he went to a druggist for some morphia, and received a powder of a yellowish colour, which was stated to be that substance. He took of this his usual dose, three grains and a half, and remarked at the time, that it had an unusually bitter taste, but it did not occur to him that there was any mistake. Shortly after, however, while walking in the street, he complained of numbness in the back of the legs, but not of sufficient severity to cause him any material uneasiness until some time after, when the sensation suddenly increased, together with a want of power. There was, however, nothing unusual in his appearance at this time, as a friend whom he casually met, laughed at his apprehensions. There was no spasm observed. On reaching home the patient felt better and retired to bed about five hours after the first appearance of the symptoms. Previous to stepping into bed, in order to gain a good night's rest, he took a second dose of the supposed morphia equal to the first. In less than ten minutes after he was seized with a violent tetanic spasm, affecting the legs and respiratory muscles, and had only just time to call out for assistance, before the sensation amounted to absolute suffocation. Spasms followed each other in rapid succession, chiefly affecting the legs, back and respiratory muscles. During the whole period the patient was perfectly conscious, his senses being even exalted. The paroxysms, after continuing some time, began gradually to diminish in violence, and it was hoped that they would pass off, when they suddenly recurred with their original severity. This appeared, however, to be the last effort of the poison, as the symptoms entirely ceased about thirteen hours after taking the first dose. The tic douloureux was found on his recovery, to have entirely ceased, and has not since returned.

On his recovery, the patient sent the residue of the supposed muriate of morphia to Dr. Anderson, who discovered it to be pure medicinal strychnia.—*Monthly Journal* for Febr., 1848.

QUEEN'S COLLEGE, BIRMINGHAM.

At the monthly board of the Council, held on the 5th instant, the Rev. Chancellor Law in the chair, on the motion of the Mayor, seconded by the High Bailiff, the following report was confirmed and adopted:—

Report of Committee appointed to consider the practicability and advantages of founding a College of Arts in connection with the Junior Department of Queen's College, Birmingham.

"Your Committee begs to report that, as Mr. Sands Cox has now, after more than twenty years' persevering talent and indefatigable zeal, completed his system of Medical Collegiate Education; and as the Junior Department of Queen's College has been brought into full operation, and is found likely to succeed in all respects, and has been favoured with much public notice and approval; and as her Majesty's Warrant has been obtained for the admission of your students to Degrees in Arts and Law as well as in Medicine, the time has, your Committee venture to think, fully arrived when the Council of Queen's College may throw open the benefits of the Junior Department of their College to the sons and wards of gentlemen residing in Birmingham and its vicinity, and elsewhere, (especially to the sons of the members of the medical profession,) extending and adapting the system now pursued with reference more immediately to Medicine to the purposes of education generally. With that view your Committee begs to offer the following suggestions and heads of a plan:—

"1.—Students requiring general instruction to be admissible into the Junior Department of Queen's College, after they have completed an elementary school education—say about the age of sixteen.

"2.—During the first year all students to attend the same classes in Latin, Greek, Mathematics, French, German, Drawing, &c.

"3.—Students who are intended for the Medical Profession to receive during their second year's course of study separate instruction in the rudiments of Materia Medica, Chemistry, Botany, and Pharmacy.

"4.—At the commencement of the third year, such of the junior students as are duly qualified, to enter the Senior Department of the College; those who are intended for the profession of Medicine and Surgery being received into Queen's College; those who are intended for the Law, or the Church, or who desire for any purpose Degrees in Arts, to have provided for them a College of Arts.

"5.—This Department of Arts is what we now propose to found: the education to be such, *mutatis mutandis*, as Cambridge and Oxford supply, fitting your students for Degrees in the University of London, the *curriculum* of study being, as at Cambridge and Oxford, for a period of three years. So that our proposed System of General

Edcation will, for such students as enter the Junior Department at sixteen, be completed at the age of twenty-one.

"6.—But your Committee further proposes, that students may if duly qualified, and if their parents and guardians so desire, have the privilege of entering the Senior Department of Arts at once.

"7.—Also, your Committee proposes that students, both of the Senior and Junior Department, may either occupy rooms in College or reside with their parents or guardians, or with private tutors sanctioned by the Council.

"8.—In furtherance of the above plan, your Committee has much pleasure in reporting that three contiguous houses have been secured in the Crescent, which may easily be so arranged as to afford sufficient accommodation for all the present purposes of an extended Junior Department, and also may be made applicable for the reception of about twenty students in the Senior Department of Arts.

"9.—But, considering the vast population of Birmingham and its neighbourhood, your Committee hopes that Nos. 4, 5, 6, East Crescent, are only as the cradle of an infant giant, and that it may please God to grant us to see a flourishing College of Arts, with its appropriate Scholars' Chambers, Lecture Rooms, Tutors' Rooms, Halls, Courts, and Quadrangles.

"Dr. Warneford having, with his wonted beneficence, offered the sum of £1,000 towards the objects of this undertaking; and having on various previous occasions bestowed large sums on Queen's College, your Committee trusts that it is not too sanguine in looking forward to a future Warneford College of Arts in Birmingham, worthy of that individual's venerated name, and worthy of this great town.

"10.—Your Committee is prepared, if this sketch is sanctioned and adopted by the Council, to proceed at once, should the Council empower them so to do, to draw up a detailed plan of study, and to form Rules of Collegiate Discipline for a College of Arts, such as they would strive should work advantageously in this locality, and harmonize with what has been already done, and is doing, at Queen's College.

"In conclusion, your Committee scarcely deems it necessary to point out to parents and guardians, that if such a College as that of which they have here an outline, is adopted and carried out successfully, they will have at their own doors, comparatively at a trifling expense, all the facilities and appliances of an English Gentleman's Education—from the earliest period to the age of about sixteen or eighteen at King Edward's School, and then at the Warneford College, or Queen's College (a University Education,) to the age of twenty-one, when students may obtain the degree of B.A., B.C.L., B.M., followed by the degrees of M.A., D.C.L., and M.D., and thus will be qualified, God willing, to fill any rank of life, even the highest.

(Signed) "James Thos. Law,
"John Birt Davies,
"William Sands Cox."

It was resolved that the Sub-Committee (the Principal, Lord Lyttelton; the Vice-Principal, the Rev. Chancellor Law; the Rev. Vaughan Thomas, Dr. Birt Davies, and Mr. Sands Cox,) be empowered forthwith to draw up a detailed Plan of Study, and form Rules of Collegiate discipline for a College of Arts.

NEW CHARTER OF THE ROYAL COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

Although I must confess that few subjects connected with my profession have interested me less than medical reform, I could not feel indifferent to the earnest appeal which was made in the last number of the Journal to physicians in the provinces; and I cannot refrain from complying with your request for the expression of an opinion as to the contemplated regulations in the new charter of the College of Physicians.

It appears to me that the plan has been conceived in a liberal and accommodating spirit, and that it ought to receive the frank and thankful acquiescence of provincial physicians, and especially of those who, though graduates of British Universities, are not enrolled as members of the present College. The scheme being in its main scope so open and comprehensive, I cannot but think that in one clanse there has been an oversight, as to the injustice which it would commit. I refer to the stipulation that the physicians, who are to be become Associates without examination, must have graduated *before* 1842. This restriction excludes a large number of gentlemen who have taken pains to furnish themselves with medical degrees, on the understanding that they would be thus *virtually* licensed to practise as physicians. Though not according to strict legal title, yet all the world knows that the law which enacted that none but members of the London College of Physicians should be permitted to practise, has been for a very long time a dead letter in the provinces; therefore, any one possessed of a British degree, and practising as a *bona fide* physician, may justly deem himself injured when he is called upon to qualify himself afresh for his duties, merely because his degree was obtained subsequently to a certain date. Whatever rules may be decided upon as to future qualification, there should be no retrospective legislation. I cannot see why my younger brethren, who, on the faith of their several University Degrees, have established themselves in practice, should be required to undergo a new examination. I will put a case of another kind, which is not a hypothetical one. A general practitioner of considerable experience, distinguished for his talents and his extensive acquirments, in science and literature, and moreover a hospital surgeon, was obliged, by reason of ill-health, to retire for awhile from the exercise of his profession. When better health returned, he determined upon confining himself to medical practice, and he therefore procured a degree from a Scottish University. This degree was given after a severe and searching examination, such as requires some moral courage and determination on the part of a man of middle age who subjects himself to it. The gentleman alluded to has been practising as a physician for three years, and during the greater part of that period has filled the office of physician to a public medical institution. Surely it would be very hard to compel him to undergo another

ordeal before he could become an Associate of the College, and consequently before he could be registered as a physician.

I feel confident that as the limitation in question is inconsistent with the generous and conciliatory spirit which pervades the proposed plan of the new charter, the framers of the latter will be easily induced to withdraw the objectionable clause. To me it has seemed to be a duty to direct attention to it, because I am not personally interested in the matter, while those who are so, may feel a difficulty in urging their claims.

I cannot conclude this brief letter without avowing that I entertain so high a respect for the College of Physicians, ennobled as it is by the most illustrious names in British medicine, that I should be proud to find myself associated with it according to the proposed scheme. Graceful concessions ought to be accepted cheerfully, and even gratefully.

I am, Sir,
Your obedient Servant,
J. A. SYMONDS, M.D.

Bristol, March 14, 1848.

THE BILL FOR PROMOTING PUBLIC HEALTH.

To the Honourable the House of Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble Petition of the undersigned legally qualified Practitioner in Medicine, Surgery, and Midwifery, of the City of Bath,—

Sheweth,—

Your petitioner is of opinion that questions relating to the public health, have not hitherto received from the Legislature of this country, the degree of attention which is commensurate with their importance, he therefore regards with great satisfaction the introduction into your Honourable House, of a bill, entitled a "Bill for promoting the Public Health.

That while your petitioner highly approves of many of the provisions of this bill, he has observed with deep regret and disappointment the entire omission of, or allusion to, the medical profession. This omission will not only be most grievously and keenly felt by the members of the medical profession, but will be attended with very serious and injurious consequences to the community at large.

Your petitioner begs respectfully and earnestly to remind your Honourable House, that the care and due conservation of the public health legitimately belong to the members of the medical profession; and they have not only the responsible and difficult duty of treating the various disorders to which the human frame is liable, and frequently risk their lives in their attempt to alleviate malignant and pestilential diseases, but they are also expected and often called upon to devote much of their valuable time, talent and industry, and by persevering application, endeavour to discover the causes and what has a tendency to prodnce them.

Your petitioner is of opinion, therefore, that any bill or scheme which has for its object the promotion of the public health, will be exceedingly defective, that does not admit or provide for the appointment of legally-qualified members of the medical profession to share and assist in its due administration.

Your petitioner therefore earnestly and respectfully prays your Honourable House to supply this defect in the proposed bill, and to insert a clause which shall require one or more members of the medical profession to form part of the General Board of Health, and also to appoint a medical superintendent wherever the bill for promoting the health of towns may be in operation, and your petitioner will ever pray.

GEORGE KING.

Bath, February 24, 1848.

[The foregoing petition has recently peen presented to the House of Commons, and is important as directing attention to a defect in the measure which, unless remedied, will render many of its more important provisions altogether nugatory.]

BAPTISM OF SICK INFANTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

May I beg the favour through the medium of the *Provincial Journal*, of enquiring of my professional brethren, how they are in the habit of treating certain applications made to them under the following circumstances?

It appears that the clergy in the diocese of Norwich, and, most probable, the same is the case elsewhere, are instructed that the baptism of infants shall only be performed in strict conformity with the rubric, and that the practice of a preliminary baptism or "naming," as heretofore customary, should be discontinued. In complying with this ordinance, the clergy, as if by a mutual understanding, have set apart one Sunday in each month, and it is expected all children born in the intervening period, shall on this day be brought to the font, attended by the required sponsors. Now, it happens not unfrequently, that an infant is attacked with sickness previous to the advent of this important day, and the parents, anxious to secure it a christian burial, and perhaps, if imbued with faith in the doctrine of baptismal regeneration, dreading the death of their infant unregenerate, apply to the minister to have it baptized. The answer is—"Unless you bring a certificate from a surgeon, stating that the child's life is in imminent peril, the rite cannot be performed." Hitherto I have declined giving the necessary document, as I can only regard such a demand on the part of the clergy as tending to fasten unduly a solemn responsibility on the medical profession, which naturally belongs to themselves.

I am, Sir,
Your most obedient servant,
JAMES COOPER.

Filby, Great Yarmouth, Norfolk, March 3, 1848.

Medical Intelligence.

APPOINTMENTS.

Ewing Whittle, Esq., has been elected Surgeon to the North Dispensary, Liverpool.

The Honorary Degree of Doctor of Medicine has been conferred, by the University of New York, on Henry Marshall, Esq., of Edinburgh, Deputy Inspector General of Army Hospitals, and on William Farr, Esq., of the General Register Office, London.

ROYAL MEDICO-CHIRURGICAL SOCIETY.

Tho following gentlemen were elected officers of this Society at the Anniversary Meeting, held on Wednesday, March 1st:—*President:* James Moncrieff Arnott, F.R.S.—*Vice-Presidents:* Henry Davies, M.D.; Jonathan Pereira, M.D., F.R.S.; George Macilwain; Richard Partridge, F.R.S.—*Treasurers:* Benjamin Guy Babington, M.D., F.R.S.; Benjamin Phillips, F.R.S. —*Secretaries:* William Baly, M.D., F.R.S.; Fred. Le Gros Clark.—*Librarians:* John Hennen, M.D.; Richard Quain, F.R.S.—*Members of Council:* James Alderson, M.D., F.R.S.; Thomas Mayo, M.D., F.R.S.; Robert Nairn, M.D.; William Sharpey, M.D., F.R.S.; Leonard Stewart, M.D.; Henry Ancell; Richard Blagden; George Busk; John Dalrymple; James Paget.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, Friday, March 3rd, 1848:—J. H. Bennett; R. Turton; J. W. Cleave; T. R. B. Isaac; E. F. Sankey; E. B. Gaylard; G. Dunn; J. L. V. Gregory; G. H. Macnamara; J. G. Wilson.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, March 2nd, 1848:—Edward Fitzwilliam Sankey, Dover; Arthur Robert Pedgrift, London; John Evans, Sunderland; Richard Marley.

Thursday, March 9th, 1848:—John Samuel Pearse, Gateshead; Edward William Plews; Prosper Felix Louis Napoleon De Larné, Devonport; Charles William Bloxham, Halesowen; Edwin Thomas Watkins, R.N.

OBITUARY.

Died, August 31st, 1847, at Oatlands, Van Diemen's Land, F. J. Park, Esq., Colonial Assistant Surgeon, and Medical Officer of that district.

February 14th, at South Molton, Devon, aged 52, John Nott Harding, Esq., Surgeon.

February 26th, at Tinnehely, County of Wicklow, of fever, Henry Morton, M.D.

February 26th, at Sheerness, aged 47, George Walker, Esq., Surgeon.

March 2nd, at Brighton, Robert Murray, Esq., Surgeon, Honourable East India Company's Service.

March 5th, at Frankfort-on-the-Maine, aged 48, Ynyr Burges, M.D.

March 6th, at Shanklin, Isle of Wight, aged 54, Alexander Home Renton, M.D., late of Madeira.

March 12th, at Manchester, aged 25, of fever, Joseph Done, Esq., one of the Visiting Medical Officers to the Manchester Royal Infirmary.

March 13th, at Bangor Infirmary, of typhus fever, W. Leyson Thomas, Esq., House Surgeon to that Institution.

Lately, James Lewis Kirkness, Esq., Surgeon, Truro.

BOOKS RECEIVED.

A Treatise on Diet and Regimen. By William Henry Robertson, M.D., Physician to the Buxton Bath Charity. Fourth Edition. Part V. London: Churchill, 1848.

The Philosophy of Animated Nature; or the Laws and Action of the Nervous System. By G. Calvert Holland, M.D., Physician Extraordinary to the Sheffield General Infirmary. London: Churchill. 1848. 8vo. pp. 512.

The Nature and Treatment of the Epidemic or Asiatic Cholera; &c. By Robert Venables, A.M., M.B., Oxon., Inceptor Candidate, Royal College of Physicians, London, &c., &c. Fourth Edition. London: Bailliere. pp. 58.

A Discourse on the Asiatic Cholera, &c. By Thos. Henry Starr, M.D., Senior Physician to the Warwick Dispensary. London: Churchill. 1848. 8vo. pp. 95.

The Advantages of Ether and Chloroform in Operative Surgery. By T. B. Curling, Lecturer on Surgery at the London Hospital, &c. London: Highley. 1848. 8vo. pp. 36.

Chloroform in the Practice of Midwifery. By Edward W. Murphy, A.M., M.D., Professor of Midwifery, University College, London. London: Taylor and Walton. 1848. 8vo. pp. 28.

Report by the Committee of the Royal College of Physicians, [Edinburgh,] appointed to consider any Bills that may be brought into Parliament for the Improvement of the Health of Towns, and the Applicability of such Measures to Scotland. Edinburgh. 1848. 8vo. pp. 12.

Hospital Elections and Medical Reform, Addressed to the Governors of St. George's Hospital and to the Profession. By Edwin Lee, &c., &c. London: Churchill. 1848. 8vo. pp. 32.

Deafness practically illustrated; &c. By James Yearsley, M.R.C.S.E., Surgeon to the Metropolitan Institution for Diseases of the Ear, &c., &c. London: Churchill. 1847. pp. 181.

ERRATA.

In Dr. Todd's Clinical Lecture, p. 114, col. 1, line 22, for "binoxide" read "dinoxide;" line 24, for "effect" read "effects."

NEW CARTER OF THE ROYAL COLLEGE OF PHYSICIANS.

NOTICE.

It is requested that gentlemen, sending communications on the subject of the proposed Charter of the Royal College of Physicians, will attach their signatures, as letters which are not so authenticated cannot be laid before the Council of the Provincial Medical and Surgical Association, and will consequently fail of their object. All such communications will, if desired, be considered confidential.

ROBERT J. N. STREETEN, M.D.,
Secretary to the Association.

TO CORRESPONDENTS.

Communications have been received from Dr. Oke; Mr. J. Cooper; Mr. G. Bullen; Mr. G. King; Mr. Ross; a Physician; Mr. S. S. Dyer; Mr. Crompton; a late Provincial Physician; Mr. S. J. Salter; Mr. T. Hunt; Dr. Symonds; Mr. T. Pope.

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURE ON DIABETES AND ON CHOREA,

Delivered in King's College Hospital, London,

By R. B. Todd, M.D., F.R.S., Fellow of the Royal College of Physicians, &c.

(Reported by S. J. A. Salter, Esq., M.R.C.S.)

Gentlemen,—In the last clinical lecture I delivered to you, I entered upon the subject of diabetes, only so far as its history and pathology: I come to-day to consider the *treatment* of this malady.

In the observations which I made upon the pathology of diabetes, I pointed out to you that the great question which yet remains for solution, is as to the source of the sugar,—whether the sugar produced is simply a conversion of saccharifiable parts of the food; or whether it be not in part also a product of secretion, or of the changes which occur in the secondary assimilative processes. Now, I would remark, that there is nothing far-fetched in the notion, that sugar may be secreted or developed in the secondary assimilative processes. During lactation sugar is secreted in considerable quantity by the mammary gland; and the sugar of milk resembles in its constitution that of diabetes. Moreover, the proportion *per cent.* of sugar in milk is, in general, I believe, much greater than that of sugar in the urine. I know of no accurate estimate of the quantity of milk secreted by the human female in twenty-four hours, but judging from the quantity which an infant can drink in that time, I should say it cannot be less than two or three pints, which would yield a considerable quantity of sugar.

For all practical purposes we may, in the present state of our knowledge, adopt with advantage the following view of the pathology of diabetes:—that it is primarily a disease of the mucous membrane of the stomach, whereby an abnormal diastase is formed, which readily converts into sugar such aliments as admit of that conversion; the mucous membrane probably likewise secretes sugar; the sugar thus formed passes into the blood, and is rapidly eliminated by the kidneys, causing at the same time the attraction to those organs of the elements of a large quantity of water. This theory essentially agrees with that put forward many years ago by our countryman Dr. Rollo, who was the first to point out theoretically as well as practically the importance of a diet, consisting mainly of animal food in this disease.

In describing to you the treatment of diabetes, I shall consider the subject under two principal heads,—namely, the treatment which consists of alteration and restriction of diet, and that which is effected by the use of certain drugs or other therapeutical agents. In the *first* place, from the fact that starchy matters are capable of being converted into sugar when submitted to the action of saliva, and of certain other organic matters, we are at once led to the opinion that the amylaceous food should be removed from the patient's diet as much as possible. Of the articles of food in ordinary use, bread and potatoes contain the largest quantity of starch; the latter should altogether be forbidden, as they consist almost wholly of starch, and contain very little of any other substance that is of service in nutrition; bread, however, contains gluten, a highly nutritive nitrogenous substance, and as patients cannot be wholly deprived of carbonaceous food, bread is the best to choose, on account of the gluten which is thus mixed with it.

It has been proposed to give gluten bread, which consists of the gluten of flour from which the starch has been carefully removed; but it is a dry, insipid, bread, and it is very difficult to induce patients to take it for any time, so that, however, upon theoretical grounds, it may appear desirable, it is practically of very little value.

You will find it, in general, a better plan to give your patients brown bread instead of white; and the coarser it is, and the more bran it contains, the better. Bread of this kind has with most persons a laxative effect, which is a great recommendation to it.

Sugar, and vegetables containing starch, should be altogether avoided; but those vegetables which do not contain starch, may be taken with much advantage, for by that means the diet is capable of being varied; thus great relief may be given, to the discomfort of which the patients complain when their food is too uniform. Such vegetables as celery, lettuce, greens, cauliflower, are those to which I refer. Fatty substances and butter, which from their non-nitrogenous character may possibly admit of conversion into sugar, should also be avoided.

But while we are depriving our patients of one sort of food, we should be careful that he is supplied with that which will not be injurious to him; he should take the protein compounds, albumen and fibrin, and also gelatine, in the form in which they are met with in different kinds of animal food. It is doubtful,

however, whether even these are not sometimes converted into sugar.

Bouchardat maintains that this never happens; but I incline much to the opinion, that even when the diet consists of nitrogenous food alone, some sugar will be developed, either in primary or secondary assimilation.

The quantity of food which these patients take should be large, on account of the great waste which is going on in their bodies; they should take meat, fish, or eggs, two or three times a day, or more frequently if necessary.

In making these observations as to the power which the stomach possibly has, in diabetes, of converting the protein compounds into sugar, it must be remembered that these substances are never eaten in a state of absolute purity. Meat and eggs contain oil and fat, which in composition are nearer that of sugar than of protein compounds, and which, according to some chemists, are transformable into sugar, and although they occur in but small quantity in these substances, still it is quite enough to throw some doubt and uncertainty over our observations.

With this tendency to generate sugar in the stomach there seems to be an absence of power in the organ to digest it, and so it is absorbed unchanged into the circulation; or else so large a quantity is generated, that a large proportion of it eludes the influence of the digestive organs. In people in health, when sugar is taken into the stomach in moderate quantity, it is probably immediately disintegrated by the digestive process, either in the stomach or in the intestinal canal, and exist no longer as sugar. The question arises—are there any means by which the stomach or duodenum can be made to digest the sugar that is thus abnormally generated within its cavity? This point has been overlooked by Bouchardat and others. I know of no direct means by which this object can be immediately accomplished, but the powers of the stomach may certainly be improved by the use of appropriate medicines.

This brings us to consider that part of the treatment of diabetes which consists in the use of therapeutical agents, and of these I shall first notice those commonly called tonics. Both mineral and vegetable tonics may be employed with advantage. The mineral acids,—the sulphuric and muriatic, may be used. Gentian, quassia, and chirayita, are good vegetable tonics to employ in diabetes, but I have a decided preference for the latter. Chirayita is an Indian plant and has long been used in the east, under the same circumstances as we use the vegetable bitters in this country; it has the advantage of not producing the constipation, which other vegetable tonics so frequently do, and as constipation is a symptom very generally met with in diabetes, it is advisable not to employ any medicine which is likely to increase or confirm that condition.

Opium is a very important medicine in diabetes; its beneficial action is partly by its influence on the skin, producing diaphoresis, partly also from the soothing power it has over the nervous system, which is generally more or less irritable; it also allays the craving of the stomach, so that the patients do not eat so much; and as the thirst is in proportion to the quantity eaten, it likewise becomes diminished when less food is taken. On the whole, perhaps the most favourable form in which opium may be given, is that of Dover's powder. But you will do well to be cautious in the use of this remedy, and to bear in mind Dr. Prout's suggestion, that by the prolonged use of opium, your patient may become an opium-eater, and be unable to exist without it.

Baths of different kinds are also useful in diabetes; they serve to keep the skin clean, and so to assist other diaphoretics. The hot-water bath, the cold bath, and the hot-air bath, are each recommended; and the latter has been particularly extolled by some physicians. It must, however, be kept in view that the hot-air bath is an agent of great power, and exerts a very depressing influence upon the system, after it has been several times repeated. What I have found to be the most useful mode of applying the bath is this:—to put the patient in the hot-air bath; when he comes out to dash cold water upon him, and then have him thoroughly rubbed with a rough towel until he is dry, and a glow of heat is produced; this being done he is instantly put to bed. The cold water thus used has a stimulating and invigorating effect, and which seems to counteract the depressing influence of the hot-air bath, without interfering with the amount of perspiration. One of our patients, Hardy, used the hot-air bath in this way, and derived so much benefit from it that, of his own accord, he persevered in its use for a considerable time. I may here remark, that I have found this mode of using the hot-air bath very beneficial in some forms of dropsy, with albuminous urine. Another method is to put the patient in a hot bath in the morning, and if it make him perspire too freely, then to put him in a cold one in the afternoon.

The solution of *pepsin*, in imitation of the gastric juice, is a remedy which was, I believe, first suggested by myself: it often assists digestion. I give it immediately before or after a meal, and although I have seen no direct influence that it exerts upon the amount of sugar generated, still it seems to improve the patients' powers of primary digestion; they are better nourished, and they tell you they are sensible it does them good, and on this account they beg for its continuance, but it undoubtedly exercises no direct influence on the generation of sugar. It is made by digesting the thick dark portion of the mucous membrane of the pig's stomach in distilled water, slightly acidulated with muriatic acid, at a temperature of 100°, for from twelve to twenty-four hours. The best test of its goodness is, its power of digesting meat and albumen, when kept at the same temperature for a few hours.

A remedy which will exercise a direct influence upon the peculiar state of the organs of primary digestion, which accompanies diabetes, is, as yet, a desideratum. Many other remedies, besides those I have mentioned, have been tried, and with some benefit; of these I may specify magnesia, ammonia, creosote; none of them, however, is entitled to be regarded as peculiarly efficacious in the disease. You will do well, however, to

keep them on your list of remedies, for in the treatment of a tedious and chronic malady, such as this, it is well to have the means of changing the remedy from time to time, and so to keep up your patient's hope.

As to the use of alcoholic stimulants, it may be said, that employed moderately, they exercise no unfavourable effect on diabetes, and you must be guided in your employment of them by the feelings of your patient, and the peculiar circumstances of each particular case.

I here terminate my remarks on diabetes. In another lecture on this subject, I will describe to you the results of the treatment of our patients Hardy and Bowles, who are now placed in a separate ward, under careful surveillance, for the purpose of being subjected to a strict animal diet.

CHOREA.

I shall occupy the remainder of this lecture, gentlemen, by offering to you a few remarks upon that remarkable disease of the nervous system—*chorea*, of which we have a very good example at present in the hospital. Amelia Reynolds is the patient to whom I refer; she was admitted into Augusta Ward, on November 2nd; the following is the account given of her in the case-book:—"She is 15 years of age, native of London, where she has always lived; last January, had inflammation of the lungs, and, soon after, sore-throat, from these she entirely recovered. States that six weeks ago her present complaint came on, with violent headache, deafness, vertigo, and almost entire loss of sight at times; at the same time she became restless, and lost the power of properly governing the movements of her limbs, especially on the left side. For this she applied to a medical man, who ordered six leeches to be applied to her temples, low diet, and change of air. From this time she became worse. She menstruated first about twelve months ago, but has not been unwell for the last eight months, though she has at times been troubled with pain in the loins and lower part of the belly." Such is the history of her case, and the following is the description of her present condition:—She has incessant fidgetting movements, which are not properly directed by volition; they are confused, irregular, jerking, and, although apparently performed with considerable vigour, yet they are not co-ordinated. Articulation is affected, she speaks quickly and snappishly; when told to put out her tongue, she does it in the same jerking manner as she moves her other muscles, with a peculiar thrust, projecting nearly the whole organ. This peculiar action of the tongue is a constant and very characteristic symptom of chorea; it is an early symptom, by which I have been led to suspect the approach of an attack of chorea, before any other symptom had made its appearance. These movements go off during sleep, and return immediately on waking—a fact of singular interest. Mental excitement causes an increase of these jactitating motions, and so does any attempt to restrain them, as holding or tying the limbs down. There are now no symptoms affecting the organs of sense, but when the disease began there was vertigo, with headache.

The disease generally commences simply with disordered general health, imperfect digestion, which causes an impaired condition of the blood; this state of things is followed by slight fidgetting only at first, or irregular movements of particular parts,—a hand, or leg, or the face,—which subsequently pass into those of confirmed chorea. In other instances, and these are very common, it may clearly be traced to some sudden fright which the patient has had, and this may bring it on in a person who has, or has not, been in a previously cachectic condition; but chorea coming on in an individual who was apparently in good health, and who has not been subject to fright, is extremely rare.

This disorder is peculiarly interesting, because it is strictly emotional in its character, and has its seat in those parts of the brain which preside over emotion. When a person, not suffering from chorea, is suddenly frightened, he is immediately impelled to make certain irregular jerking motions, which endure for a variable time, in proportion to the excitability of the subject; and these, while they last, are not at all unlike the movements of chorea. A peculiar feature in the movements of chorea is, that they are always more or less one-sided; they are not necessarily confined to one side, but are more remarkable on one side than on the other. Sometimes they are strictly limited to one side. Chorea may be conveniently divided into two kinds, according as the jactitations are *general* or *partial*; the former when all the limbs are affected, and the latter when it is confined to some of them only.

General chorea is an extremely dangerous disease; patients suffering from it are unable to stand; they are therefore obliged to keep in the recumbent posture, and as they lie in bed, shake and jerk, and throw themselves about, till they rub off the cuticle of those parts which come in contact with the bed, and at length they die from sheer exhaustion; they literally shake themselves to death; our patient, Amelia Reynolds, presents a *mild* example of general chorea.

Pathology.—What we know of the physiology of the encephalon, points to that organ as being the seat of the disturbed function in chorea; *post-mortem* investigation, however, displays no organic change. Various morbid conditions of the nervous centres have been found in some cases, but these are evidently only accidental combinations; thus, patches of bone on the arachnoid of the spinal cord and brain have been seen, cicatrices of the ovaries, and many other morbid appearances. None of these, however, are constant, nor have they any obvious relation to the parts whose functions are disturbed. Indeed, I believe it may be confidently stated, that chorea is a strictly functional disease, entirely independent of any organic lesion appreciable by our means of observation, and that it occurs in connection with depraved nutrition, just as we see various nervous symptoms arise in hysteria, as, for instance, paralysis, where the body is in a similarly ill-nourished condition. In cases of hysterical paralysis, the symptoms are most probably produced by the depraved or deficient nutrition, affecting principally some portion of the nervous system most intimately connected with the part paralysed.

In chorea the whole nervous system appears to

participate in this disordered state of nutrition, but more especially those portions presiding over emotion, namely, the upper part of the medulla oblongata and the mesocephale, and this I believe constitutes the essence of the disease. I have pointed out to you the one-sided nature of this affection, and you have seen that in the case in the hospital we have just been considering, it is the *left* side that is chiefly affected; this unilateral character shows that it is a brain-disease and not one of the spinal cord, as some have supposed, for diseases of the spinal cord affect both sides alike.

The opportunities of making *post-mortem* examinations in cases of chorea are extremely few, for the natural tendency of the disease is to get well, and in a large proportion of the cases recovery will speedily take place, with merely good diet, pure air, cleanliness, and a little purgative medicine; and this, by the way, affords an additional proof that the malady is dependent on impaired nutrition, as all these means have a tendency to bring about a healthy nutrition, and to render it vigorous. Another proof of this may be derived from the morbid state of the urine which sometimes accompanies the disease; it is often of high specific gravity, and in other cases it contains a super-abundance of phosphates; the specific gravity sometimes ranges from 1030 to 1038, even when the urine is in pretty good quantity. On the 11th of this month our patient, Amelia Reynolds, passed urine of specific gravity, 1038; on the 13th, 1033; on the 14th, 1022; and on the 17th, 1026.

Treatment.—By far the majority of cases are of a mild kind, and very amenable to treatment. In the first place, the patient should have plenty of nourishing food, especially animal food, and such as is easily digestible; pure open air is also necessary. Purgatives are very useful, and when you are first called to a case of chorea, it is a good plan to give purgatives for two or three days, so as thoroughly to clear out the alimentary canal, but the purgatives should be of a mild kind, and not such as have a tendency to lower the patient's strength, and be used simply to unload the alimentary canal, and to get the secretions into a healthy condition, and this very often will alone suffice to accomplish the cure. After this kind of purging has been used, a systematic course of tonics must be adopted, and they will almost infallibly destroy the disease; all the tonics are of nearly equal value, but sometimes it will be found that one will fail, and that upon giving it up and trying another, the patient speedily has relief. Some prefer metallic tonics, as zinc, iron, or arsenic, but I prefer the vegetable tonics, and of these, quinine; and if there is much anæmia and pallor, I would add to it some preparation of iron. I seldom give arsenic; it is a very powerful medicine, and may do much harm, while all that is wanted can be accomplished by other means; it may produce a state of system which will render the patient miserable for the rest of life; it should not be employed unnecessarily or unadvisably, and only in extreme cases, and where other tonics have been used in vain.

The cold bath is a very useful means to employ; it must, however, be used with great caution, or it may even do harm; it must be remembered that the complaint is one of emotion, and that a too sudden plunge into cold water, or a too abundant affusion, may frighten the patient, and increase the disorder; but the general effect of bathing is a marked improvement in all the symptoms.

In obstinate cases, which resist all modes of treatment, the use of electricity, as developed from the electrical machine, has been found of the greatest benefit.

MEMOIR ON TURNING, AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS, IN DEFORMITY OF THE BRIM OF THE PELVIS, &c. &c.*

By J. Y. Simpson, M.D.,

Professor of Midwifery in the University of Edinburgh.

Sect. VII.—Physiological and Pathological Reasons for the Life of the Child not being necessarily compromised under the Proposed Practice.

It has been alleged that the preservation of the life of the infant is not compatible with its forcible extraction by turning through a contracted pelvic brim. It must perish, it has been argued, in consequence of the lesions it necessarily sustains, and especially—1st, in consequence of the injurious compression to which its head is subjected during the forced delivery; and, 2nd, in consequence of the required injurious traction upon its neck. Let us examine, in detail, each of these alleged necessary causes of death to the child under the practice in question.

1. Is the Compression to which the Infant's Head is subjected Incompatible with its Safety and Life?

In the remarks which I offered under the last section, with regard to the question whether in turning in contracted pelves the degree of injury to which the child's head is subjected, is or is not compatible with its future safety and life, I confined the observations which I made, and the illustrative cases I adduced, to that form of cranial lesion in which the sides of the fœtal skull are both compressed and indented. In some instances, however, even when the pelvis is much distorted, one of these states only, as the lateral compression alone, *without* the indentation of the cranium, is all that is required in order to reduce the head to the size necessary for its transit. On one occasion, a pelvis, the conjugate diameter of the brim of which was less than three inches, from projection of the promontory of the sacrum and disease of the symphisis pubis, I extracted a full-grown infant by turning; the head passing through in a flattened and compressed form, but

* Continued from page 144.

without any depression or indentation upon it. It is, I believe, unnecessary for me to prove, that when the extraction can be effected with this single lesion, the child is not necessarily sacrificed; because I have already proved, that even when the two lesions of compression and indentation co-exist, the presence of both forms of injury is not necessarily incompatible with the continuance of life. And sometimes by compression alone, more especially if the skull is not very fully ossified, the fœtal head may certainly be very greatly reduced in size without compromising life. Dr. Denman conjectures that, to quote his own expression, "it may be reduced one-third below its original size, without the destruction or even injury of the child from the compression."*

It would, however, be improper to leave this subject without attending to some anatomical and physiological circumstances, in the structure of the fœtal head, that enable it to bear this great degree of lateral compression which we have been considering, without the necessary destruction of life. Indeed, perhaps the very knowledge of these circumstances may impart to the mind greater faith in the correctness of the principles of the proposed practice.

We shall afterwards have occasion to see that by far the most frequent form of morbid contraction of the brim of the pelvis consists in the projection forwards of the promontory of the sacrum, and this is a kind of distortion specially adapted for the artificial delivery of the mother by turning, instead of craniotomy. Under this kidney-shaped pelvic brim, and other varieties of pelvic contraction, when the child is delivered by turning, the direction of the compression of the head is, as we have already found, lateral and transverse, or, in other words, in the line of its bitemporal or biparietal diameters, these diameters being reduced and shortened by it.

Now, of all directions, the *lateral* is the one in which the child's head can endure the greatest degree of compression, with the least degree of danger. The power of diminution of the child's head under labour "is greatest," observes Dr. Ramsbotham, "in the lateral diameter, and," he continues, "a full-grown fœtal head may be lessened from side to side, without endangering the child's life, one-seventh of its own extent, or from three inches and a half to three inches."† Dr. Ramsbotham states that this degree of compression of the head,—namely, to one seventh, may be accomplished without the life of the child being endangered. We have just now seen that Dr. Denman imagines that the amount of compression may be carried much farther,—namely, to one-third, without the life of the child being necessarily injured and destroyed. No author has pointed out more correctly than Dr. Radford, the fact that the child's head will bear, with comparative safety, a far higher amount of compression in its transverse or biparietal diameter, than in its longitudinal or occipito-frontal diameter. When the head is compressed in the first of these modes, or transversely, "the brain,"* he observes, "bears this alteration in the figure of the cranium with comparative little inconvenience, because the pressure it sustains is parallel with the fibres of some of those parts which lie between the two hemispheres, and with the falx, which in its natural state supports this organ. The pressure is also less injurious, because it is applied upon the sides of the vessels, but not in such a degree as considerably to influence their calibres." When, however, the direction of the pressure happens, as in the opposite or longitudinal axis of the head, the results are very different, and far more dangerous. Then "the alteration," Dr. Radford remarks, "which takes place in the head, is as follows:—A considerable diminution in the length of the occipito-frontal diameter is produced, in consequence of approximation between the frontal and occipital bones; the fontanelles become nearly obliterated, and the sagittal suture is wider and more prominent. The brain is pushed into this space, which is insufficient for its accommodation; its organization is injured, and the child, when born, is either dead or dies soon after birth. The pressure applied to the fore and hind part of the head has a tendency to change the relative situation of many parts of the brain. It forces one hemisphere from the other, which if carried beyond a certain degree, will inevitably produce laceration of the coats of the veins which pass to the longitudinal sinus; and this danger is increased by the great congestion which exists. These serious effects," he again states, (viz., apoplectic congestion, sanguineous effusion, and softening of the brain,) "are produced by the brain being compressed in a direction contrary to the course of the fibres of some of those parts which lie between the hemispheres, and also to the current of blood along the longitudinal sinus." Dr. Radford adds, that injuries of this character are sometimes met with when the head has been compressed and dragged through the pelvis with the long forceps; and he gives two dissections of the fœtal encephalon to shew these results, (congestions, effusions of blood, &c.,) in two cases in which the delivery was accomplished by this instrument. The cause for instrumental delivery and the application of the long forceps is not specified in one of these cases; in the other they were used on account of distortion of the brim of the pelvis. And certainly, if we employ the long forceps to overcome this difficulty, and place them as Deleurye, Haighton, Davis, Ramsbotham, and other excellent operators have recommended, with one blade over the face or

* "Introduction to the Practice of Midwifery," 1816, p. 352.

† "Obstetric Medicine and Surgery," p. 25.

* "Essays on Various Subjects connected with Midwifery," p. 7, &c.

forehead and another over the occiput of the child, we, in our extractive efforts, must compress the fœtal head with the instrument so applied in its longitudinal or antero-posterior axis; and hence the actual direction of our pressure would endanger the child more than the actual degree of it. If, in the same case, and under the same obstruction, however, the child were extracted by turning, the required reduction of its head by being effected entirely by lateral compression, would be effected, as we have already seen, not only with much greater facility but with much greater safety to the infant; and the chance of injury of the brain and of congestion and sanguineous effusion upon it would be greatly less.

But, though the danger of cerebral congestion and its effects is diminished in lateral, as compared with longitudinal, compression of the child's head, yet it is by no means abrogated and removed; and in these cases of lateral compression and indentation of the cranium, which, under either footling or head presentations prove fatal, it is this *effusion* and its dangers, more than the mere *compression* of the proper structure of the brain, that seems to lead to this result. At all events, the cases I have already cited, in the last section, shew that the cerebral tissue may be compressed, or at least displaced, in a lateral direction by the grooved and depressed cranium, not only without destroying or endangering life, but without producing coma or convulsions, or any greater lesion of function than a mere temporary asphyxia, provided always there be no serous or sanguineous congestion and effusion accompanying and resulting from it. The escape of the infant under this form of injury in which we are thus interested, is favoured by other circumstances. When the fœtal skull and encephalon are decreased by pressure in one diameter, they become lengthened and increased in others. In the form, for instance, of lateral compression resulting from extraction through a distorted pelvis by turning, while the head is flattened and diminished in its transverse diameter, it is temporarily lengthened to a corresponding degree in its vertical and longitudinal diameters. The anatomical peculiarities of the fœtal skull, the existence of fontanelles and sutures between its component bones, and the consequent isolation and mobility of the individual bones themselves, freely admit of this; and so far under cranial depressions no doubt save the proper tissue of the brain from a deleterious and destructive amount of pressure in a way that, under the same form of injury, would be quite unavoidable with the cerebral contents of the solid adult cranium. Besides, the immunity of the infant at birth under such apparently severe injuries, may partly be owing to another and a physiological cause. The embryo and fœtus possess a much lower physiological type of life than that which pertains to the adult; nor is the transition from the one to the other abruptly and entirely completed when the infant passes from its intra-uterine to its extra-uterine existence. It is stated by Billard,* and I could quote no more accurate observer, that symptomatic fever seems incapable of being excited in the constitution of the infant by injury or otherwise till the time of teething; and in all probability lesions such as these to which the crania and encephala are subjected at birth in the class of cases we have been considering, are less dangerous and fatal in their effects, in consequence of the general law, that the power of resisting and repairing injuries is greater in proportion as the type of animal life is lower. It is true, besides, that individual infants, like individual adults, have a power of withstanding injuries much more than others, and in a way that it is impossible to account for on any known principles.

Speaking of the differences among children in relation to the danger they incur, from compression of the head during labour, Jacquemier remarks,—"One infant, of a feeble constitution, will resist a long compression by the parts of the mother, or by the energetic and reiterated action of the forceps; another, of a strong constitution, whose head has not been a very long time, or very strongly, compressed by the pelvis, or between the blades of the forceps, readily dies, or only has a few hours' existence."†

Lastly, let me observe that the kind and degree of ossification of the bones of the fœtal cranium at birth admit of their yielding and becoming depressed in a manner that no doubt contributes to the safety of the infant. The ossification is as yet, in general, so imperfect that the flat individual bones, such as the parietal and frontal, are still sufficiently thin and flexible to allow of their being partially indented and altered in shape by strong pressure applied to one point of their surface. They are at the same time usually so elastic as easily to be made to regain their former shape. And this indentation and restoration may occur without any appreciable fracture. In the first case which I have related, the right parietal and frontal bones, when their external surface was carefully examined after the removal of the scalp, were found deeply depressed but apparently not fractured. They afterwards fissured, however, at the site of the indentation when being dried and prepared for preservation. However, if the indentation is extremely deep or the bones unusually ossified, no doubt fracture will take place, but still probably without danger, if without internal or encephalic effusion.

We have found Velpeau, and the other authors we have quoted, generally stating that the compressed cranium, and especially depressed portions of it, usually become

* "L'absence de toute réaction fébrile, lors même qu'il existe des lésions graves chez les nouveau-nés; la promptitude, au contraire, avec laquelle la fièvre s'allume par la moindre cause chez les enfants qui ont dépassé l'âge de la dentition, imprime aux maladies de ces deux époques un caractére différentiel de la plus grande importance."—*Maladies des Enfans. Preface, p. 2.*

† "Manuel des Accouchemens," p. 770.

spontaneously replaced and restored in the course of a short time after birth. This is, however, not always the case; nor is its occurrence absolutely necessary for the viability of the child. In evidence of this I shall content myself by citing a single illustrative case.

Case XXVII.—In the course of the last winter, after lecturing on the subject of these indentations in the fœtal cranium, one of the students in my class, afterwards shewed me, on his own person, two deep impressions, one on each side of the cranium, which had been produced by the use of the forceps, and which had afterwards continued permanently depressed. He was 20 years old. On the right side of the head, a little above the ear, there were two pretty deep, curved fissures or indentations from two to three inches long. On the left side there was a single shorter indentation above the commencement of the temporal ridge.

2. Is the Traction to which the Infant's Neck is subjected Incompatible with its Safety and Life?

The answer to this inquiry need not detain us long; in fact, the proper reply to it has already been virtually given, when considering whether the existing degree of cranial compression and indentation was necessarily fatal or not. For if, as we have found, children can survive after being turned and extracted through so narrow a pelvic brim, that the sides of their crania are sufficiently collapsed and depressed against the sides of the contracted maternal pelvis, to admit of the complete transit of the head, then it is evident that the neck is not fatally injured under the proposed traction; for in all these cases the degree of traction upon it was adequate to produce all the results wanted, without destroying the child. In these instances the extractive force necessary to drag the head through the contracted pelvis was applied to the neck, and the neck was found sufficient to bear it without compromising the life of the child; and I believe, as I have stated previously, that this will generally, if not always, be found to be the case, "provided the child be living, or only lately dead." It will be very different, however, if the child has been for some time dead, and decomposing; the structures of the neck, certainly, will not then bear such traction as is required to extract a full-sized head through a distorted brim; nor is it of any practical importance that it should, for such cases are cases for craniotomy, the child being dead, and forming no element for consideration in the mode or kind of delivery that is followed.

But, independently of the above decisive and conclusive testimony, and even if it were wanting, it would be easy, I believe, to adduce such cases and observations from obstetric clinical reports and other works, as would, *a priori*, have rendered probable what these cases render certain,—viz., that the degree of traction to which the child's neck is subjected under the proposed practice, is compatible with its safety and life. I shall, for the sake of brevity, confine my illustrations of this remark to a note or two of some cases recorded by Dr. Smellie, and some observations offered by the ever-cautious Dr. Denman. Dr. Smellie gives various cases in which he was evidently himself astonished, as other practitioners have often been, at the excessive degree of traction which the neck of the infant stood during delivery in natural or artificial pelvic presentations, without the life of the child being compromised by it. For example:—

Case XXVIII.—In a breech case, where the woman was long in labour with a large child, and was suffering from some hæmorrhage, Dr. Smellie brought down one foot, extracted the body and extremities, but the progress of the delivery was "stopped at the head," and required much traction for its transit, Dr. Smellie being "obliged to increase the force every attempt." "I pulled," he observes, "so long, and with so great force, before the head was delivered, that I was surprised to find the child alive." (Collection 32, Case 10.)

Case XXIX.—In the next instance which he reports, one of the breech presenting in a narrow and distorted pelvis, after the body of the child was born, Dr. Smellie brought down the right arm, and "helped down the forehead; but," he adds, "before I could deliver the head, I was obliged to bring down the other arm, and saved the child also, although a *good deal* of force was used to deliver the head." (*Ibid.*, Case 11.)

Case XXX.—A young woman, of "a small size," was in her first labour. The thighs of the child, which was large, presented. The labour was very slow and lingering. Dr. Smellie brought down the feet, and effected the extraction of the infant. "I delivered," he remarks, "the head, but not without a good deal of force. The child was alive, which I scarcely expected." (*Ibid.*, Case 18.)

Case XXXI.—The breech presented, and the pelvis was narrow, and the child was born living. In attempting to deliver the head, Dr. Smellie tells us,—"I imagined it was impossible the child would be alive, as I found the neck was so over-stretched," having met "with greater difficulty than any that I ever delivered in that manner." (*Ibid.*, Case 13.)

In his classical and highly practical introduction to midwifery, Dr. Denman has devoted a special section to the consideration of the practice to be followed, in order to extract the head through the brim, in cases in which preternatural presentations happen to be complicated with distortions of the pelvis. His observations are most valuable in regard to the necessity of combined perseverance and caution, but they are too long to quote in detail. He tells us that "it has been said that children have been sometimes born alive when the strongest efforts, and those continued for many hours, have been made, to extract the head in this position, but I have not been so fortunate as to meet with any such instances, a short space of time having generally been sufficient to frustrate my hopes,

and convince me that the child was dead, though when the head has been detained a considerable time, a few cases have terminated more favourably than I could have expected, and I have been agreeably surprised with the discovery of some faint signs of life, which, by the assiduous and careful use of the common means, have been improved, and the life of the child at length perfectly recovered."

"When we have," he continues, "in vain exerted all the force which we think reasonable and proper, and which in some cases, must be more than any circumstance would be thought to require, it will be expedient to rest, for the purpose of gaining all the advantage to be attained by the compression of the head. On this account, the mother will actually suffer no more inconvenience, than would have been produced if the head had originally presented, and been locked in the pelvis. After waiting some time, we must renew our attempts to extract, and thus proceed, alternately resting, and acting with efficacy and resolution, and if the hold we may have of the body or extremities of the child does not suit, a silk handkerchief or other band may be passed round its neck, and this will be found a very handy and convenient instrument."

"It must be a *very great* disproportion," adds Dr. Denman, "between the head of the child and the pelvis, which is able to withstand this method of proceeding, if we persevere in it with prudence and steadiness; because the integuments of the head will burst, or the bones be bent inwards in an extraordinary degree, or even broken." If it fail, "It then only remains that we should lessen the head of the child, and the operation may be as easily performed in this, as in the natural presentation of the head." "But it will," he continues, "be scarcely believed, how seldom this operation is necessary under these circumstances, if we have not been in a hurry, but have acted with prudence; nor have I ever known any ill consequences follow the compression which the soft parts undergo, between the head of the child and the sides of the pelvis, if proper attention were afterwards paid to the state of the bladder and rectum."*

* "Introduction to the Practice of Midwifery," p. 497, 498, 499.

(*To be continued.*)

CASE OF VARICOSE ANEURISM, CURED BY LIGATURE OF THE BRACHIAL ARTERY.

By Samuel S. Dyer, Esq., Surgeon, Ringwood.

(Read before the Medical Society of King's College.)

In the middle of the night of the 9th Jan., 1848, I was called to a man, 56 years of age, who had been suffering three days with symptoms of the then prevailing epidemic—influenza. My being sent for was occasioned by a sudden aggravation of his symptoms. On my arrival, within half an hour, at his house, I found him labouring for breath, in great pain at the posterior and lower part of his chest, where small crepitation was distinctly audible; sounds elsewhere perfectly healthy. Pulse full, and bounding; skin hot; thirst and restlessness. He had shivered much on the preceding day, but used no remedies for what he considered a severe cold. I at once opened a vein in the arm, and allowed sixteen or seventeen ounces of blood to flow from a large orifice. There was no peculiarity in the bleeding, except its *freedom*, which did not of course surprise me, as it was just what I intended should occur. There was no *per saltum*,—no scarlet colour,—no evidence in short, of arterial hæmorrhage. When satisfied with the quantity taken, and relief afforded, I tied up the arm as usual, the flow of blood ceasing upon the removal of the ribbon tied around the upper arm. A brisk cathartic was administered immediately, a mustard poultice applied over the seat of pain, and potassio-tartrate of antimony, in half-grain doses, ordered to be given every two hours. In the morning I found all active symptoms relieved, and a continuance in the use of the tartar emetic soon removed every trace of inflammation.

It was not until the 11th instant, two days and a night from the time of venesection, that my attention was called to the condition of the arm, which my patient described as being *numb*, with a sense of tingling in the fingers. To confess the truth, the idea of my having cut into an artery never entered my head, and I considered this symptom must depend upon a wound of a branch of the cutaneous nerve; I therefore took but slight notice of the complaint, merely advising fomentation to pacify the man; but on my visit the next day I looked at the part for the first time, and then found a slight and circumscribed swelling at the puncture, (which was healed,) throbbing on the application of the finger, and attended with the not-to-be-mistaken whiffing sound, which (with pulsation,) ceased on firm pressure being made on the artery above. There was of course no doubt as to the nature of the case, so that I at once commenced a plan of treatment for the poor fellow's relief.

Five cases of cure by pressure, in analogous instances, reported by Mr. Tyrrell,* and others by Mr. Cooper; one case of false aneurism of the brachial artery, communicated some years since, by Mr. Salter, of Poole, to the Medico-Chirurgical Society, and which has been more recently reported in the *Provincial Medical and Surgical Journal*,† wherein (if I recollect the first communication correctly,) pressure was to have been simply used as a temporary relief, until the term of pregnancy had expired, and by that time it had effected a perfect cure; and another case wherein pressure was adopted in popliteal aneurism, which I once saw, induced me to try this palliative, or at any rate, *more mild*, plan of treatment. A compress was therefore applied over the tumour, one extending two inches up the brachial artery, and a bandage from the

* "Guy's Hospital Reports," 1835, Vol. i., page 20.
† *Provincial Medical and Surgical Journal*, Dec. 3rd, 1845.

ends of the thumb and fingers, to near the shoulder. I could not, however, give this plan a chance or possibility of success; for, after having continued it but a week, the pain in the hand and fingers remaining unabated, the weariness of inactivity, and the confinement recommended, was more than my patient would bear, and he urged upon me the necessity of some active treatment, in the hopes of more speedily resuming his accustomed occupation as a labourer in a tan-yard. I was the more ready to listen to this entreaty, from the fact of his being a member of a benefit society, and therefore drawing heavily from their funds during the time of his loss of work. I now removed the bandage and compress, and finding the skin somewhat inflamed and irritated by the pressure, ordered a soft cold poultice to be applied, and a change of this to be persevered in for two or three days. The slight inflammation had by that time entirely subsided, but the size of the tumour increased in the mean time, and extended to either side, apparently between the artery and the vein, which latter was enlarged and varicose, over and above the bend of the elbow; arterial pulsation small and weak below that point down to the wrist, and, on comparison with the opposite limb; much stronger above.

An operation was decided upon, which I performed on the 27th, in the presence, and with the assistance, of my father and Mr. Westcott, by making an incision two inches in length on the inner side of the basilic vein, keeping this vessel outwards, and dissecting cautiously down to the sheath; having the median nerve held to the inner side, I passed the aneurism needle from within outwards, about an inch and a half above the situation of my former puncture. On tightening the ligature all pulsation in the tumour and at the wrist ceased. The edges of the wound were brought together with strapping, a flannel bandage was applied, and the man sent to bed.

On visiting him in the evening we found that he had felt faint once, but not to actual syncope; he complained of pain in the wound, extending some distance up and down the arm; pulse 85 in the left arm, none to be felt in the right; temperature of the two limbs much the same,—both warm and moist. Ordered low diet. No opiate.

28th. Had no sleep; suffered much through the night with pain in the arm, which has now somewhat subsided; no headache nor other constitutional suffering; slight pulsation in the lower third of the right radial artery. I removed the bandage, and merely enveloped the limb in loose flannel, to keep up the warmth.

29th. Has passed a much better night, having slept soundly at intervals; nearly free from pain, but the hand feels numb; pulsation of the right radial artery still faint and weak at the wrist. On removing the dressings I found that the wound had healed by the first intention at each end to the extent of half an inch, the other part discharging healthy pus. The situation of the varicose aneurism was occupied by a firm resisting tumour, about the size of a broad bean; no pulsation whatever, nor impulse given it by arterial action. Re-apply strapping and flannel.

February 1st. There is greater pain, of a throbbing character, about the upper arm, which is inflamed, swollen, and feels hard and tense, somewhat of the *boggy* feel given by phlegmonous erysipelas; there is very little discharge from the wound. To take a cathartic powder directly, and foment the arm continually.

2nd. Better in every respect; pain in the head gone; arm less swollen; wound discharging laudable pus.

5th. Progressively and rapidly improving; general health good; eats, drinks, and sleeps well; sits up all day, with the arm at rest, and slightly flexed. He considers the condition of the limb to be considerably better than it was prior to the operation.

16th. Wound healed except where the ligature hangs from it; this is still firm; general health continues good; walks out every day; there is no trace of the aneurismal tumour.

21st. The ligature did not come away until this morning, the twenty-fifth day from the operation, a drop or two of blood followed its removal from the wound; strength of limb rapidly increasing.

29th. Has considered himself a convalescent for the past week; no difference in the size or muscular condition of the two arms; pulse in the right weaker than in the left; in the former the posterior radial and ulnar recurrents can be distinctly felt pulsating strongly around either side of the elbow-joint. Purposes returning to his work next week.

It may appear somewhat strange that I should have acted in this case in a manner different to that recommended by my esteemed teacher on such subjects, Professor Fergusson, who, for very good and sufficient reasons, recommends in his "Practical Surgery," and also teaches in his lectures, that ligatures, in such cases, should be applied directly above and below the communication between artery and vein; but it was so difficult in the present instance to detect any pulsation *below*, that I thought it probable the division into the radial and ulnar was just at this point, and would in no small degree complicate the operation; or else that the main trunk had so diminished in size from want of passage of blood through it, as to lessen the chances of a return of the disease, from a retrocession of the blood into and through that part. Seeing, too, that the Coopers* and Allan† thought, and proclaimed to the world, that a ligature above would suffice, I was led to adopt this easier method, trusting that the case recorded by Mr. Fergusson might have been but one out of many thus failing, and that the one under consideration might be successfully treated after the manner recommended by Allan, whose words I now borrow, as I did his ideas before the operation:—

"In performing the operation for false brachial aneurism, it has been customary to open the tumour, to clear away the blood, to search for the wound in the artery, then to separate the nerve, and otherwise insulate the vessel at its wounded point; and, lastly, to apply

* S. Cooper's Surgical Dictionary; Article *Aneurism*.—Sir Astley Cooper's Lectures, *Lancet*, Vol. i, page 385.
† System of Surgery.

two ligatures, one above and one below the wound. Although the operation has been usually performed in this manner, the improved method of operating by taking up the artery at some distance above the tumour, and leaving the sac untouched, is equally applicable here, and for the following reasons is undoubtedly the preferable operation :—It sometimes happens, that by the impaction of the blood, the artery, the vein, and the nerve are so knotted together by inflammation, that they form a very confused mass, which, if it is possible to unravel, can only be done after a very tedious and painful dissection. In such a case there is great risk of including the nerve in the ligature. When the parts cannot be separated, it has been the usual practice to take a sharp surgical needle, armed with a ligature, to pass it under this thickened mass, and to tie it, including the artery, vein, and nerve. This occasions excruciating pain at the time, and the consequences are—1st, that the ligature obliterates, and makes its way through, the artery and vein, but cannot destroy the nerve, which resists the ligature; and therefore, if this be well waxed, it will keep its hold for weeks and months, and will not be removed till it either rots, or is cut from the nerve: 2nd, great tension and pain will ensue, accompanied by high inflammation and profuse fœtid suppuration; the inflammation, which is generally of the erysipelatous kind, undermines the cellular substance of the arm, lasting for months; and, 3rd, there is great risk of the thumb, fore and middle fingers,—to which the radial nerve is finally distributed,—remaining contracted and powerless. Again, even in the most favourable circumstances, the surgeon requires to make a large incision, involving the whole of the tumour; there is difficulty in getting out the clots of blood to reach the artery; it is long before the operation is finished, and afterwards there is some risk of the sac suppurating. Considering all these circumstances, I am decidedly of opinion, that the common operation should be abandoned, that the sac should not be opened, but that the artery should be tied two or three inches above its wounded point. This method was practised by success by Anel, and has been repeated with the same success by succeeding surgeons."—*Allan's Surgery*, Vol. 2, p. 359.

To save the necessity of a reference to the lectures of Sir Astley Cooper, I may also quote here the opinion he gives at the place I have alluded to above :—

"When an aneurismal tumour at the bend of the arm has been thus formed, (by venesection,) let me recommend you not to cut down upon it in order to secure the vessel; rather tie the brachial artery at the middle of the arm, and do not make an incision upon the swelling at the bend of the elbow; to put a ligature upon the vessel here is difficult, tedious, and dangerous, on account of the extravasated blood." He then gives a case which occurred at the hospital, and says,—"At the end of a week one of the surgeons deemed it prudent to secure the vessel, and he did so at the part where the wound in bleeding had been made; the operation took an hour in performing, and it was excessively difficult to find the vessel. On the following day there was much irritation and inflammation, and on the tenth day he died."

I would also refer you to a case reported in the *Provincial Medical and Surgical Journal** by Mr. Nesbitt, of Yeovil, who states that he was once present when a young gentleman punctured the brachial artery in bleeding: he stopped the hæmorrhage by the application of a tourniquet in the middle of the arm, and pressure on the veins two or three inches below the wound, whilst he proceeded to cut down on the artery at the wounded point, intending to apply a ligature above and below the opening. He now very candidly and graphically describes the difficulties he encountered :—"All the tissues were, however, so injected with blood, that I found it scarcely possible to discriminate one from the other." * * * "In this way from thirty to forty minutes had elapsed before I came to what I believed to be the artery; I loosened the screw of the upper tourniquet, and finally removed all pressure, but there was no pulsation, neither was there any hæmorrhage; the tourniquet was re-applied, and I again searched for the artery, and tied something, which I feel persuaded was not the artery." Mr. Nesbitt attributes the cure of this case (which was perfect,) to pressure above and below.

There are many circumstances which combine to make the foregoing a case of interest and importance to the practical surgeon, more especially to the younger members of the profession, and it was this idea which mainly prompted me to send a report of it for the consideration of the members of the Kings's College Medical Society.

Some degree of interest is given by its rarity, for it is seldom we see or hear a case reported; indeed this form of aneurism was not noticed at all until the time of Hunter, who, about eighty years ago, first wrote on such an inquiry. This certainly is no proof of its not having previously occurred, but it eluded the observations of those writers who have handed down to *our* days the practice and principles of their own. This accident may be produced in any part of the body where a vein is situated directly over an artery; but for reasons which must be clear enough to every one, it is more common at the bend of the elbow than elsewhere. In the greater number of instances we are told that the coats of the artery and vein become so intimately connected that the blood passes directly from one to the other; in such a case but little or no interference is required on the surgeon's part, as the limb is generally, simply a little weaker, and this the only inconvenience, since the blood which *does* pass unnaturally out of the artery, is still held in the circulating system. This is the state of things called *aneurismal varix*, but for three reasons I am persuaded that in the case I have just reported to you, it was not simply this,—1st, the tumour was too large and resisting, to be occasioned by a dilatation of the vein, and increased laterally to so great an extent, without a

* 1845. Vol. ii, No. 38.

corresponding increase in the vein above and below; 2ndly, pressure on the artery above, though it lessened, did not wholly obliterate this swelling; 3rdly, from the resisting nature of part of this enlargement, I was inclined to think there was a coagulum in the areolar tissue between the two vessels, which coagulum could not exist if the blood was in constant motion. This is the condition called *varicose aneurism*: it is in this collection between the two vessels, that the distinction consists.

Another point of interest in such a case is afforded by the fact, (and an unfortunate one it is,) that in nine-tenths of such cases a member of the profession has been the unintentional cause of the complaint; and I would now take the liberty of urging upon those who hear this case, the absolute necessity of *caution* in performing so slight an operation as that of venesection. Remember that the accident can be avoided much easier than the aneurism can be cured; do not open the median basilic vein as I did, but choose rather the median cephalic. If the former must be opened, from any peculiarity in the case, pause one moment before using the lancet, and place your finger over the spot fixed upon for its point, to feel whether the artery (as in the present instance,) be unnaturally superficial, or out of harm's way.

The other circumstance which gives some degree of interest in this case, now that anæsthetic agents are so greatly in vogue, and which perhaps, from all I read, would render it almost unique in the surgical annals of the existing age, was the total failure of chloroform—not only failure, but (from its producing excitement,) injury and impediment in the proceeding. We might theorize and speculate as to the cause of this,—whether extreme cold prevented ready evaporation from the handkerchief,—whether the inhalation of it not being agreeable to the patient, he obstinately closed his mouth against it,—or whether idiosyncracy of constitution rendered him insensible to its excellent agency. Certainly the quantity was more than should have sufficed, the drug was good, and the means adopted for its effect, were similar to those tried by others.

STRANGULATED HERNIA: REDUCTION BY THE TAXIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I feel it incumbent upon me to offer my unfeigned thanks to Dr. Paxton, of Rugby, for his prompt and candid confirmation of my views of the general success of the patient employment of the taxis in strangulated hernia. In truth, I felt more diffidence than I thought proper to express, in publishing my experience. It is by no means a pleasant task to impugn the prevailing practice of our brethren, and nothing but an urgent sense of duty would have impelled me to do so. Allow me, however, to say, that hospital practice in hernia is too generally attended with peculiar difficulties. Before the admission of the patient the taxis has often been repeatedly tried, and the case has become complicated with symptoms of inflammation or approaching gangrene, and in these circumstances I should be the last to condemn a reluctant operation. The forlorn hope may justify it. But as regards recent cases, (often rendered eventually hopeless by injudicious manipulation,) I do believe that the efficiency of the taxis, rightly performed, cannot be too frequently urged upon the profession.

Perhaps an illustrative case or two may produce more impression than reiterated precepts.

CASE I.—My attention was first awakened to the right use of the taxis many years ago. I was called to a case of inguinal hernia in a robust, vigorous boy, about two years of age, a farmer's son. The hernial tumour had been discovered about thirty hours, but how much longer it had existed could not be ascertained. Having tried the taxis about twenty minutes without success, I began to think seriously of the operation; but the child was strong, and unusually obstreperous. I reflected that at a lone farm-house I should find much difficulty in getting the child effectually controlled, and having then no assistant, and there being no surgical assistance at hand, I confess the difficulties attending so delicate an operation began to assume a formidable character. I therefore reflected, that as no signs of inflammation were present, and the case was favourable for reduction, it *ought* to be reduced, and accordingly I resolved that it should be done,—and allow me to add, that in such a case *resolution* is half the battle. I placed the patient on a table, with a mattress and pillow, of convenient height, on his back, with his legs bent, and the limb of the affected side directed over the other, and taking my seat on a high chair, so as to command the best use of my arms and hands, I commenced, steady, gentle, and gradually increasing pressure on all sides of the tumour, and *in an hour and three quarters*, just as my strength was beginning to fail, I had the satisfaction of perceiving an evident decrease in its size, and in a few minutes heard the gurgling noise which preceded its return into the abdomen.

CASE II.—About two years ago, I was called late at night to a case of strangulated inguinal hernia, in a carpenter, aged 60, who had formerly worn a truss, but having broken the spring, believed the rupture cured. The tumour had existed fourteen hours; it filled and distended the scrotum; it was twenty-five inches in circumference, and of course could only be partially covered by both my hands; it was tender, as well as the abdomen; and nausea, quick pulse, and sunken features, proclaimed the urgency of the case. The patient was laid on his back in bed, the muscles relaxed, and placing myself on my knees, supported by a pillow, I compressed the tumour with both hands, as one might squeeze a mop. In half an hour my hands were both paralysed, and no apparent result obtained. I then sent for my assistant, who took my place; meanwhile I supplied myself with O'Beirn's defæcation tube, as the next best resourse, if the taxis should fail, and also some tartar-emetic. My assistant was tired in his turn; I resumed my laborious post, and in two hours from the commencement of the pressure, the tumour was evidently softer and smaller.

The reduction was soon afterwards accomplished, and the patient had not one bad symptom.

I have selected these two cases from a large number as illustrative of the method, and can add nothing in favour of its success more convincing than the results. I trust many members of the Association have met with similar cases, and I entreat them to come forward and support a mode of treatment which I think no honest intelligent surgeon can condemn.

I am, Sir, yours faithfully and obliged,

THOMAS HUNT.

Herne Bay, March 14, 1848.

THE TAXIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

On Saturday, the 12th of February last, I was reading Mr. Hunt's letter, dated Herne Bay, December 18th, 1847, "On the Taxis in Strangulated Hernia," and before I had finished it I was sent for to a most alarming case of strangulated hernia, in a woman, of the name of Sarah Mapp, about seventy years old, of Clow's Top, about five miles distant from this town. The descent, which was on the left side, took place on the previous Tuesday, while she was opening a door which required some exertion. As was usual with her, when it descended and became painful, she placed herself in the proper recumbent posture, and always, till now, effected the reduction. The first descent occurred nearly twenty years ago, at or about her last labour. She was now foiled, for the probability is, that the incarceration commenced at the moment of its descent. The excruciating pains about the præcordia, and strictured parts, the sickness, and vomiting, soon induced her to send for me that day. I found her in great agony, the hernia very hard and painful, with constant sickness and vomiting, tenderness of the whole abdomen, peculiar pain and constriction about the diaphragm and stomach, and costiveness. The hernia would hardly bear the least pressure; however, I tried the taxis ineffectually for nearly two hours, with my patient in the most favourable position. I gave her opium and calomel, with the saline camphorated mixture.

In the morning I saw her again; the same train of symptoms existed, with hiccup in addition, all the day; and on the following morning I proposed the operation by the knife, and that Mr. Davis, of Tenbury, should meet me that evening, or early the next morning. This was not agreed to, and two gentlemen were sent for from Bewdley, on Friday, without my knowledge. They tried the taxis for upwards of two hours, using, as the patient and attendants informed me, very great force, so that her groans and shrieks were truly terrific. All their efforts, however, to relieve her proved unavailing, and they left her, consigning her to inevitable death in two or three days at farthest, unless the knife was resorted to, and to this she declared she would never consent.

On Saturday I was again summoned to her, while I was reading Mr. Hunt's letter, which made so forcible an impression on me, that after re-reading it, I hastened to my patient, persuaded of the true philosophy of Mr. Hunt's reasoning, as it explained to me why I had succeeded in a case which was fresh in my recollection, and which I will advert to presently. On reaching the house I found the woman with every symptom aggravated, and the abdomen very tympanitic, and every appearance of the near approach of mortification, which I concluded was inevitable, particularly on hearing of the force employed the day before. The hernia was so exquisitely tender, that I had the greatest difficulty to persuade her to permit me even to touch it; at last I prevailed, and commenced very gently, "not by pushing, and kneading, and thumbing, but by gentle equable compression on all sides of the tumour, the abdominal and psoas muscles being previously relaxed," so as gradually to empty the distended veins; and I was determined to proceed, confident of effecting the return of the contents of the sac, though I had every reason to anticipate mortification, as before observed. After the lapse of an hour and a half, she ceased moaning; the sickness and hiccup abated, and the hernia was softer, and soon after I felt a motion in it, and in another hour reduction was affected. I now administered an enema, which went up easily, and remained about five minutes, and returned uncoloured, but before half an hour she had three large fæculent motions, with a considerable discharge of flatus.

It would occasion unnecessary waste of your valuable space, if I were to detail the subsequent treatment, which was very simple; suffice it to say, that the hiccup and sickness soon entirely left her, but the abdominal tenderness remained about a fortnight, and she is now restored to her usual state.

The case to which I promised to advert is the following:—

Mrs. Wheeler, an inhabitant of this town, died about two years ago, in her 93rd year. She was a patient of mine about 30 years, and was subject to a femoral hernia exactly similar to Mrs. Mapp's, during the whole time, except that she frequently required my assistance. Owing to her negligence in the use of her truss, and some peculiarity, the hernia was often incarcerated, and she had considerable difficulty in reducing it herself, and would frequently postpone calling me in, till pain and sickness compelled her, which was two, three, and sometimes four times a year. Before effecting reduction by the taxis, two hours' constant, gentle, and equable pressure were always required, and I invariably observed a motion in the tumour some time prior.

I have seen in subjects of different ages, and sometimes in young boys, very serious cases of paraphymosis, but I never met with one irreducible, by adopting the means recommended by Mr. Hunt in the taxis. In these cases we know that it is by gentle and steady pressure of the glans, so as to evacuate its blood-vessels, that the favourable result is accomplished.

I remain, Sir, yours respectfully,

THOMAS POPE.

Cleobury Mortimer, March 17, 1848.

Hospital Reports.

LOWESTOFT INFIRMARY.

SURGICAL CASES, UNDER THE CARE OF W. C. WORTHINGTON, ESQ., F.R.C.S, SENIOR SURGEON TO THE INFIRMARY.

Case I.

REMOVAL OF A PORTION OF THE TONGUE BY LIGATURE.

Elizabeth Townrow, aged 43, was first admitted an out-patient, about five months since, suffering form an ulcer, situated on the left border of the tongue, extending towards its base. Notwithstanding the employment of arsenic, iodine, sarsaparilla, and mercurials, together with the removal of every source of local irritation, the disease increased. The ulcer, which at first was not much larger than a split pea, and superficial, now occupied a surface of at least an inch in length, and half an inch in breadth. In the centre was a deep slough, irregular, and excavated, the surface here and there dotted with bright granulations; the margins of the ulcer were hard, inelastic, and slightly puckered.

The sublingual glands being unaffected, and her general health good, my colleagues agreed with me as to the expediency of no longer trusting to constitutional treatment, but proceed at once to the removal of the diseased portion, by means of ligature. The tongue being secured by aid of a towel, a needle, fixed in a handle, with a perforation at the point, such as recommended by the late Mr. Liston, was employed for the purpose. This was armed with a double ligature, and passed midway behind the ulcer; a second was passed at the point next the base. These were securely tied, so as completely to isolate the whole of the diseased portion, the tongue being previously notched at the extreme ends of the ulcer, for the purpose of more easily and effectually fixing the ligatures.

Very little swelling followed; a degree of salivation ensued; and on the seventh day from the operation, the strangulated portion became detached; since, little or no pain has been experienced; the surface of the wound presents a healthy aspect, and is rapidly healing.

Case II.

MALIGNANT ENCANTHUS REMOVED BY EXCISION, FOLLOWED BY THE APPLICATION OF THE ACTUAL CAUTERY.

Malignant encanthus is described as being by no means a common form of disease. Mr. Guthrie asserts in his work on "Ophthalmic Surgery" never to have seen inflammation of the caruncula lachrymalis assume a scirrhous or cancerous condition. Scarpa appears to have been well acquainted with its nature, and has favoured us with the best description. Mr. Liston and other authors have only cursorily alluded to the subject, and recommend excision; but in spite of all, it is remarked, the disease will frequently re-appear.

In the present case the operation had been performed four or five times, but notwithstanding the incisions had been carried deep in the angle of the eye, and close to the lachrymal bone, the excrescence sooner or later returned.

Three months have elapsed since the last operation; it is now the size of a large walnut, involving the whole of the caruncula, the surface assuming a mulberry appearance, which bleeds upon the slightest touch. Its base has encroached considerably on the conjunctiva, but the cornea remains intact. Both eyelids are everted, and the whole of the eye-ball is covered with the excrescence. The patient, a female, was again urgent for its removal.

Simple incision having before proved unsuccessful, it was proposed, in addition to the above means, to apply the actual cautery, in hope of insuring a more satisfactory result.

It is unnecessary to describe the preliminary steps of the operation, which were much the same as noticed in a former number of the Journal, the only difference was, that owing to the increased size of the tumor, and its attachment to the lids, it was found necessary to sacrifice a considerable portion of these appendages. The tunics of the eye being carefully protected by means of wet dossils of lint, the actual cautery was applied freely to the wound. At the end of a few days all local irritation had subsided consequent on the operation, and the patient expressed herself as having experienced a considerable palliation of symptoms.

Case III.

EXCISION OF AN ENCYSTED TUMOUR, SITUATED ON THE INNER BORDER OF THE MASSETER MUSCLE.

The case seemed to be simple enlargement of a sebaceous follicle, the swelling about the size of a pigeon's egg. The patient, a young man, about 20 years of age, described it as having existed for several years. It presented an unsightly appearance, and a desire was expressed for its removal.

A straight incision was made over the centre of the tumour, and the cyst carefully dissected out. It was found to contain a dark curdy matter. The wound healed by the first intention.

Case IV.

HYDROCELE OF THE SPERMATIC CORD TREATED BY PUNCTURE.

John Killock, aged 53, first observed a swelling at the scrotum, about four months since, which came on after violent exertion. The swelling is not large, situated above the testicle on the left side, tense, transparent, and fluctuation very perceptible. By means of a trocar and canula six ounces of attenuated clear fluid were drawn off. In this stage of the disease it was not considered advisable to inject. The patient was advised the recumbent position, and to apply a suspensary bandage.

It may be here remarked, that in Cases II. and III. the chloroform was administered by means of Coxeter's inhaler. The same success attended its employment as on former occasions.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, APRIL 5, 1848.

The rejection of Lord Ashley's resolutions for the improvement of the administration of medical relief under the Poor-Law, however it may be productive of disappointment, will scarcely cause surprise to those who are acquainted with the manner in which subjects of this kind are looked upon in the House of Commons. We fear that little is to be expected from our so-called representatives in any question in which the interests of the medical profession are concerned, where the Government for the time being does not lend its aid. Three divisions took place, in which the majorities against the resolutions were severally 50 to 37, 101 to 19, and 98 to 36, when Lord Ashley finding that it was useless for him to proceed further, withdrew the remaining resolutions. Seeing, therefore, how inadequately represented, or rather, how entirely unrepresented is the medical profession in the House of Commons, the appeal must now be made to Her Majesty's Government, and by a well-digested statement of facts, shewing the pressure on the medical officers, and the inefficient working of the present system as regards the poor, we hope at least to convince the minister that gross injustice is done to the one party, and much and unavoidable neglect and injury experienced by the other. We believe the present Home Secretary to be open to the reception of such a statement, and there is some encouragement also in the sentiments which were elicited in the course of the debate from Mr. Buller and Lord Ebrington. We find the chief Commissioner admitting that in many districts the salaries of the medical officers are insufficient, and that it was absolutely necessary that medical officers should receive a more adequate remuneration for their labour; and there were some other points also in which indications of more correct and enlarged views on the subject were suffered to appear.

The Home Secretary, we are glad to learn, has consented to receive a deputation from the Medical-relief Committee, and the deputation will, we understand, be supported by representatives from the Colleges of Physicians and Surgeons, the Society of Apothecaries, and from the Provincial Medical and Surgical Association. With the facts and documents in the possession of the Committee, we cannot doubt that their representations must gain the attention of the Right Honourable Baronet; and it is scarcely to be conceived that, with his eyes opened to the workings of the present system, to the contumely and neglect with which the just remonstrances of the medical officers have hitherto almost invariably been treated, to the efficient manner in which for the most part, as far as the manifold imperfections of the arrangements would admit of, they have fulfilled their engagements, to the anxious and laborious nature of their duties, to the dangers frequently encountered in the discharge of them, and to the wretchedly inadequate salaries with which their services are recompensed,—it is scarcely to be conceived that with these circumstances brought fairly before him, a gentleman of character, such as Sir George Grey undoubtedly is, can refuse to redress the grievances so deeply felt by a meritorious body of public servants like the Union Medical Officers.

In one point of view the defeat of Lord Ashley's resolutions may, indeed, work well for the medical department of Poor-Law relief; the necessity for some medical inspection seems to have been admitted by Mr. Buller, and should the further examination of the question by the Government authorities tend to deepen the impression, so as ultimately to place this department under the supervision of a qualified medical commissioner, releasing at the same time assistant-commissioners, boards of guardians, relieving officers, *et id genus omne*, from the superintendance and management of duties, the faithful discharge of which they can neither appreciate nor understand, good will ultimately work out of evil, and Lord Ashley, though now not successful, may yet witness the fulfilment of his benevolent intentions, in the consequent benefit of the sick poor on even a more extended scale than he had before felt himself warranted in anticipating.

Reviews.

On Poisons, in Relation to Medical Jurisprudence and Medicine. By Alfred S. Taylor, F.R.S., Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. London. Fcp. 8vo., pp. 855.

The acknowledged excellence of Mr. Taylor's Manual of Medical Jurisprudence, now the text book on the

subject in this country, is in itself sufficient to cause the work before us to be received with attention; while the reputation of Mr. Taylor for his researches in toxicology and experimental chemistry, and the unhappy frequency of criminal poisoning which has of late years been brought to light, give both to the subject, and to the essay before us, an interest which a perusal of the latter will not fail to gratify.

Our readers must not be deceived into under-estimating the extent to which the subject is treated of, by regarding merely the form adopted for the work. Notwithstanding its manual-like size and appearance, it will be found to contain as much in amount of matter as might have been distributed through two or three octavo volumes. There is therefore no ground for objection that the important questions herein discussed are passed over lightly or treated superficially. On the contrary, they will be found to be entered into with sufficient detail to convey all the information, as far as hitherto known, necessary for the illustration and comprehension of the action of poisons, the modes of detecting them, and the treatment to be adopted in the endeavour to obviate their effects.

The first fourteen chapters are devoted to the consideration of poisons in general, and of medical evidence in cases of poisoning. This includes the mode of action of poisons, their classification, the symptoms produced, the treatment, the rules for investigating cases, the examination after death, chemical analysis, &c., forming about one-fifth of the entire volume. In the remaining chapters the individual poisons are examined in succession, classified under the respective heads of non-metallic irritants, including mineral and organic acids, alkalies, and alkaline salts; metalloidal irritants—phosphorus chlorine, bromine, iodine, and sulphur; metallic irritants—arsenic, and the other poisonous metals and their compounds; vegetable irritants; animal irritants; narcotics; narcotico-irritants; and poisonous gases. The details in each case are full of interest and instruction, comprising a notice of the poisonous substance or agent, the symptoms produced by it in the various states or forms in which it may be administered, the quantity required to destroy life, the period at which death takes place, the treatment, the chemical analysis, &c., and illustrated throughout by notices of appropriate cases and references to judicial investigations.

The foregoing brief analysis will afford some idea of the plan of the essay, to give anything like a sufficient notice of the work is beyond our limits. That portion which relates to general poisoning, and to the medical evidence, should be carefully perused and studied by all who are liable to be called upon to investigate or treat cases of poisoning,—in other words, by every medical practitioner. That which relates more especially to the nature and action of individual poisons, will be advantageously consulted as occasion may require. In conclusion, we must briefly express our opinion of the great value of this treatise, as a guide to the medical practitioner, the medical jurist, and the barrister, in all that relates to the subject of poisoning. With Mr. Taylor's known reputation on this question, no medical witness could now venture to appear in a court of judicial inquiry without being conversant with his opinions on medico-legal subjects, and it is well that in so important a branch of these inquiries, the present work is published in such a form as to be readily accessible to all.

An account of the Cultivation and Manufacture of Tea in China. By Samuel Ball, Esq., late Inspector of Teas to the Honourable East India Company in China. Post 8vo., p. 382.

The important office held by the author of this work, under the East India Company, afforded him peculiarly advantageous opportunities for investigating the subject of teas; and the work before us is the result of his observations and enquiries. Great pains have evidently been bestowed upon the book, and it is profusely illustrated with wood-cuts and steel-engravings. The author describes minutely every process through which the leaf passes in the course of its preparation; he enters at length into the consideration of the soil and climate most suitable to the growth of the plant, and gives us full insight into its cultivation.

The characteristic colour of *black* tea is ascribed by the author to the elaboration and fermentation of a saccharine principle, the tannic acid of the leaves disappearing and being replaced by sugar, whilst the green resinous principle is replaced by reddish brown colouring matter.

Mr. Ball satisfactorily demonstrates that *green* tea owes its hue, not to copper or to chemical adulteration, but simply to manipulation. "It may be remarked, (says he,) "that it was long an established opinion in Europe, that green tea derived its grey or bluish appearance from being dried on copper. The preceding accounts demonstrate that such an opinion is altogether unfounded. The same colour can be produced by drying the leaves in a copper vessel as I have proved by experiment; but the tea thus dried appeared to me to partake of the flavour of the vessel; and consequently, a vessel which produces a flavour so objectionable is not likely to be employed. Nor does this peculiarity of colour arise from any metallic influence of the vessel in which the leaves are roasted, for I found by experiment, that the same bloom-like colour could be produced in an earthen vessel."

Our space does not permit of our entering more fully into the merits of this work, but we can cordially recommend it as containing much curious and valuable information, and many hints that may be of service to the medical practitioner.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

ON THE USE OF COTTON WOOL IN BURNS AND SCALDS.

By John Chhistopher Davie, Esq., Surgeon, Haddenham.

I cannot but think the recorded opinions of so many able contributors upon the treatment of burns and scalds which our Journal has teemed with, are likely to be attended with great benefit. It will thus be perceived in what manner each gentleman's practice differs from another, and in this department of surgery I consider efficiency does not altogether depend upon the remedy, but upon its particular applicability, so that a large number of facts being thus collated, inferences may be drawn which will ultimately lead to more systematic and established principles upon this—a subject so grievous, and of such frequent occurrence. In the most severe cases art avails nothing in the reparative processes; all it can do is to appease suffering; but in the less extensive, and where there is great tenacity of life, it may be of invaluable assistance, by forwarding nature's operations in her restorative powers. First, where there is only increased action of the cuticular surface, and, secondly, where the inflammable matter has been sufficiently active to produce vesication, I treat such cases upon ordinary principles. Thirdly, but where the parts are charred, and there is no hope of vitality being resuscitated, I envelope the whole of the injuries with cotton wool, retained by compress and bandage. As soon as the patient is placed in bed, a full dose of laudanum is given; during the stage of collapse, brandy, ammonia, or wine, are more or less freely administered. When re-action has commenced, stimulants are discontinued, and the system is relieved by an aperient of calomel and castor oil; afterwards, a generous and nutritious diet, of which animal food and malt liquor form a part.

The view I take of the proceedings to be adopted in burns and scalds is,—where there is a disposition to sloughing, or this deadly process has actually taken place, the parts should be entirely secluded from the air, and I am unacquainted with any application so fully capable of effecting this as a covering of cotton wool, the injuries being kept in a state of quiescence, and without unnecessary interference. The removal of dressings every day only tends to aggravate suffering, to cause the most distressing sensations, and to excite unhealthy granulations, and, I believe, is productive of inflammation and congestion of internal viscera, as well as retarding the animal powers. The separation of dead from living parts is nature's office, rather than that of art, and I think in this instance she is best served with the least possible interference.

From what I have seen of cotton wool, and the success which has attended its use in my practice, I give it a decided preference to any other remedy with which I am cognizant: It is a non-conductor of heat and cold, thereby tending to equalize the temperature of contiguous parts; it facilitates suppuration, which is much to be desired, in a measure, making up the deficit of the eliminating organs; it causes a healthy granulating wound, with an even surface, which forbids the use of caustics, and other external stimuli; and where the abrasion has not been very extensive, the new formed skin is smooth and without those rugged cicatrices which are too often perceptible.

The manner I employ the cotton is as follows:—The whole of the affected parts are superimposed by very thin and finely pulled layers; then layer upon layer is applied, until a thick coating is formed, which is secured by compresses and bandage; the latter appendages should be carefully removed every day. This soft texture soon becomes caked, which I encourage as much as possible, so that it may form a casement, which should remain unmolested for days together, and which will tend to forward and complete the cure in the most perfect manner the exigencies of the case will admit of. Upon the length of time the wool is allowed to remain upon the surface of the wound, in my opinion rests its claim to superiority: if removed daily its object is completely frustrated. If there be exudation of matter, it is to be removed; if the effluvia be offensive, the dressings are to be saturated by the usual lotion of chloride of lime, and should any part of the wound be bare, a fresh piece of wool is to be added to it. I have frequently observed the healing process advanced to some extent before the sphacelus had been entirely detached, where the textures had been thus protected. The dressings having been retained *in situ* as far as compatible with circumstances, the greatest care should be taken upon their removal; they should be well soaked with warm water, small portions dislodged, which should be immediately renewed by the like substance. This operation I do not find necessary to be repeated oftener than once in eight or nine days, sometimes longer, which by this undisturbed state of things, is a very great saving of time to the attendant, and of suffering to the patient. The two following cases are illustrations of the employment of cotton wool:—

Case I.—November 24th, 1843, James Thurlow, aged 4 years, of Haddenham, had the integuments destroyed covering the entire surface of the scapulæ; the right axilla; the circumference of the upper part of the humerus, the whole of the posterior and lateral parts of the same extremity, taking the course of the triceps muscle, and extending some way from the olecranon process; large detached portions on the right side of the thorax, and the top of the abdomen; the entire surface of the ilium, inguinal region, and upper-third of the thigh of the same side. The plan which I have before described was adopted; the lower arm was bent, and the recumbent posture strictly enjoined. When the cicatrization had commenced, the affected joints were fully exercised every day, with due regard to the dressing being in exact apposition. Some weeks after he had an attack of scarlatina, and the only wound then unhealed was that over the ilium, and the adjacent parts, which became irritable, and its action very unhealthy, so that it was impracticable to continue the adhibition of the cotton wool any longer. During this state of excitement of the system, the wound was dressed with lint and warm water, afterwards with an ointment composed of bees' wax and linseed oil, with the occasional application of potassa fusa, and the cure was effected March 13th, 1844. He has the free and perfect use of the right upper and lower extremities; the skin over the shoulder blades, axilla, side, upper and lower arm, is smooth and without the usual contraction after such accidents; but the cuticular surface in the inguinal region is puckered, though mobility of the extremity below is not at all restricted.

In this class of cases, where there are exuberant granulations, I prefer the potassa fusa to any other caustic. In some instances which I have witnessed after the medical practitioner had been dismissed, the cicatrized parts were attended with much pain and irritation, in consequence of the surface being above the natural skin, and the only remedy from which relief could be found, was the free application of the potassa fusa.

Case II.—February 25th, 1845, my attendance was requested upon Ann Croxen, aged 8 years, of Aldreth, a hamlet of this parish, who had been severely burnt, comprising the entire of the exterior of the front and lateral parts of the neck, together with the under part of the lower jaw; the right and left axillæ; the posterior and lateral parts of the right and left upper arm, along their whole extent; the right and left scapulæ, with the intermediate integument of the back, and the undivided lateral parts of the chest. She was submitted to the same plan of treatment as in the other case. After three months of unremitting assiduity on my part, I resigned it to the care of the parents, at which time the wounds of the right and left chest, left scapula, axilla, and arm, were well; cicatrization was somewhat advanced over the right scapula, axilla, and upper arm, but the remaining part of the case did not go on so prosperously as heretofore, which I consider to have arisen from motion of this extremity not having been enforced, and the dressings not being in co-aptation. In consequence of the latter, the wound lost its healthy action. Unguents were employed, and ultimately this part of the cure was effected, but much less perfectly than in those parts wholly treated by the cotton wool. I may here be permitted to remark, that in the like cases, where cotton has been misused, and the abrasion has been some time in existence, I have never been enabled to employ it with the same advantage as in the early stages. The present condition of the child is the following:—She has the free and unrestrained motion of the left shoulder; the new-formed skin, and that of the axilla, is smooth and pliable; the chin is not at all depressed, and she has the free motion of the mouth, but the skin over each sterno-cleido-mastoideus muscle is puckered; the exterior of the left side is smooth. Mobility of the right arm is less perfect than that of its fellow, though she can raise the arm as high as the head; it is restricted by a band of integument, from the side to the upper arm. I do not remember ever having before seen a burn of such extent, and involving such important parts, recover; yet, contrary to expectation, there was scarcely a militating circumstance which impeded the successful result of the case. In the diarrhœa following burns which might be supposed to arise from suppression of a discharge to which the constitution has become naturalized, I have found the sulphate of copper and opium most invaluable.

I travelled 16½ miles to this case, and my time was occupied a greater number of hours in attending to it, for which I received nothing more than my annual salary for general illness. I pray that in the new Medical-relief regulations, burns may be one of the extra-charges.

Haddenham, March 4, 1848.

COMMUNICATIONS.

[The following communications have been forwarded by Mr. Crompton.]

From Henry Wilkinson, Esq., Surgeon, Rotherham.

There is no subject connected with medicine or surgery on which there is more diversity of opinion than the treatment of burns. During my apprenticeship, and for some time after commencing practice on my own account, we used to treat all cases by the Kentish or stimulant method. But often observing that the patient suffered severe pain, as the consequence of this treatment, besides meeting with many intractable sores, I began to think that the principle or theory of such practice was not sound; and on reflecting that the skin was a highly sensitive and vascular organ, and that when inflamed by fire or other stimuli, its sensibility was increased, I came to the conclusion that a more rational method of treating these accidents might be arrived at, during the first or inflammatory stage in particular, by which method we might lessen considerably the morbid sensibility of the parts, and consequently the suffering of the patient, whilst at the same time we diminish the liability to a tedious, debilitating, and intractable sore. With these impressions I decided on the trial of cotton wool, along with such other remedies as were most likely to allay pain and irritation, which plan proving so successful in my hands, I have continued to follow it up to the present time, so that whenever I am called to a burn or scald, whether superficial or deep, slight or extensive, I first smear the parts over freely with a liniment, composed of equal parts of Oleum Lini and Aqua Calcis, with about two drachms of Liquor Plumbi Acetatis to the pint; afterwards I cover them effectually with cotton wool, which is very easy of application, and may be retained without difficulty. The patient will generally experience relief from pain immediately, and this first dressing I allow to remain until it can be easily removed by the exhalation from the skin, or the desquamation of the cuticle itself, (for we frequently find in extensive burns, that we have every degree of injury, from a simple scorch to the complete destruction of the substance of the skin;) I therefore remove the wool piece-meal, according as it may be set at liberty by the discharge, or become offensive, and I only re-apply it after the same manner to such parts as may have to slough, and merely require a covering whilst nature is performing that process, so that the wool is only made use of as a means of protection to the highly sensitive surface, preventing access of atmospheric air, and, being a bad conductor,* assisting the animal heat in promoting suppuration.

The next step to be considered is that of checking the tendency to inordinate discharge, a striking feature in such cases. For this purpose I generally use some absorbent powder, such as chalk or calamine; or if these should be found to irritate, (which they seldom do,) I

* Mr. Wilkinson has written to me to say that his paper was written before he received the last number of the Journal, in which there is a foot note, at page 155, respecting most remedies in burns being either *non*-conductors of heat, or what the old writers called *calorifacients*. He observes, "You must not imagine that the idea was borrowed from perusing that Journal. It was singular enough that my assistant, Mr. Dixon, who had read my original copy whilst I transcribed it, happened to take up the Journal when I had the letters sealed up for you in my pocket, and he being struck with the similitude of some of the remarks, called my attention to them."—(S. C.)

substitute flour, dusting the sore over with one of them previous to an application of wax, lead plaster, olive oil, and calamine, in such proportions as to form a very firm cerate. This cerate I invariably use as a covering to promote the cicatrization of all granulating sores resulting from burns or scalds, having found it the best sedative application for keeping down irritation in the sore or surrounding parts. But as the granulations in these ulcers have a great tendency to become fungoid, I find it necessary to apply an escharotic; and for this purpose I know of nothing better than brushing them over with a solution of nitrate of silver, (about a scruple to an ounce of water,) with dry lint to the most prominent points, supporting the dressings with bandages on all such parts as will admit of them, as moderate pressure will always have the effect of assisting the healing process.

The next thing to be considered is the constitutional treatment, which is of so much importance in all serious burns, and this, of course, will be regulated by the discretion of the practitioner. As far as my experience goes, I find opium a most valuable auxiliary, during the inflammatory stage in particular, giving it in proportion to the amount of pain or constitutional irritation the patient may suffer. Aperients are also useful during the early stage, inasmuch as they reduce morbid or excessive heat, and act as revulsives to the skin; but when the suppuration stage has once set in, they cannot be too carefully administered, as the patient's strength might be injured thereby, a circumstance, of all things, to be guarded against, as nothing is more prejudicial to a speedy recovery than a diarrhœa, which not unfreqently comes on spontaneously when we least desire it. There are other remedies which might be mentioned,—diuretics, for instance, which counterbalance, in some measure, the loss of the functions of the skin. But these having been pointed out by Sir Astley Cooper, Mr. Earle, and others, in their lectures and treatises, it is not necessary for me to do more than allude to them. It is likewise almost needless for me to say, that when the reparative process is going on, it is proper that the patient be allowed a generous diet, with plenty of animal food; but I entertain strong doubts as to the propriety of stimulating drinks, particularly during the summer months, having frequenty found them produce uneasiness in the wounds, and prevent the patient resting. The constitutional symptoms will vary according to age, sex, and temperament, as well as situation and extent of injury. I had a case of burn some time ago, which so strikingly illustrates the two last-named modifications, that I cannot avoid alluding to it here. A boy, about ten years of age, sustained a burn of the abdomen and thighs. Within twenty-four hours tympanites, with vomiting and constipation, supervened; in short, every symptom of peritoneal inflammation. I bled him from the arm, to complete muscular relaxation. The bowels acted freely immediately, and the little patient did well, although most of the skin of the abdomen sloughed. This is the only case wherein I have opened a vein on account of a burn, but it serves to show that we must not be deterred from treating a case upon established principles, because it was the result of an uncommon cause; and it likewise appears to reverse the theory of the homœopathists, *(similia similibus curantur,)* as the external inflammation, instead of curing or preventing, actually occasioned the internal.

The preceding remarks are the result of a pretty fair field of observation and practice, holding as I do appointments to collieries where these accidents are very common, besides what may happen in union and private practice; so that if there be a branch of surgery on which I can speak with confidence, it is in the treatment of burns and scalds, as the plan I have adopted has been invariably attended with success in all cases which offered a prospect of cure. In conclusion, I must not omit to allude to the state of the cicatrices, as the result of this treatment, and the best mode of describing them, will be to say, that out of the whole number of burns which I have had to treat, I do not know of one patient with a contracted joint as a consequence of the burn. I had one case of a little girl, who had a contracted elbow in consequence of the friends undertaking to dress the wound themselves. She was brought back to me after cicatrization was complete; I divided the cicatrix with a scalpel, extended the limb on a splint until the wound healed, and the deformity did not return.

[A communication from Mr. Barrow, of Bath, is unavoidably delayed till the next number.]

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

January 6th, 1848.

James Russell, Esq., in the Chair.

FIBROUS TUMOUR OF THE UTERUS.

Dr. Russell presented a uterus, containing a small fibrous tumour, round, about one inch in diameter, situated in the fundus of the organ, embedded in its muscular coat, but projecting towards the peritoneal surface, where it was only covered by a very thin layer of the fibres of the uterus. It had been taken from a woman of middle age, mother of two children; she died from perforation of the stomach. Dr. Russell was not aware that she had ever had any symptom from which to infer the existence of the disease.

LARYNGITIS.

Dr. Russell presented a larynx, lined with soft lymph. It had been given him by Mr. Percival, with the following history, and notes of the *post-mortem* examination:—

A girl, aged 19, previously healthy, stout and muscular, was at work at pearl buttons all day on Thursday, December 23rd. On Friday she was poorly, and complained of sore-throat. She was seen by a medical man, who thought she was labouring under influenza, and treated her mildly for that complaint. On Saturday morning she was lying in bed, when she sprang up suddenly, put her hand to her throat, called out "Oh! my throat," and fell down dead.

Sectio cadaveris, thirty-six hours after death. Brain enormously congested, and unusually dense and firm, with an immense quantity of grey matter. The sinuses were full of blood; choroid plexus also congested; not an unusual quantity of serum in the ventricles. Convex surface of the right lung adhered unevenly by quite recent lymph; lungs healthy, containing only a few tubercles. Heart healthy. There was a patch of recent lymph on the peritoneal surface of the liver. Intestines healthy. *Larynx*:—The mucous membrane

was of a bright scarlet colour, extending down the trachea and large bronchi. The submucous cellular tissue of the larynx was much infiltrated, thereby narrowing the rima very much; an ulcer of the mucous membrane in the right ventricle. The epiglottis was much infiltrated, especially the tip.

In connection with this case, Dr. Percy related the history of a boatman, who suffered from hoarseness, dyspnœa in paroxysms, with tenderness under the sternum. One of the cervical vertebræ was noticed to be prominent, and there was tenderness in that spot. He died very suddenly, without any appearances being detected after death, except a small ulcer in the larynx, and a plug of muco-purulent matter in the larynx, below the rima. He had no syphilitic affection.

INDURATION OF THE PLACENTA.

Mr. Mackay brought forward a placenta, presenting at one portion of its edge a peculiar udder-like structure. The day before the labour considerable hæmorrhage occurred, continuing from six a.m. till twelve at noon; it then ceased. Labour came on in the evening of next day; it was natural, but flooding took place immediately after the birth of the child. On introducing his hand, Mr. Mackay found a portion of the placenta within reach, whence he supposed that it was removable, but as it was not easily withdrawn, on further examination he discovered that it adhered to the fundus of the uterus so firmly as to render it difficult to distinguish between the placenta and uterus. The hæmorrhage ceased at once on removal of the placenta. During the pregnancy the woman had experienced pain near the position of the adherent portion of the placenta. She had had several children, and her labours had been natural. On examining the placenta, a portion at the margin of the organ, about two inches and a half in length, and one inch broad, was of a white colour, indurated, and udder-like in character; this was the part adherent. It appeared to be the result of an inflammatory process.

Mr. Mackay also referred to another case in which hæmorrhage commenced five weeks before labour, and continued three weeks, at intervals. The recumbent position was enforced, and the discharge ceased for the last fortnight before the labour. Labour was natural. A large clot adhered to about one-third of the placenta. He had satisfied himself by the stethoscope that the placenta was situated at the fundus of the uterus, and has no doubt that hæmorrhage arose from separation of that portion of the placenta, which was afterwards seen to be covered with a clot. The patient had fallen down a day or two before hæmorrhage set in.

ABSCESS OF THE BLADDER.

Mr. Hill presented the bladder of a man, aged about 76, containing a small abscess under the peritoneal coat. He presented symptoms like those usually occasioned by calculus. He was sounded but no stone was found. His illness had lasted about eighteen months, when he gradually sank and died. He derived great benefit from copaiva. On opening the body the muscular coat of the bladder was found much thickened, and its bundles of fibres greatly hypertrophied; the mucous membrane was sound. An abscess about the size of a small hazel nut, was situated under the peritoneal coat, at the fundus of the organ; it contained healthy pus. The prostate was considerably enlarged, and its middle lobe projected somewhat into the bladder; but Mr. Hill did not consider the degree of enlargement of the prostate sufficient to account for the symptoms of obstruction. No serious obstacle was opposed to the introduction of a catheter.

DISEASED MITRAL VALVES.

Mr. Ryland exhibited a heart with the mitral valves ossified and contracted to the size of a shilling.

An unmarried female, aged 47, from the age of 7 to that of 27 had been subject to frequent attacks of acute rheumatism. Previously to the last winter she used to get on pretty well. She could not walk fast without suffering distress about the heart; she could not lie on the left side; her feet and ankles swelled in hot weather and after exercise, and she was subject to severe catarrh and bilious attacks. In January, 1847, she caught cold in a railway carriage, and had in consequence, acute bronchitis, rheumatism, and carditis. From that time the distress about the heart was much aggravated. In April following I have recorded:—great heaving impulse of the heart, loud systolic murmur, frequent palpitation and small pulse; also œdema of the legs, ascites, and hydrothorax. Urine of high specific gravity, loaded with lithates; no albumen. She was relieved by mercury. In August the dropsical symptoms became again so severe as to necessitate the use of mercury, as diuretics of every form or kind, elaterium, and other hydragogue cathartics, failed. In the beginning of December, the ascites was again so troublesome, and so much impeded the respiration, that mercury was again used. It exerted its usual powers in exciting the secretions and carrying off the fluids, but the weakness and the palpitations increased, and it was soon discontinued. The breathing became quicker, the lips bluish, the heart beat most feebly, and rendered the exertion of walking a few yards very great. She took to her bed on the 27th of December, and quietly expired on the 29th, apparently from the impossibility of the heart carrying on its work any longer. There had not been any venous regurgitation.

Sectio cadaveris, forty-nine hours after death. Body emaciated; no œdema of any external part. Lungs congested to a great degree and at one spot an apoplectic effusion as large as a hen's egg; a little fluid in each pleura. Pericardium universally adherent to the heart; heart nearly twice its natural size, the increased size being mostly due to enlargement of the cavities, the parietes being of the usual thickness, but pale and softened in texture. All the cavities except the left ventricle were distended with dark soft coagulum; the tricuspid valve was thickened and incapable of fully closing; valves of pulmonary artery healthy; the mitral valve was a rigid slit, less than an inch long, and very narrow, with bony masses projecting from the sides; the aortic valves were also diseased, they were much thickened, the edges of two of them were united all the way along, but they seemed

capable of acting in such a way as to prevent regurgitation, though they must have opposed some obstacle to the onward progress of the blood from the ventricle. The abdomen contained about two pints of reddish serum. The liver was large, much thickened at its edges, and reached low in the abdomen; there were marks of chronic inflammation on its surface, and the intestines and adjacent parietes were united to it by cellular adhesions, the remnant of some former inflammatory action. The gall-bladder contained three or four large calculi.

Foreign Department.

MEMOIR

ON COMPRESSION OF THE ABDOMINAL AORTA IN UTERINE HÆMORRHAGE.

By M. Seutin.

(Translated for the Provincial Medical and Surgical Journal.)

There is no accident which the accoucheur is called upon to witness more serious, and which requires greater promptitude of resource, than uterine hæmorrhage, whether external or internal. It is of the last importance in such a case, to apply the remedy which is at once the most ready, the most easy, and the most sure in its operation. And what means can be more efficacious under this pressing emergency than the compression of the vessel above the source of the hæmorrhage? If blood escapes from a wound of the brachial artery, we at once compress the vessel above the seat of injury, why should not the same principle of treatment be applied to uterine bleeding? Why should we not compress the ventral aorta, which from its situation in front of an unyielding bony structure, is peculiarly sdapted to the operation?

The want of precise rules for the methodical compresssion of this vessel, the silence of many writers on obstetrics regarding it, and the doubting tone in which it is alluded to by those who do mention it, afford a just view of the scientific indolence of the present age. It is nevertheless, upon the testimony of Siebold, Velpeau, Saxtorph, and others, a measure of no inconsiderable value. Some few years back, I, in common with the majority of accoucheurs, but seldom resorted to compression of the aorta, and had the misfortune on one occasiou, to see a lady sink in a few moments, whom I am now convinced might have been saved. Led away by the erroneous dicta of the great masters, I neglected the only resource which from its promptitude and facility of application could alone afford a chance of success. This case, which made a great impression on my mind at the time, led me to serious reflexion, and became the starting point of my subsequent experimentation of the potency of compression of the aorta under similar circumstances. The Maternité, and the other hospitals of the city, (Brussels,) afforded me ample opportunities of puttiug my ideas into practice, and on *every occasion* I derived an *immediate* benefit, which could not have been obtained in any other manner.

I therefore think it my duty to call the attention of obstetric practitioners to the employment of compression of the ventral aorta, to point out to them the powerful assistance which they may derive from the operation, and especially to urge upon them not to regard it as a *dernier resort*, but as the first measure to be adopted.

The characteristic effect of compression of this vessel in uterine hæmorrhage, is the moderation or instantaneous suppression of the bleeding, by offering a mechanical impediment to the passage of the blood into the uterine sinuses. An immense advantage is thus given, in allowing time for the application of other means if requisite.

In order, however, that compression of the aorta should be effective, it must be properly accomplished, and for this reason we call the reader's attention to certain anatomical considerations connected with the vessel.

The abdominal aorta, which is situated a little to the left of the vertebral column as it passes through the pillars of the diaphragm, inclines to the median line in its descent towards the sacro-vertebral protuberance. It is invested by fibro-cellular tissue, and has the vena cava on its right side. It is most readily compressed at the umbilicus, at which point the abdominal walls are most supple, and the least distant from the vessel.

For the purpose of relaxing the abdominal parietes as much as possible, the woman is to be placed on her back, with the head and shoulders raised, the thighs separated and flexed on the body. The accoucheur being placed on the left of the patient, uses his left hand to compress the vessel. The right hand being unemployed, is destined to assist in the compression, or in performing any obstetrical manœuvre which may be required. The compression is made by the fingers of the left hand, which are applied longitudinally upon the vessel, and the compression is increased if necessary by an assistant pressing upon the hand of the accoucheur with his own. The compression is to be maintained until the hæmorrhage is fairly under control, which is usually in the course of a minute or two; but it must be persevered in for a longer time when the danger has been imminent from the amount of blood lost. Instead of removing the fingers at once, one or two are be to lifted successively, and replaced, in proportion as the hæmorrhage diminishes. It is seldom necessary to continue the pressure longer than ten minutes.

By these precautions we avoid the mechanical congestion of the neighbouring viscera, which would be inseparable from the permanent and prolonged compression of an artery like the aorta, and at the same time we relieve the patient from the danger of immediate dissolution, which oftentimes could not be prevented by means more tardy in their operation, or less ready of access. Compression of the aorta is not, however, merely a temporary agent, but it is also *curative*, for it relieves that plethora of the uterus upon which its state of inertia usually depends. It is plain, therefore, that it should not, as hitherto, be regarded in the light of a *dernier resort*, but as a most invaluable resource under these appalling hæmorrhages, which are frequently met with under circumstances the least favourable to the supply of other assistance.

NOTES FROM A PRACTITIONER'S DAY BOOK.*

CONSTIPATION.

I was once consulted about an old woman who had long suffered from obstinate constipation, and was obliged to take powerful and repeated purgatives. She was now worse than usual, and complained greatly of pain in the abdomen, and of the incessant sickness which had recently supervened. She was much emaciated, and her complexion was of that sallow leaden hue which is so characteristic of malignant disease. I made a most careful examination of the abdomen, but could detect nothing like a tumour. Nevertheless, my opinion was most unfavourable: there was probably, I suspected, a carcinomatous degeneration of the coats of some portion of the intestine which was obstructing the passage. I prescribed a repeated morphia draught to allay pain and sickness, and an occasional purgative of croton oil, dissolved in castor oil. The treatment produced some amelioration; the sickness and pain abated, and the purgative brought away a small quantity of fæculent matter.

At the end of three weeks (during which she remained much in the same state,) I was one morning summoned, and found all her complaints referred to the rectum, where she experienced a sense of distension, though nothing passed when she was on the close-stool. I ordered an enema. In the evening all the symptoms continued; the orifice of the pipe had become so much clogged up with fæculent matter whenever it was introduced, that no fluid could be injected. Introducing my finger, I found the rectum occupied by a mass about the size of a large cocoa-nut, and I proceeded at once to break it up, and extract it piecemeal. It had the consistence of tough clay, requiring some force for its disintegration. Its colour was of blackish leaden character; but it had no peculiarly foul smell. For some days, hard scybalous masses passed from the bowels; but she afterwards enjoyed very good health, requiring only an occasional purgative.

ACUTE ABSCESS BETWEEN THE LIVER AND DIAPHRAGM.

A man was suffering with symptoms of acute inflammation in the right side, and a divided opinion as to its seat was entertained by the several physicians who were in attendance. The stethoscopists denied that any part of the pulmonary apparatus was affected; whilst they who took the physical signs alone into consideration, maintained that the liver was in no manner diseased. Time passed, and suppuration appeared to be established, for the inflammatory fever subsided, and a succession of rigors indicated the commencement of a hectic state. In the course of another ten days he became troubled with cough, and began to expectorate considerable quantities of purulent matter; still the stethoscopists could not understand the nature of the case. In the course of a few more days the patient died. An examination explained every thing. All were right, and all were wrong. The liver was healthy, and so was the pulmonary structure. A large cavity existed between the liver and the diaphragm, circumscribed on all sides by adhesions between these two parts. The lower portions of the lung had become adherent to the diaphragm, and an ulcerated passage through these united structures communicated between the cavity of the abscess and a bronchial tube.

* (Continued from page 161.)

General Retrospect.

ANATOMY.

CASE OF QUADRUPLE MAMMÆ.

The annexed case is the second, or third at most, of the kind, which has been placed on record:—

Ann Merriman, aged 34, was delivered of her sixth child in the South Dublin Union House. It was found that she possessed four breasts. The supernumerary mammæ are on either side above the site of the mammary glands and near the axillæ. They were distended with milk and of the size of a large goose-egg, being about one-sixth the size of the true breasts, which were largely developed. On the left side the supernumerary gland is provided with a single nipple; on the right there are two. The lacteal secretion flows abundantly from them. When the child sucks the true breast, the milk runs from the other in an inconvenient quantity.

It could not be found on enquiry, that this curious malformation had existed in the woman's family. She was in all other respects well formed.

A case of quadruple mammæ is recorded in the *Dict. des Sciences Médicales*, and a second in the *Medico-Chirurgical Transactions*, Vol. iii., Second Series, by Dr. Lee.

PATHOLOGY.

HEADACHE FROM INFLAMMATION OF THE FRONTAL SINUSES.

While a student, M. Mombert was acquainted with a friend who was attacked with a violent frontal headache, which lasted the whole day, and departed towards night, again to recur with equal severity in the morning. Several physicians had prescribed for the patient without advantage. One morning in his agony the patient rubbed his forehead with such violence with a clothes brush that he completely took the skin off, leaving a wound which remained open for a considerable time. From this period the headache entirely ceased. Instructed by this case M. Mombert treated a patient labouring under similar symptoms, by applying a blister over the frontal sinuses. The result was equally fortunate.

M. Mombert believes that this form of headache depends upon catarrhal inflammation of the frontal sinuses, and that the affection may be most readily cured by counter-irritation, either directly applied to the painful part of the head, or to the nape of the neck.—*Viertel Jahreschrift für die praktische Heilkunde.*

ON THE CAUSE OF THE SOUND CALLED "BRUIT DE DIABLE."

Every practitioner is familiar with the continuous humming sound heard in the cervical region of anæmic subjects, more particularly females, but few comparatively are induced to reflect upon the mechanism of its production. In a recent communication in which the subject is investigated, Dr. Bellingham acknowledges two distinct murmurs attendant upon the anæmic condition,—one continuous, the other intermittent; the former being venous, as was we believe first pointed out by Dr. Ogier Ward; the other arterial, and seated in

the carotids. The conditions necessary for the production of murmurs in the circulation are stated to be—

1. A certain degree of roughness in the lining membrane of the vessel.

2. A certain strength or rapidity of the blood-current.

3. A certain degree of density of the blood itself. When the three conditions are simultaneously present, the murmur will be heard in its highest intensity.

In the morbid state in which the "bruit de diable" is heard, Dr. Bellingham observes that the first condition is absent, the lining membrane of the blood-vessels preserving its natural smoothness, but the other two are present, the current being more rapid, and the density of the blood diminished, a greater amount of friction, therefore, takes place, and a murmur is produced in the arteries, of an intermittent character, occurring during the ventricular systole.

In the veins, however, the current being more feeble, some other explanation is required; and it is necessary to resort to mechanical obstruction, to acconnt for the murmur. In the case in question the sound is developed in the jugular vein, as may be readily ascertained. In order that friction, sufficient to develop the sound, should ocour, Dr. Bellingham conceives it to be essential that the platysma and cervical fascia should have a certain degree of tension, which can be effected by turning the patient's head, so as to put the side of the neck examined upon the stretch. If a certain degree of pressure be now made by the stethoscope, so as to diminish the calibre of the vessel, a murmur will be developed, and will be continuous, because the venous current is continuous. If the pressure be carried beyond a certain point, so as to disturb the blood-current, the sound ceases. Dr. Bellingham is, therefore, of opinion, that there is really no abnormal sound in the vein, but that it is due solely to the pressure exercised by the stethoscope.

[He omits to add that the blood is in a state more readily to be thrown into vibrations. In a healthy subject the murmur cannot be developed by any amount of pressure. There is nothing new in the explanation of the production of the sound by the pressure of the instrument. The novelty, in Dr. Bellingham's views, consists in the part he assigns to the tensive action of the platysma and cervical fascia, as explanatory of the many anomalies attendant upon the existence of the murmur,—such as the variety of intonation, its disappearance one day, and re-appearance the next, &c., all which may, according to him, be ascribed to the accidental degrees of tension to which these structures are submitted by the posture of the patient.

In a discussion to which the enunciation of these views gave rise, Dr. Benson differed from Dr. Bellingham, in not attributing so much to the effect of pressure by the stethoscope. Dr. Byrne mentioned as a practical fact, that anæmic females, in whom this murmur was observed, were not predisposed to phthisis. This view is corroborative of what we had considered as a fanciful theory advanced by Trousseau,—that it is unsafe to cure chlorosis, as the chlorotic and tubercular cachexiæ are antagonistic, and by removing the one, we often lead to the induction of the other. Our own experience is directly opposed both to the one and the other statement; we have continually met with the anæmic venous bruit in persons in whom the presence of advanced phthisis was undoubted.]

IRRITABLE BLADDER FROM TAPEWORM.

The following case is reported by Mr. Tuffnell:—A man, of temperate habits, complained of excessive irritability of the bladder, with difficult micturition. His health had been good till three months previously, when he began to suffer from the usual symptoms of dyspepsia, with irritation of the rectum, and hæmorrhoids. These symptoms increased, and to them were added tenesmus and frequent calls to make water, which was voided in a twisted jet, and accompanied by severe straining, but no pain. He received temporary relief from taking opium; but he became emaciated, and his health had suffered severely before he applied for medical assistance. A small bougie when introduced was arrested, and grasped tightly by a stricture at the membranous portion of the urethra, the probable result of an attack of gonorrhœa, from which he had suffered some years before. The urine was highly acid, and loaded with lithate of ammonia. The prostate was of natural size, but very sensitive to the touch. The patient was ordered to rest in the recumbent position, to have a pint of tepid water injected up the rectum night and morning to relieve local irritation, and to take infusion of calumba with tincture of hyoscyamus, and liquor potassæ, the bowels at the same time to be evacuated by castor oil. Under this treatment he improved so rapidly that he resumed his usual habits at the expiration of a week. His symptoms, however, immediately recurred, and were as immediately relieved by his resuming his former treatment, with the horizontal posture. A second speedy recovery was effected, but he returned in a few days suffering severely, and anxiously desiring an operation for his relief, being convinced that he suffered from urinary calculus. The irritation about the anus had now greatly increased, and he was observed at the same time to be frequently rubbing his nose, which suggested the idea of the possible presence of worms in the intestines. A purgative of turpentine and castor oil was accordingly administered, and the following morning a tapeworm measuring thirty feet was evacuated. All the former symptoms immediately subsided, the urine became clear and healthy, and the patient was soon restored to permanent health.—*Dublin Med. Press*, Febr.

SURGERY.

DIAGNOSIS OF FRACTURE OF THE NECK OF THE FEMUR.

Mr. Bransby Cooper has the following remarks on this subject:—

The history of the case may furnish strong presumptive evidence; as, for instance, if a slight blow has produced entire loss of the limb in an old person, the patient should be placed on a hard bed on his back, care being taken that the anterior superior spinous processes of the ileum are in the same plane, when it will be observed that the affected limb is shortened to

an extent depending upon the length of time which has elapsed since the injury. The limb is also everted, so that the heel is raised above the internal malleolus of the opposite limb.

But even with these characteristic marks, a surgeon should hesitate in forming a diagnosis at once, as all the symptoms mentioned may result from dislocation of the femur upon the pubis. The grand distinguishing mark, however, is the facility with which the surgeon can, by a slight extending force, bring the fractured limb to the same length as the sound one, while in dislocation it is so fixed that no force less than that which will reduce the dislocation will produce a like effect. While the extension is maintained, the surgeon should place his hand on the trochanter major of the affected side, at the same time that an assistant rotates the limb; this will produce a sensation of crepitation. A further diagnostic mark may be obtained by the surgeon placing a hand on either trochanter major, while both limbs are rotated simultaneously; it will then be perceived that the trochanters move in arcs of different circles; besides this, it is almost impossible for the patient to raise himself in bed into a sitting posture, in consequence of the thigh bone having lost its *point d'appui* in the acetabulum. The diagnostic marks of the accident are indeed scarcely to be mistaken, and as they are also generally concomitant, there is but little difficulty in establishing a diagnosis.—*Medical Gazette,* March 3, 1848.

ON THE TREATMENT OF PENDULOUS TUMOURS.

By Dr. O'Ferrall.

The treatment of pendulous tumours resolves itself into a description of the modes of operation required in particular cases.

In its simplest form the pendulous tumour seems to require merely the division of its pedicle by a knife-edged scissors or scalpel; but the point at which this division is to be effected requires consideration. If the section be made too near the bulb, an unsightly projection will remain after the operation; if it be done too near the other extremity of the pedicle, the integument, on retracting, will have a wound, and consequently a scar, much larger than would have been anticipated. Allowance then must be made for the elongation of the pedicle, by the weight of the bulb, and for the contraction of the stalk, which always follows its division,—the same process which renders it unnecessary to tie the neck of an uterine polypus close to the mucous surface, from which it has grown. The best mode of proceeding is to poise the tumour on the hand, and allow the surrounding skin to retract and recover its pristine position, and then to make the section of the pedicle a little below its origin. Should the nutrient artery be large enough to deserve attention, the jet of blood may be prevented by previously including the neck of the tumour in a provisional ligature, and when the section is accomplished, tying the divided artery. The provisional ligature may then be removed altogether. A slight touch of the nitrate of silver, just sufficient to produce a delicate white coating, will not only shorten the duration of the subsequent smarting, but lessen the probability of any re-action, especially of an unhealthy kind. Simple water-dressing will then complete the local treatment.

In operating on the adipose pendulous tumour, the extent of interference with the pedicle will be regulated by the presence or absence of fatty matter in its substance. If the growth extend through the neck into the subcutaneous cellular membrane beyond it, such an incision must be made as will allow of its complete extraction. In such a case the small cavity then left should be filled with lint dipped in olive oil, and the integument brought gently over it, to prevent an unnecessarily large cicatrix. The lint is then withdrawn, when suppuration is established, and the integuments brought together by adhesive plaster.

The proceeding in pendulous nævus is somewhat different, and must be adapted to the peculiar circumstances of the case. It is not usual for the pedicle, in such instances, to be entirely free from all traces of erectile tissue. Should the pedicle be implicated, or should the vessels of the cellular or dermoid tissues beyond it be hypertrophied, a simple section would be inadequate to the cure; hæmorrhage of a troublesome nature would be the immediate result, and reproduction of the disease the more remote consequence of such an imperfect procedure. The diseased part must be included in an elliptical incision, and thus freely and completely removed. It may happen that the erectile inflammation may extend irregularly, for a considerable distance, beyond the origin of the pedicle. In such cases the amputation of the pedicle alone would entail the consequences already alluded to, while the excision of the whole of the morbid structure might be forbidden by its extent, or by the importance of the parts in which it is found. The following is the mode I would recommend under such circumstances, and when the removal of the pendulous tumour is desired on account of the inconvenience it occasions:—The tumour being held horizontally, and on the stretch, the point of the style or nail cautery, described by Dr. Wilmot, should be passed through the cervix in several places, so as to ensure the obliteration of the vessels contained in that place. The whole cervix may be traversed by these punctures at one or several successive operations, according to its breadth. When the vascular character of the cervix is thus changed, its section may be performed, without risk of hæmorrhage. A series of seton threads would accomplish this object, but in a manner much more painful and tedious to the patient. The mode of obliteration of erectile tissues employed by Dr. Wilmot is, I know, a great improvement on the previous practice in such cases. Its adaptation to pendulous tumours, previous to their section, will, I trust, be found available, and I would venture to recommend it.

When a pendulous tumour is known, or suspected to be malignant, great care must be taken to remove the entire of the morbid parts. If the heterologous structure be confined to the bulb of the tumour, and the pedicle or surrounding skin be healthy, there can be no reason for doing more than simple section of the form; but the section should not, for obvious

reasons, be made too near the bulb. But should the neck of the tumour be thickened, hardened, or irregular, a free elliptical incision should be made in the integument beyond it, and all suspicious parts satisfactorily removed.—*Dublin Journal of Medical Science.*

ON FOREIGN BODIES IN THE AIR-PASSAGES.

Dr. Mason Warren terminates a paper on this subject as follows :—

1. It is unsafe to trust to the spontaneous expulsion of any substance, which is liable to increase in size from heat and moisture. This is more particularly true as regards children.

2. Metallic substances when engaged in the larynx or lodged in the lungs, may be trusted with more impunity. If flat they present an edge to the tube, so as to permit the passage of air on each side. When lodged in a bronchus, such a body becomes after a time, enveloped in mucus, so as to obstruct the free act of respiration; it is then forced upwards and the mucus is dislodged; the body again falls back, and remains quiescent until again covered with mucus, when the process of dislodgement is repeated.

3. If the substance is fixed in the bronchus and the patient young, the prospect of seizing it by instruments introduced into the wound (after tracheotomy,) is extremely small. In fact, the case in which Mr. Liston removed a bone with the forceps, is the only one perhaps on record.

4. Some doubts will arise, as to the propriety of leaving, in any case, a foreign substance for a period of time in the lungs, without an effort to remove it. Although it may finally become detached and ejected, fatal pneumonia is not uncommonly the result.—*Boston Medical and Surgical Journal*, Jan. 1, 1848.

THE USE OF THE CUPPING GLASS IN RETENTION OF URINE.

M. Vandenbroeck asserts that he has for twenty years replaced the use of the catheter in both sexes, by the application of a cupping-glass to the inside of the thigh. In nine cases out of every twelve, he states that emission of urine follows in a few seconds. This is not the case of course in mechanical retention.—*Dublin Medical Press.*

OBSTETRIC MEDICINE.

SPONTANEOUS EVOLUTION.

Mr. Edwards relates the following in the *Lancet* January 8th :—At 10 a.m., April 26th, 1847, he was summoned to a woman in her third labour. On examination the os uteri was found to be fully dilated, and the arm of the child protruded from the vagina. He proceeded at once to turn, but the feet could not be brought down in consequence of the vehemence of the uterine contractions. Under these circumstances, as symptoms of exhaustion declared themselves, it was resolved to use the perforator, but before the instruments could be prepared, the woman passed a large quantity of fæces, and immediately the arm disappeared and the breech presented. Two or three pains soon expelled the child, which had evidently been dead for some hours.

[These cases are not so rare as has been imagined, and according to Professor Simpson, would be still more frequent if timely assistance were not rendered. The proper practice is beyond a doubt to turn in the great majority of cases, where practicable; failing that, in many instances it would be necessary to resort to decapitation or evisceration. It should, however, be known, that Professor Simpson considers that where the process of spontaneous evolution is found to have considerably advanced, it is a sign that the pelvis is sufficiently large to allow of the completion of the process.]

FRACTURE OF THE STERNUM FROM MUSCULAR ACTION DURING PARTURITON.

The following case partakes of the interest which attaches to instances of fracture from simple muscular action, but it also has a peculiar interest inasmuch as there had been no evidence of disease of the osseous system as commonly happens in similar cases.

The narrator, M. Diez, attended a female, aged 32, in her fifth labour. The child was born before his arrival, but his attention was directed to a pain at the centre of the sternum complained of by the patient. She stated that, during one of her pains she had distinctly heard a cracking noise in this spot, and that the seat of fracture was perceptible to the hand. On examination a division in the bone was readily detected. The fracture was reduced with the greatest facility, and was kept in its place by a bandage and graduated compresses. Union was complete on the thirteenth day.—*La Faculdad.*

CHLOROFORM IN PUERPERAL CONVULSIONS.

Mr. Fearn, of Derby, exhibited chloroform in the case of a young girl, aged seventeen, in labour of her first child. The convulsions, which were severe, were first treated by bleeding and turpentine enemata. When seen by Mr. Fearn, they had recurred with great intensity, and the agitation of the patient was so great, that delivery could not be attempted. The exhibition of chloroform speedily induced a cessation of the convulsions, and she was then delivered by the crotchet. —*Medical Gazette*, February 11.

[It is a question how far the same result might have been attained, had the treatment not been premised by bleeding. Puerperal convulsions in general are marked by such strong signs of cerebral congestion, amounting in some instances even to apoplexy, that it is questionable how far chloroform, the effect of which is to induce cerebral congestion, could be rationally employed. In anæmic puerperal convulsions this objection would not apply.]

THE NEW CHARTER OF THE ROYAL COLLEGE OF PHYSICIANS.

[We have great pleasure in availing ourselves of the permission of Dr. Hawkins to publish the following letter in the *Provincial Medical and Surgical Journal.*]

18, Bolton Street, Piccadilly, London.
March 24, 1848.

Dear Sir,

As the terms on which the College of Physicians has offered to receive, under a new Charter, the physicians of this country, have been incorrectly stated, and imperfectly

understood, particularly as regards the date previous to which those proposed to be received should have taken their degrees, it is very desirable that this mistake should be corrected as speedily as possible, and that the manner in which the mistake has arisen should also be explained.

In the Clause of the proposed Charter relating to this subject, which has been lately circulated, the date assigned, as a limit for graduation, is January 1st, 1842; but this date was introduced under the supposition that the Charter would be granted in 1843 or 1844, and it would, of course, be altered (if any limit as to date be retained in the Clause,) in proportion to the time which has since elapsed.

The Clause, as circulated, is taken from a copy of the proposed Charter which was given last summer to the Committee of the House of Commons, and which was printed, with the evidence taken before that Committee. Now, this was a copy of the Charter in the state (professedly unfinished, beyond which it has never, in fact, advanced,) in which it was left at the termination of the discussions which the College had upon the subject with Sir James Graham. This copy is not only imperfect, but must be altogether deceptive, unless it be read in conjunction with a memorial, addressed to Sir George Grey, and printed also with the evidence taken before the Committee of the House of Commons, in which memorial the College expressed its desire to alter, in many respects, the Charter which had been before agreed upon.

Originally, in 1842, the College offered, as the commencement of a better system of classifying and registering the order of physicians, and all orders of the profession, to receive, without examination, all *bonâ fide* British physicians of the age of 26 years; but this offer called forth many remonstrances, as if it would be productive of some degree of hardship and injustice to those who had undergone examinations, and paid the full fees for their licenses; thence it happened that the restrictions were introduced which appear in Clause 5 of the proposed Charter, as to the manner in which degrees must have been obtained, and as to the age of the physicians to be received without examination; and the College being informed that, with the view of being thus received, many were hastening to obtain degrees whose education had hardly been equal to that prescribed by the College, for this reason the restriction was added as to graduation previous to a certain date. For similar reasons the restrictions were introduced which appear in Clause 4, relating to the Extra-Licentiates.

The views of the College as to the terms on which, under a new Charter, it could, with justice and propriety, receive British graduates without examination, have, naturally and properly, varied at different times, according as there has or has not been a prospect of a general legislative measure for the regulation of the profession; also, according to the variations which took place, from time to time, in the terms and enactments of the different general measures which were successively proposed. In the later bill proposed by Sir James Graham, there was a provision for a Supplemental Register, in which it was supposed that physicians might find a place, if there were any who had not been received by, and enrolled in, the College. But if, according to the principles which have recently been proposed for a General Medical Bill, it should be rendered absolutely necessary for registration, that all practitioners should be enrolled in the College belonging to their department in the country in which they practise; in this case it would certainly be right and necessary that physicians should be received, at first, into the College, upon broader and easier terms than might be just and proper, if no such general enactment should be passed by the Legislature.

Thus there are several important points in the new Charter for the College of Physicians, which, as they must be in some degree dependent upon the circumstances under which the Charter is to be obtained, have not been, and could not be, definitely settled; and the College would, I am persuaded, be truly glad to learn what are the opinions upon these points entertained by physicians throughout the country. Accordingly, I rejoice to see, that in furtherance of this wish, which was expressed by a Committee of the College to a Deputation from the Council of the Provincial Medical and Surgical Association, the Editor of the *Provincial Medical and Surgical Journal* has been good enough to invite physicians to communicate to the Council their opinions. And as it is clearly necessary that the points on which they are asked to form and express their opinions should be correctly stated, therefore I am induced to trouble you with this letter respecting some of those points which appear to be the most important.

I am, Dear Sir,

Yours faithfully,

FRANCIS HAWKINS.

To R. J. N. Streeten, Esq., M.D.,
&c. &c. &c.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.

LIFE ASSURANCE CERTIFICATES.

[The following circular has been addressed by the Manchester Medico-Ethical Association, to the Directors of the several Life Assurance Offices.]

The members of the medical profession feel greatly dissatisfied that when referred to for certificates of health by applicants for Life Assurance, they should have difficulty in obtaining remuneration for their services. For evidence of the extent to which the feeling of dissatisfaction exists, the Committee of the Manchester Medico-Ethical Association would refer to the numerous complaints that appear in the medical periodicals, and also to the experience of Boards of Directors on this point.

The Committee in attempting to effect a settlement of the question would remark, that while on the one hand the claim of the Medical Referee is just and reasonable, so on the other a recognition of this claim would greatly subserve the interests of the Assurance Companies.

The duty which the Medical Referee is called upon to discharge is one involving great responsibility, since his report on the applicant's past and present state of health in some cases determines the decision of the

Directors in regard to the application, and in others may at a future time be made the ground for resisting the payment of the policy. It is moreover one of much delicacy, as he is thus often compelled, in telling the whole truth, to record particulars entrusted to him in professional confidence. It is further one, the due fulfilment of which, in many instances, militates against his own interests; for cases might be cited, where medical men in this way have become involved in trouble through attacks on their honour aud integrity, as well as on their professional skill. Finally, though all communications to the Office are termed "strictly confidential," breaches of good faith are not altogether unknown; and even where secresy is maintained it will sometimes happen that, in the event of a policy being refused, the displeasure of the applicant and his family, falls upon the Medical Referee, from a suspicion that he has given an unfavourable report. From these considerations it must be manifest that the profession have a just claim, on one party or the other, to remuneration for the certificates required for Life-Assurance.

This being assumed, the Committee would now proceed to another question, viz., which of the parties ought to pay the fee—the Assurer or the Company? Here the Committee would observe:—

1st. That the condition of a certificate of health being given by a Medical Referee is one imposed by the Company, solely, with the view of aiding them to decide whether they can accept the proposal of the applicant with safety to their own interests.

2nd. That the entire benefit to be derived from the certificate is received by the Company; that it is alone valuable to, and can only be used by, the Company. If the certificate report favourably, it is an additional security to the Company; if unfavourably, it protects the Office from a bad life; and if unfaithfully, it may at a future period be used as a ground for vitiating the policy.

3rd. That if the certificate disclose, in even a small proportion of cases, a single fact concerning the health of the Assurer, which might be overlooked by the Medical Examiner for the Office, or which from its obscurity could not be detected by one a stranger to the applicant, and this will scarcely be denied, then its value to the Company, were there no other reason to adduce, would be clearly established.

4th. That either the certificate or instructions founded upon it, are commonly forwarded to the Medical Examiner of the Company, and consequently will thus in general prove of importance in directing his examination.

5th. That when disputed claims have been taken into courts of law, the certificate of the Medical Referee has usually been set forth as the basis of the contract, and as the evidence on which the policy was granted.

6th. That some Assurance Companies have no medical examiner of their own, but trust to the report made by the Medical Referee of the applicant.

Lastly, that several Companies recognizing the just claims of the profession, "pay every Medical Referee to whom they apply a fee for his services."

From all these considerations the Committee are led to the conclusion that the Company alone is responsible to the profession for an adequate fee.

The Committee beg to assure the Directors of their earnest conviction that the adoption of some arrangement by which the profession might be called upon to discharge this duty with impartiality, and at the same time receive a fair remuneration for the service, would prove of signal advantage to the Companies.

As the practice now is, the Referee has, in general, no communication with the applicant before making his report. The schedule is sent to him direct from the Office, and contains no suggestion as to the propriety of a consultation, but simply enquires—"When did the Referee see the applicant last?" and "What was the state of his health at that time?" Hence, has arisen the complaint, sometimes made, that the schedules are carelessly filled up, and that they supply little information of value to the Office. The Committee submit that this loose mode of reporting on the health of an applicant is at once hazardous to the character of the Referee, and injurious to the interests of the Company. They would also refer to the advantage which a more careful examination by the Referee, would secure for those Companies that insure diseased or unsound lives.

The Committee have carefully weighed the arguments commonly adduced in support of the course at present adopted by most of the Companies, and concede to the Directors that objections may be raised to an arrangement whereby the payment of all medical fees shall fall on the Office alone. The only arguments, however, which the Committee need refer to, are these:—That some risk would be incurred of fictitious applications being made at the instance of unprincipled medical men for the sake of obtaining the fees. That in cases where the proposal for assurance is declined, no profit accrues to the Company. And that the medical expenses preliminary to the contract between the Office and the Assurer ought, in fairness, to be divided equally between the two parties.

With a view to meet these objections, and at the same time to maintain the conclusion at which the Committee have already arrived, they beg to submit to the Directors the following Proposals—assuring them of their anxious desire that a removal of the difference which has engendered so much dissatisfaction in the profession, may now at length be effected through the instrumentality of the Manchester Medico-Ethical Association.

PROPOSALS.

1st.—That the Assurance Companies pay a fee to the Medical Referee of the Applicant for Life-Assurance, on the understanding that the former, before making his report, have, when circumstances permit, an interview with the said applicant.

2nd.—That the agent of the Company require of the Applicant for Assurance, at the time when the proposal is made, the payment of his proper share of the medical expenses.

3rd.—That the fee paid by the Office to the Medical Referee of the Applicant be—

For a Policy under £500, half-a-guinea.
For a Policy of £500 and upwards, one guinea.

GLOUCESTERSHIRE MEDICAL AND SURGICAL ASSOCIATION: THE INCOME TAX.

To the Honourable the Commons of Great Britain and Ireland, in Parliament Assembled.

The humble Petition of the Council of the Gloucestershire Medical and Surgical Association, acting in behalf of that body,—Sheweth,—

"That the members of the Medical Profession are at all times, and in many ways, called upon to give their time and services to the public without remuneration.

"That most of the Hospitals and Dispensaries in the United Kingdom are served by Medical Men without any compensation whatever for their time and labour.

"That a large number of the Medical body, are compelled by the existing condition of the Profession to accept appointments under the new Poor Law, not only without adequate recompense, but very often at positive pecuniary loss; while their duties expose them to serious risk of their lives from fever and other infectious disorders.

"That while the members of the Medical Profession are required to expend a large amount both of time and money in the acquisition of professional knowledge, the emoluments of medical practice are notoriously enjoyed to a great extent by persons who have passed through no such preparatory studies, and are in no way qualified to undertake the treatment of disease.

"That the gains of the Medical Profession are generally so small, that an argument has been raised upon this fact against enforcing universally a standard of medical education sufficiently high for the welfare of the public at large.

"That, as a consequence of this state of things, the various corporate bodies which have been entrusted with the power of granting Licences and Diplomas, are encouraged and enabled to undersell each other in their requirements of candidates; and thus to create a supply of Medical Practitioners greater than the needs of society demand,—thereby diminishing, by excessive competition, the profits of the Profession, and at the same time endangering the lives of the community for their own selfish and mercenary ends.

"That the national revenue is already enriched at the expense of the Medical Profession by the receipt of imposts upon patent medicines and indecent advertisements,—to the great injury of the public health, and the no less scandal of public morals.

"That the truth of the above assertions has been established by abundant evidence before Committees of your Honourable House.

"Your Petitioners therefore humbly pray that, in consideration of these statements, your Honourable House will be pleased to allow the professional incomes of qualified Medical Practitioners to be exempted from additional Taxation; at least, until such time as the Legislature shall see fit, by some comprehensive enactment, to remedy the present anomalous condition of the Profession, and secure to its members a reasonable share of those emoluments which are derived from the public for services which they alone are competent to render.

"And your petitioners, as in duty bound, will ever pray for the welfare of your Honourable House."

[The foregoing petition was presented, as the last clause will shew, on the lately proposed increase of the Income Tax being brought forward in the House of Commons. It is, however, sufficientiy obvious that it is equally applicable to the continuance of the Tax on Income in its present form, and although, as we feel convinced, the members of the Medical Profession in this kingdom would be the last to wish to embarrass in any way the affairs of the Government, we trust that when the fitting time comes to re-consider this question, the impost will be so regulated as to bear more equally and equitably, and relieve the Medical Practitioner from a comparatively excessive charge upon the hard-earned labours of an anxious, and too often dangerous calling.]

PRINCIPLES OF MEDICAL LEGISLATION.

The subjoined form of a Memorial, in favour of the Principles of Medical Legislation recently put forth, has been adopted by Medical Practitioners resident in the neighbourhood of Reigate:—

To the Right Honourable Sir George Grey, Baronet, Her Majesty's Principal Secretary of State for the Home Department.

Sheweth,—

That your memorialists being legally qualified members of the medical profession, have read with great attention and approbation a paper, entilted "Principles of a General Measure for Medical Reform," which have been unanimously agreed upon, as the result of several conferences, held by a Committee, representing the different sections of the medical profession, and which your memorialists are informed have been submitted to the head of the Home Department.

The undersigned, after due consideration, are of opinion that a legislative measure founded on those principles, will be eminently conducive to the public welfare, and will be generally satisfactory to the profession itself.

The undersigned therefore pray that Her Majesty's Government will adopt these principles, and promote the completion of them, in due form, as an act of the legislature.

PRIVATE BAPTISM OF INFANTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Will you permit the insertion in your columns of a few lines suggested by your correspondent, Mr. Cooper's, complaint against the clergy of his neighbourhood for requiring a medical certificate of danger in all applications for their ministration of private baptism.

He says, "Hitherto I have declined giving the necessary document, as I can only regard such a demand on the part of the clergy, as tending to fasten unduly a solemn responsibility on the medical profession, which naturally belongs to themselves."

There is reason "in roasting of eggs," and I think there would be some reason in this roasting of his clerical neighbours, if Mr. Cooper had shewn that they have all graduated in medicine, but as I presume this is not the case with any of them, and that a Bachelor Curate, fresh from the University, ignorant of the mysteries of teething, and innocent of convulsions, may be the last person capable of forming a right judgment of dangerous symptoms in infantile ailments, I hope I may, without offence, suggest that Mr. Cooper endangers the character for courtesy, which is one of the attributes of our pro-

fession, by refusing to bear a brother's burden, for the sustaining of which neither his education nor his natural ability has fitted him. I do not apprehend that the clergy generally, in the diocese of Norwich, make a medical certificate a *sine qua non* of compliance with a request for a private baptism. If any act so rigidly, I can only conclude that they have been driven to do so, in order to check the imposition of parents, who raise on all occasions an alarm of "the child in danger," to save themselves the trouble of carrying it to the church.

The solemn responsibility in the matter resting upon the clergy consists in not baptizing children privately, without great cause and necessity, and in not deferring to do so when they have been duly, and without any manner of collusion, informed that they are in danger of death. Now, I maintain that cases frequently occur, in which a clergyman can only conscientiously acquit himself of his responsibility, in this particular, by dividing it with the medical attendant; and I have not that opinion of the members of our profession which would permit me to suppose that they do not aid, as a body, cheerfully their neighbours of the kindred profession, who, distrustful of their own opinion in a matter which lies beyond their province, would rely upon the judgment of those who are qualified to form one.

All quackery is to be discouraged, and no one should be blamed who pays a wholesome deference to the proverb, "*Ne sutor ultra crepidam.*"

Both the clerical and medical callings are beset with anxieties and cares. In innumerable instances the parson may and does give invaluable and ungrudging assistance to us doctors, and I am sure I am doing but justice to ourselves when I say, it is as much a pleasure as a duty with us to act upon the principle of "give and take" in our intercourse with the clergy.

I am, Sir,
Your obedient servant,
G. S. SNOWDEN.

Ramsgate, March 24, 1848.

MEMORIAL TO DR. BERNCASTLE, SURGEON TO THE CROYDON UNION.

We, the undersigned Medical Officers to the Cheltenham Union, beg to offer to you our sincere and heartfelt condolence on the late ill treatment you have received from the Board of Guardians of the Croydon Union, who, after refusing the unfortunate woman, Hopkins, parochial relief, (and, as we consider most unjustly,) with the intention of disguising their own censurable conduct, endeavour to pass it over by throwing the onus of the blame upon you.

On a careful review of the entire circumstances of the case, and duly considering the positive orders of the Relieving Officer, that you were not to consider Hopkins as a patient of the Union, we cannot but agree that you were entirely free from censure, and in fact treated her with the greatest kindness and humanity.

W. P. Brooks, M.D., Surgeon to District No. 2.
William Gregory, Surgeon to District No. 3
William Dalton, Surgeon to District No. 4.
Frederick Hyett, Surgeon to District No. 1.

Medical Intelligence.

APPOINTMENTS.

W. P. Brookes, M.D., has been appointed Visitor for the Cheltenham District of Lunatic Asylums, in the room of Dr. Boisragon, resigned.

M. Laugier has been elected Professor of Clinical Surgery at the Faculty of Paris, in the room of M. A. Berard, deceased.

M. Huguier has been elected a member of the Academie de Médecine. MM. Lallemand, Larrey, Ricord, Guersant, and Chassaignac, being the unsuccessful candidates.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, Friday, March 17th, 1848:—F. Wilkinson; G. B. Masfen; J. Shorts; H. Haden; S. M. Shircore; J. S. Helmcken; R. Laycock; H. G. Martelli; F. A. Willington; M. Coleman; J. Bailey; W. T. Alexander.

OBITUARY.

Died, March 4th, at Clifden, county of Galway, of fever, C. Bodkin, Esq., M.R.C.S.

March 4th, at Upper Merrion Street, Dublin, Percival Hunt, M.D., Fellow and Vice-President of the College of Physicians, Dublin.

March 9th, at Upper Merrion Street, Dublin, Percival Banks, M.D.

March 11th, at Tunbridge Wells, aged 80, —— Nelson, M.D., formerly of Wimpole Street.

March 16, in Great Stanhope Street, aged 65, Sir Richard Hunter, M.D.

March 18th, at Dublin, aged 82, Alexander Jackson, M.D., Physician to the Richmond Lunatic Asylum.

March 22nd, aged 40, of fever, Richard Cranfield, M.D., Medical Attendant of the Fever Hospital, Dispensary, and Workhouse, Enniscorthy.

Recently, at Tulla, county of Clare, of fever, James Frazer, M.D., Physician to the Tulla Dispensary.

BOOK RECEIVED.

The Value of Embryonic and Fœtal Life, legally, socially, and obstetrically considered. By Thomas Radford, M.D., F.R.C.P.E., Consulting Physician to the Manchester and Salford Lying-in Hospital. 8vo. pp. 25.

TO CORRESPONDENTS.

Communications have been received from a Graduate of the University of Aberdeen; the Birmingham Pathological Society; Mr. F. Bainbridge; Dr. Simpson; Mr. G. S. Snowden; Mr. Crompton; a Licentiate; Mr. Worthington; Mr. W. W. Cooper; Dr. Oke; Dr. Berncastle; Dr. Seddon; Mr. R. Allen; Mr. J. J. Millard.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels and books for review may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

REMARKS ON THE PRESENT ASPECT OF MEDICINE.

By W. Newnham, Esq., Farnham.

Whether it be true or false—just or unjust—a fact or a calumny, shall not be discussed on the present occasion; but justly or unjustly, it has been remarked of the medical profession, that it is particularly prone to jump to a conclusion without sufficient reasoning,—to adopt this conclusion most heroically,—to retain it most pertinaciously,—and to be driven from it ultimately, not by the process of conviction, but by the quiet ousting of one favorite hypothesis, through the fresher charms, and newer attractions of some younger competitor.

The history of the healing art would give countenance to such an assertion; and within the memory of some of my readers, who, like myself, have been conversant with medicine more than forty years, it would not be difficult to chronicle the rise and fall of many an ingenious system; or the enthusiastic admiration of some potent medicine, which has enjoyed its little hour of idolatry, and has then been thrown aside as useless. We, too, may have witnessed the prurient fondness for novelty on the one hand, and the condemnation of that which is new on the other, simply because it is new. Perhaps we have been partakers in the enthusiasm of the one or sceptism of the other: and perhaps by the mere influence of age, we have arrived at juster, soberer, and more lasting views, simply because sexagenarian feelings have become less acutely sensitive, and the voice of reason is more distinctly audible, in proportion as that of passion has become feebler.

But it was reserved for the present day to witness the resurrection of an exploded system of medicine, which has been resuscitated under high sanction, and which is prophetically destined to run a prosperous day of admiration, simply because it is so very convenient to all those who wish to save themselves the trouble of thought, and the burden and responsibility of the treatment of disease. The authority of its foster parent will protect its feeble life; and its native attractions will ensure a host of admirers, among those who prefer throwing the responsibility of consequences upon an unseen unknown agent called nature, rather than incur the onus of directing these efforts towards their right end,—of controlling them where they are excessive,—supporting them when languid,—or supplying them when defective.

These observations have been called up by the "Natural History of Disease,"—a new name, under the disguise of which it is impossible not to perceive, that with some slight modifications, this new doctrine is a resurrection of the old "expectant system of medicine," with all its exploded and entombed errors,—*exploded* from their awful consequences, and *entombed* by the wisdom of our progenitors.

It would be inconsistent with the plan of my present communication, to attempt a history of the expectant system of medicine, or to do more than briefly to point out a few of the fallacies on which it rests its claim to respect and admiration.

Its first principle is erroneous, because the event is never left to a natural terminaton. It is true, that medicine is proscribed, but other means are employed—such as diet, regimen, repose, air, temperature, water externally and internally, attention to mental conditions, &c., &c. Now, it is obvious that these are employed, for the purpose of controlling, or aiding, or modifying nature's processes; and if so, they are employed *quasi* medicinal; and it follows, that if it be permitted to employ one *modifying agent* in the treatment of disease, it must be also permitted to retain another modifying agent,—and *à fortiori*, it must be *necessary* to employ any medicinal agent which can effect the same purpose in a quicker, safer, easier, and more perfect manner; and this is the legitimate dominion of medicine. Failing, therefore, in its first principle, the basis is unsound, and the superstructure crumbles into atoms.

Not that we would be supposed to favour that heroic system of treatment which has been gradually expiring for many years, and from whose ashes has arisen this renovated expectant Phœnix. We have seen the grievous errors committed by the injudicious *heroism* of some of our body, and we trust have learned wisdom by their, and our own mistakes; but the antithesis to wrong is not necessarily right, and I venture to believe that the passive indolence of leaving disease to the tender mercies of nature, will destroy many more than the ruthless havoc occasioned by the *by-gone* "nimia diligentia medici." I believe I may safely appeal to all diligent, and learned, and unprejudiced practitioners in medicine,—not to those who have spent their days in indolent scepticism;—not to those who have been forced into the profession by the pressure of circumstances;—

not to those who have pursued it as a means of subsistence only;—not to those who have been disappointed in life;—nor to those who have pursued the well-beaten path of routinism, but to those, who, sincerely attached to their profession, and deeply imbued with its learning, and *successfully* engaged in its practice, and supported by the esteem of their friends, and devoted enthusiasts to the good of their patients, whether they have not justly calculated upon a certain effect from certain remedies within a given time; and whether they have not always witnessed that effect, more or less happily developed, except in those cases in which subsequent events have shewn that they were in error? If, indeed, such has not been the case, the prescriber has either been wrong in his diagnosis of the malady, or very unhappy in his choice of remedies, or very unfortunate in his selection of patients.

It might, perhaps, be enough to leave this subject where it is, but feeling as I do, the importance of at least attempting to stem the torrent of so fascinating and so overwhelming a tide of prejudice, I shall venture to detain my readers, not as the advocate of hyper-activity in medicine, but as the determined enemy of that indolence which would suffer the patient to die without one strenuous effort to save him.

One fundamental error of this system is that of leaving it to *nature* to remedy that which is *unnatural*. We shall admit the *vis medicatrix naturæ*; we shall admit that nature ever tries to restore all manner of lesions in her economy; and we shall admit, that it is folly and madness to contravene her efforts. But then, we must also admit, that in every instance disorder is (as the very term implies,) a deviation from nature's established functions, and a disturbance of all her regular agencies. We must also admit, that the *vis medicatrix* is imperfect, often failing in its effects, at other times producing results which are in themselves disease, and at others yielding to the agency of the destroying cause; we must admit that her curative efforts are frequently attended with violent re-action, which requires to be moderated; and we must admit, finally, that the *natural history* of disease *uncontrolled* is too frequently the extinction of life.

We have said that it would be folly and madness to contravene nature's curative efforts. Undoubtedly it would. Suppose a simple incised wound to be repaired by nature by the formative or agglutinative process, it would be folly and madness to *contravene this process* by keeping the edges of the wound asunder; but it would at least be equal folly and madness not to aid nature in the accomplishment of her process by bringing the edges of the wound together, removing extraneous bodies from its surfaces, and maintaining them in undisturbed apposition.

So again with the specific disorders—measles for instance; this must run a definite course, and if it be a mild case, it does as well under the marigold tea of the old woman, the handmaid of nature, as it does under the influence of more powerful articles of the Materia Medica. Here the practitioner may stand by and observe, and leave nature to her own agencies. But during the course of measles, the lungs, the brain, the mucous surfaces of the alimentary canal, are very apt to suffer; and is he then to look on, and allow disease to run its destroying course, and to say to a patient suffering from consecutive pneumonia, "wait," and to expect that by this talismanic word the disorganizing agencies will be controlled? Surely there is deep criminality involved in such a proceeding, and yet such would be the result of pursuing the principles of expectation in medicine. We must never forget, however, that this revival of a long exorcised ghost, has been evoked by the cruelties of that heroic system, which under these circumstances would have bled repeatedly *ad deliquium, coup sur coup*, and then would have rapidly placed the patient under the influence of mercury, and the sufferer would have apparently recovered, most slowly, only to fall a victim to phthisis. All this was very bad, but it was not worse than standing supinely by, and tauntingly advising the patient to "wait," aye, "to wait," while the folds of his shroud were drawn more closely around him, and until his last breath had been drawn in *expectation!*

But after all, the great field of battle for these respective treatments is FEVER! It is manifest that this system of *waiting* can attach only to *acute disease*, —to forms of malady which possess a definite though, perhaps, not a well understood course; and that while we admit the value of a wise expectation under some circumstances, we also insist that there are other circumstances in which this expectation would be criminal, and in which prompt and energetic measures are required to avert fatal consequences. The first step, therefore, which can be safely taken in this crusade against medicine, is to distinguish the cases which will do well, if left to themselves, from those which, if not treated energetically, will terminate fatally. But how is this object to be accomplished? Is it by pursuing the natural history of disease, and leaving the patient to die, without one serious effort to save him, till a sufficient number of facts have been accumulated to decide the question; or is it by greater and closer attention in distinguishing disorder,—in selecting medicinal agents,—in watching and honestly chronicling their effects, and in recording the successful and unsuccessful cases,—the cases in which the efficacy of medicine may be fairly traced, and those in which it seems to have been useless or injurious, distinguishing their peculiarities? Surely the latter is the only secure method of enlarging the boundaries of our science, and of snatching it from the quackery of the do-nothing system.

With regard to the treatment of fever, there are many of my readers who can remember when bark and port wine were considered as the panacea for this form of malady,—who can recollect the revulsion from this treatment to that of cold affusion,—who can trace the subsequent history of their professional life, in the recommendation of bleeding, and of mercury quietly administered, so as to induce gentle ptyalism;—there are those who can well remember the localization of fever to some one irritated organ of the economy, varying according to the occasionaal circumstances of

its production, or the peculiarities of the individual constitution, or of the prevailing epidemic, and its remote and collateral causes;—there are those who can well remember that this comparatively rational doctrine has been narrowed by some professional exclusives, who could see only arachnitis on the one hand, or gastro-enteritis on the other, as the sole cause of fever; and of later years we have been told that all these supposed causes are but consequences, and are themselves dependent upon changes in the blood, induced by fever, and so disturbing all the organs of the animal economy. And chemistry has shewn that these changes do occur, and thus we have again fallen back upon the humoral pathology. Now, although we are quite ready to admit the established fact of these changes in the blood *during* fever, yet we cannot admit as demonstrated, that these changes are the *cause* of fever, since they may be its consequences; nor that the several organs are disturbed from this cause, since they may have been disturbed beforehand, and it is clear that they are very unequally irritated; much less can we admit, that any one organ, or series of organs, is the cause of the evil. But with all these, and many more ill-defined and undetermined questions, is it wise,—is it prudent,—is it scientific,—is it just to ourselves or our patients, to stand quietly by, and watch the ravages of disease, till the case becomes hopeless, without trying to moderate the excessive actions,—to restore disordered secretions,—to watch over all the organs and functions of the system, and relieve the first symptom of embarrassment, and maintain, as far as possible, the harmony and integrity of the system. Even here then the doctrines of expectation are most cruel and unscientific, but much more so in chronic malady, where there can be no pretence of a definite course to run, and when, if left to itself, disease will usually exert a destructive influence over organs which are essential to life.

An illustration of this position occurs to me in the history of two parallel cases; both happened to children;—both were deep-seated abscess in the neck;—both threatened suffocation from the pressure on the trachea. One was left to nature, and the little victim of the expectant or natural-history system was early destroyed, while the other was relieved by a careful puncture, and life was saved, and health quickly restored. Surely the remorse of the former medical attendant must have been poignant, while the reflections of the latter must have been most enviable. It may be said that this was surgical treatment, and so it was, but it was adopted as a means to an end; and the question is not, *what kind* of interference with nature, but whether any rational treatment is to be adopted.

It is manifest that in order to secure any logical standing place for this system of expectation, it must be assumed that *all* disease has a regular course, and a favourable tendency; yet nothing can be more untrue, for it is only acute disorder, which in the present state of our knowledge can even be presumed to have such a course; and even here it must be allowed, that the uncontrolled tendency is not always favourable, but that on the contrary, in a great number of cases, the most dangerous symptoms arise, requiring the most active and the best directed efforts, to prevent their fatal termination; and again, we see the insecurity of the pretended "natural history" of disease, which is about equivalent to Whiter's quaint title, the "*Disorder of Death*," which *he* assumes to be *remediable* under the balmy influence of the grave.

Originating in the seventeenth century, bibliographical researches enable us to trace much learning and talent expended upon this heresy, and many valuable treatises for and against, which we have not now time to follow; I shall therefore only notice a satirical treatise, published in 1695, by our countryman, Gideon Harvey, and entitled, "Art of Curing Diseases by Expectation." This was translated, and published two years afterwards, at Amsterdam, with a more offensive title, viz., "Ars Curandi Mobos Expectatione; item de Vanitatibus, Dolis et Mendaciis Medicorum." How far the translator intended the latter part of his title to be a commentary upon the former, shall not now be estimated, but I must for one moment refer to the frontispiece of Harvey's original work, in which are engraved the apothecary, with his syringe and phials, the sick man anxiously sighing for the prescription from which he hopes for relief, and the physician replying to the officious zeal of the former, and the deep solicitude of the latter, by this simple term, (equally full of despondency to both,) "*Expecta*"—*Wait.* A pithy exclamation, calculated to excite a smile in reflecting upon the past, but in sober earnest, no joke to the patient, and full of the most ominous forebodings.

It is necessary in forming a judgment concerning the curative powers of nature, to throw aside equally the vacillating character of certain practitioners, whose physical conformation, or long acquired habits, lead them to be fearful of the effect of the most simple remedies; and the hasty, intemperate rashness of others, who prescribe the most energetic treatment upon trifling occasions. Both are exceedingly mischievous, the former by allowing the patient to die without an effort to save him, and the latter by destroying his patient through misplaced activity. It is neither by the one nor by the other, that the expectant or natural system can be tested, but only by the results of wise, and enlighted, and unprejudiced experience.

We cheerfully admit that the greater number of acute maladies pass of themselves through the successive periods of incubation, gradual development, highest degree of intensity, decline, and convalescence, without the employment of serious remedies. But then, we insist that in every one of these stages, nature often fails in her duty, or overacts her part, or allows some great secondary organic mischief to be produced; and that the only wise and safe plan is,—not indeed to *contravene*, but to *direct* her efforts,—to *watch*, but not to *wait* upon, her movements,—to check what is redundant, and arouse what is inactive,—and supply what is defective,—and not to postpone this conduct, till death has put his seal upon futurity.

We are quite aware that the fondness for expectation may be the result of a wish to proclaim ourselves free

from the prejudices of the vulgar in favour of physic, and as accompanying a mental statum inaccessible to them. But prejudice exists at both ends of the scale of intellect; and the prejudices of the learned are equally narrow,—equally intense,—equally difficult of removal—more bitter, and more injurious, because of their power to disseminate, and uphold, and extend their specious errors.

The most eloquent and the most learned advocate for the expectant system is, perhaps, Voullomme, whose essay gained the prize offered by the Academy of Dijon, in 1776. This celebrated author admits as the basis of malady, a certain morbific principle, which presents an obstacle to the free exercise of the functions of the animal economy; and a certain vital principle which is disturbed by this obstacle, and exerts and sustains various movements, for the purpose of restoring the lost order and harmony. And on this feeble basis he works out the distinction between active and expectant medicine. But he proceeds to show that in order that the latter or expectant medicine may be safe, the efforts of nature must not be *too great*, nor *too languishing*, and that they must not *endanger the safety* of any one organ.

Such is the scheme of this redoubted champion of expectant medicine, and I presume there are few who would think it desirable to interfere while nature was doing her own work, and so long as her efforts were neither too great nor too small, nor the integrity of any organ was endangered. Such is the feebleness of expectant medicine, or the natural history of disease, when honestly and fairly practised at the bedside by one who, during a considerable life, had thrown his whole energies into his profession, who had literally studied and experienced every day of that life, and had not been disappointed in his day-dreams of eminence. I will venture to add, that the testimony of all those who have so done, and learned, and watched, and reasoned for thirty years, will confirm the fact that their power of distinguishing and controlling disorder has greatly increased, and that, in the great majority of cases, when called on to prescribe, they are certain of the effects they may expect and will meet with from the remedies employed. Rather, therefore, than take up this expectant system of treatment as a substitute for the medicinal; rather than moot the question which is abstractedly best, active and energetic watchfulness, or indolent and careless contemplation, for the patient, let us seek to determine what forms of malady may, notwithstanding their apparent violence, be left to very simple agencies, because they have an essential tendency to a favourable termination, and will generally be cured by the simple resources of nature, *from those*, which if left to themselves, will terminate unfavourably,—a question which, after all, will greatly rest for its solution upon the constitution of the patient, rendering each case an individual study, and requiring the adaptation of means to its peculiarities. Here, then, we return to diligent active medicine, wisely directed and controlled, by zeal on the one hand, combined with knowledge, and by prudence and experience on the other. With such views it is quite possible that active treatment may be required in a case which has a natural tendency to recovery; *not* against the malady itself, but against certain symptoms, which if uncontrolled would prevent this natural tendency from being developed and sustained.

If, by attracting attention to the natural history of disease, the prescriber may be alienated from an *exclusive* attachment to drugs, and can be led to a profounder study of regimenal and hygienic treatment, *good must arise*; but unqualified, *unmitigated evil*, if by these attentions he is enticed away from the far more powerful resources of medicine,—resources, which if wisely directed, will produce equally good effects in a shorter time, and with less expense to the constitution. Even those forms of malady which are admitted to possess a natural tendency towards recovery, may not be abandoned to the sole resources of nature, for these, too, require active vigilance to second and support nature's agencies, and carry them on to a perfect restoration of health.

In cases, where the opposite tendency is remarkable, and these very largely preponderate,—where the functions generally are disturbed, the circulating system agitated, the distribution of animal heat irregular, the secretions perverted, spasms and other affections of the nervous system present, too great or too little activity, or perversion of the sensorial and intellectual functions, and various other forms of disturbance, what is there to be expected from the conservative influence of unassisted nature? Then, indeed, it would be folly, and madness, and wickedness, to stand by, idle spectators of our friend's destruction, and apply the last flattering unction to our souls, that at least he had died a natural death. Such a proceeding is not to be tolerated; and even in the only cases to which expectant medicine can be at all applicable,—those of acute disorder,—it is very seldom indeed that we can find such disorder simple and uncomplicated, and unless such should be the case, the basis upon which this hypothesis seems to rest is subverted; since for a safe-conduct of the malady to a happy termination, these complications will require the greatest care, and most delicate attention—a sort of alternation of action and expectation well calculated to test the strength of the medical man, whose greatest value consists in knowing *when* to be active, and *where* to avoid disturbing nature's agencies, and in not only *knowing but doing*.

If by *expectation* he really intended *observation* on the course of the malady, and supplying the appropriate remedies, which such watchfulness may indicate, only in such order and in such doses as shall most safely lead to the convalescence of the patient,—accomplishing this object, by the mildest known efficacious remedies, and attending diligently to all the beneficial influences which may be conveyed through the moral nature of man, as well as to all similar impressions conveyed by attention to diet, and regimen, and air, and quiet, and the general proper management of a sick room; why this is only to abstain from that which would be a positive hindrance to nature's agencies, and here we go hand in hand with our expectant physician. But this will not satisfy him, because this

would involve the employment of every remedy calculated to favour our object, and assist nature in the accomplishment of her views, and assuredly this would be to interfere with the natural history of disease.

It is not easy to bring this question to the test of experience, for in the first place men judge very differently as to the form and degree of malady; they arrive at very different opinions of the self-same disorders; and their inveterate prejudices lead them to find their preconceived notions confirmed. Then, a great majority of diseases would get well of themselves, and the touchstone of utility of treatment is the experience of an honest and true heart, with regard to those frightful forms of malady which threaten the extinction of life; and in man's present imperfect state, one despairs of obtaining such results.

It should ever be borne in mind, that the administration of medicine is *one* important means of controling disease, and of favoring returning health; let it, in fact, be called a portion of our hygienic agency; allow it a place in the scale of influence at least equal to other means of this description; and then, *if the one be necessary, so will be the other.* Then, let us not indolently sit by, and contemplate the ravages of disorder, but while we prudently and cautiously avoid all means, hygienic and regimenal, as well as medical, which may be calculated to contravene nature's efforts, let us also wisely and zealously employ all the means in our power, *medicinal as well* as *hygienic* and *regimenal*, to favour this result; let us anticipate if we can what have been supposed to be the critical terminations of malady, by acting upon the secretions; and if we cannot effect this anticipation, let us supply such lack of service by subsidiary influence; let us carefully avoid that blind and misplaced security in the curative powers of nature, which would lead us to overlook or undervalue important remedies, on the hollow pretext of not interfering with the natural history of malady; let us not cruelly delay the application of remedies until the golden period for action has escaped us, and the time in which we could be useful to our patients has fled for ever,—fled with the *first* lengthening, and then fast receding, shadows of life. Even in the happier forms of malady, let us carefully endeavour to screen our patient from those complications which may prevent an agreeable result; let us try to *second* the salutary efforts of nature, and control her too great vehemence of action; while in the severer, as well as in the slighter disorders, let all our remedies be employed *cito tute, jucunde.*

(To be continued.)

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

The Effect of the Venereal Virus upon Bones.—It is taken for granted in general that the bone is affected in the same manner as the periosteum, but no fair case can be shewn in which the bone was primarily affected by the venereal disease. If this effect were produced, it is necessary that the bone should become soft, so as to admit of dilatation, or that its bulk be increased by a deposit of new matter. The venereal virus attacks the cortical plates of the bones from the periosteum, and of those bones which are nearest the surface; the effects therefore just mentioned must have been seen if they did take place.

The bones certainly become soft in other diseases, as in scrofula, where the medullary part is attacked; but the only primary effect from the venereal disease which can be discovered, is death of the bone. There is not ulceration, as in scrofula, or a loose fragment, as in necrosis, but the solid part of the bone dies.

When the matter is under the periosteum, the bone always suffers, and as those bones are generally attacked which are nearest to the external air, a secondary effect is produced by exposure.

In the bones of the cranium the outer table is sometimes destroyed, but the disease does not often go beyond the diploë. [I remember to have seen a case of this kind in a young man, in which almost the whole of the outer table of the frontal bone was dead and loose, whilst the inner table did not appear to be involved. The dead bone was removed by Sir Benjamin Brodie.]

The membranes covering the base of the nostrils, formed by the maxillary apophyses, the vomer and the inferior spongy bones, being exposed to a stream of air, are very liable to become affected by the venereal virus. A carious state of one or more of these has always been connected with an ulcer in the nose. It may be doubted whether an ulcer can long exist on the upper part of the mouth, without being associated with some disease of the palate bone. Even in such a case, the disease generally begins in the membrane of the nose. Whenever, therefore, there is a viscid secretion obstructing the nostrils, or an offensive discharge, tinged with blood, with a sense of soreness about the part, a carious bone is to be suspected.

Again, when there is a small rising at the upper part of the mouth, a plate of bone will often be found bare; but when the greater part of the horizontal plate is carious, it is probable that the palate bone, vomer, and nasal lamella of the ethmoid bone, are in the same state. Sometimes along with this, the alveolar processes of the four front teeth are involved; but if the soft palate remain, the inconvenience is not considerable. The ossa nasi are never diseased, except when there has been great destruction of the soft parts.

Wherever examination can be made for local symptoms, it ought to be done, however much the patient may refer them to internal maladies, as many complaints may be discovered to arise from mere local causes, unconnected altogether with the venereal disease.

* Continued from page 149.

The venereal virus will occasionally attack the internal part of the skull, in a remarkable manner; the inner surface becomes scabrous, with a number of projecting edges or points. The patient has violent headache, pains in the muscles moving the head and neck, and symptoms of compression of the brain; the eyes and ears are greatly affected, and idiotcy is often the result. The brain being kept in constant irritation, becomes susceptible of the slightest excitement, which eventually brings on fits, resembling epilepsy, and the patient dies. From this deplorable condition recovery is never to be expected.

Treatment of Tertiary Symptoms.—The tertiary symptoms of syphilis cannot be cured with the same facility as the primary or secondary symptoms; from nine to twelve weeks will usually be necessary; or if the mercury has not acted fairly, the course will sometimes be required to extend even to fourteen weeks.

Treatment of Pustules.—Pustules in this stage of the disease should be made to dry as soon as possible, that the parts below may heal without exposure to the air; with this view it will not be expedient to use the warm bath, or any unctuous application.

If the crust remain moist and elevated, and there be an oozing of matter from under it, the most useful application will be a strong decoction of guaiacum shavings, with a little spirit; and when they separate from the skin, they are apt to leave deep foul ulcers, which are much disposed to throw out fungus.

Great attention is necessary to destroy the fungus, for, if neglected, the sore will either not heal, or leave an unseemly cicatrix, which will be very liable to give way. The best applications in this case will be a solution of the sulphate of copper, or of nitrate of silver, of such strength as not to give pain. The sores may be afterwards dressed with the Unguentum Hydrargyri Nitrico-Oxidi.

When mercury has been ineffectually employed, the cicatrix remains smooth, of a silky feel, and of a redder colour than is natural. On the contrary, when the disease has been completely cured, there will be a depression in the middle of the cicatrix, which will have as much roughness as the natural skin. As cicatrices are apt to give way, when even there is no return of the disease, they should be defended from the external air by some mild cerate.

Treatment of Enlargement of the Ligaments.—This symptom will require as full a course of mercury as the former, and will be benefitted by the vapour or hot bath. If the enlargement should not subside at nearly the end of the course, volatile liniments with camphor, or repeated blisters, may be applied to the part; and whether these last remedies are required or not, it will be necessary for the patient to wear a soap plaster, with mercury or without it, for some time.

Treatment of Nodes.—No particular mode of treatment is necessary, as recent nodes generally disappear during the course: should they be painful, immediate relief may be given by dividing the integuments down to the bone, and separating the periosteum for about a quarter of an inch. Exfoliation does not always follow. The wound should be dressed down with lint, to promote suppuration.

[This practice has an excellent effect in chronic or local thickenings of the pericranium from traumatic causes. I recollect one instance of this kind, of long-standing, and of very painful character, which was at once cured by my dividing the pericranium, and dressing it with dry lint till a small scale of bone was exfoliated.]

When the periosteum has been extensively affected with the disease, it has been found necessary to give the bi-chloride of mercury, in the dose of one-eighth of a grain, three times a day, for four or five weeks, before a course of inunction.

[The modern iodine treatment of these cases has an immense advantage over the mercurial, as will be seen in the following case. A few years ago a tradesman consulted me for a large node on the shaft of the left tibia, which had existed many months, and deprived him at length of all sleep. He had tried the usual treatment in vain, and even opiates had failed to exempt his nights from severe pain; indeed so great were his sufferings that he requested, as a last resource, that his leg might be removed. Five grains of the iodide of potassium were ordered for him three times a day, with five grains of the Pilula Hydrargyri every night. On the third night the pain subsided, and never returned. The nodes gradually diminished, and in six weeks he was quite well.]

If the tumefaction should not subside when the pain is removed, repeated blisters have been of use; but, notwithstanding this treatment, the bulk will sometimes last a good while; if, however, it is free from pain, and will bear pressure, no anxiety need be felt about it.

Treatment of Caries.—As there is generally a collection of matter about carious bone, it will be best to divide the integuments, in order to evacuate it, and bring away the loose pieces of bone, but in general the integuments ought not to be removed, unless they are much diseased. A small incision will suffice, and after the first inflammation has subsided, and good pus has been formed, the sore may be dressed down with lint, dipped into Bates' camphorated water, dry lint over that, and over all some mild cerate.

No particular effort need be made to keep the sore open, for if any small bits of bone should approach the surface, they can easily be removed by a small incision. Keeping the sore open for such an object, will only be painful and inconvenient.

Carious bones of the cranium are generally long in separating—sometimes three years. If both tables should be affected, it will be necessary to remove the

dead bone with a trephine; but both the cranial tables are so seldom involved, that such an operation is very rarely required.

No particular treatment is applicable, where the bones of the face are diseased. Bates' camphorated water or the Linimentum Æruginis may be employed; or if the internal bones of the nose be involved, lime water with a little of the above liniment may be used. The parts are to be kept clean, and as dry and easy as possible; and no strong efforts should be used to get away diseased bones, especially of the nose, till they are loose and vacillating.

After the bones of the nose are separated, there will probably be a considerable discharge of a yellowish matter for some weeks; and the same kind of matter will sometimes find its way through the puncta lachrymalis. This may arise from a diseased state of that part of the palate bone which ascends to form part of the orbit.

During the night the discharge will be very small in quantity, but will be much increased by the erect position and exposure to the air. As soon as the diseased bone is removed, the discharge will gradually decrease, and in four or five weeks entirely cease; there may be, however, other pieces to come away, and a year may elapse before they are wholly removed. When one piece has come away, the discharge is very great, and then ceases gradually; another piece brings on the discharge again, till it has exfoliated, when the discharge increases for a time, and then subsides as before.

If the bones of the palate should have been destroyed, a silver plate may be substituted; but if the soft parts are also gone, there will be no support behind, and the defect will be irremediable.

After the separation of the palate bones, it is best to introduce lint for some time, to obdurate the soft parts; for without this precaution the false palate will give great uneasiness. As the opening will in some measure become contracted, there will be greater probability of the false palate fitting at the end of six months than if introduced sooner.

Though the vomer should come away, the form of the nose will be decently supported so as to enable a person to mix in society; but if the softer septum should come away, the deformity will be considerable.

When the tibia is diseased, the bone being laid bare, the parts should be dressed with drying applications till exfoliation is completed; but should a considerable part be carious, perhaps half the bone, it ought to be taken away by means of a mallet and chisel, by which treatment the process of exfoliation will be shortened several months.

As the patient may suffer a relapse after the process of exfoliation, it is desirable the bone should be separated before the mercurial course is completed. This may be done when the bones of the face are diseased; but when the frontal or parietal bones are involved, it will be found more difficult—indeed, in such a case it is not easy to decide when mercury may be laid aside with safety.

A relapse may be suffered in two ways,—viz., by the contamination of the parts contiguous to those which are diseased; or by the recurrence of a spot of the secondary kind. In such cases as these, four courses of mercury may be required during a period of three or four years before the disease is fairly eradicated.

In support of this severe mercurial treatment, Mr. Pearson relates the following remarkable case:—

A woman underwent a course of mercury in the Lock Hospital for a syphilitic secondary eruption, and appeared to be cured. She went into the Asylum, and at the end of three or four months returned to the hospital with nodes, which were apparently cured by a second course of mercury. Sometime afterwards she had caries of the tibia and of one of the parietal bones, and was confined to her bed three months, whilst she underwent a third course of inunction. The portion of the tibia separated during the course, but that of the parietal bone did not come away till after three years. At the end of two months from the separation of the latter, her throat was found to be ulcerated and venereal blotches appeared on the skin. She then went through a fourth course of mercury for nine weeks, and has since remained well.

It is the practice of some,—of Hildanus, Louis, and Turner, to defer the adhibition of mercury till the diseased bone has fairly separated; when, however, the exfoliation is very tedious, it is not advisable to wait till it has taken place, before the mercury is commenced, but bearing in mind the possibility of a relapse, it will be judicious not to give the patient a positive assurance of his safety till five or six months after the separation of the dead bone.

Syphilis in Pregnant Women.—There is nothing very remarkable or requiring particular treatment when pregnant women are affected with lues. The course of its different stages takes place as under common circumstances.

When venereal blotches exist, they become liable to sore nipples, particularly during the latter months of pregnancy. In the first four months the free use of mercury is apt to produce abortion; it is therefore of importance to introduce it slowly. The warm bath also can be seldom borne without great inconvenience. Sometimes primary sores will remain stationary during the whole period of utero-gestation, but after delivery will yield and heal under the proper effect of mercury. On the other hand, pregnant women, under the proper use of mercury, have been apparently cured, but after delivery have suffered a relapse.

After the sixth month of utero-gestation the cure of syphilitic disease is very uncertain; primary symptoms may indeed sometimes be cured during this period,

but there is always an uncertainty attending such cases.

If a woman be imperfectly cured, and she conceive again, either the symptoms will remain stationary, or if apparently removed, the poison, not being eradicated, will lie dormant till after parturition, when the mercury will be again required. For example:—a woman went through a course of mercury during the latter part of pregnancy, and was not completely cured. She proved with child again, and there were no clear symptoms of the disease till after the birth of the second child, when secondary symptoms appeared on both mother and child.

(*To be continued.*)

EMPLOYMENT OF CHLOROFORM IN ACUTE TRAUMATIC TETANUS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Cases of tetanus and some other convulsive diseases are reported to have been successfully treated with chloroform. The following afforded an opportunity of testing this agent, the result of which I beg to forward for insertion:—

A lad, aged 17, employed as a sailor on board a trading vessel, accidentally placed his foot within a coil of chain cable, just as the anchor (weighing 6 cwt.) was let go. His leg was forcibly drawn to the windlass, and there held with a severe gripe, for two or three minutes. A fracture of both tibia and fibula, with laceration of the integuments covering the gastrocnemius muscle, was the consequence. The accident occurred early on the morning of the 19th instant. In the afternoon he was brought on shore and conveyed to the Lowestoft Infirmary. The limb was carefully placed in splints, and all went on favourably, until the morning of the 29th, when symptoms of tetanus were first manifested by slight difficulty of deglutition, and stiffness about the muscles of the neck, with quickened pulse. A large dose of calomel was prescribed, followed by turpentine and castor oil.

In the course of the day the nurse reported the bowels to have been freely operated upon, and that some liquid diet had been swallowed. Towards evening, the rigidity of the muscles of the neck increased, extending to those of the back, producing a tendency to opisthotonos, attended with spasms. Another dose of turpentine was administered, followed by an injection of the same ingredient mixed with castor oil, and a grain and a half of opium ordered every two or three hours. If these means failed to afford relief, a blister was directed to be applied to the whole length of the spinal column, and the injection to be repeated in the course of the night. These orders were entrusted to one of my pupils, who kindly remained with the patient all night.

I was at the bed-side of the patient early on the following morning, and was informed he had passed a disturbed night, and was scarcely able to swallow the smallest quantity of liquid. The spasms had become more severe, and were repeated every few minutes. Trismus was now complete, together with opisthotonos to a painful degree, and the countenance presented a frightful tetanic grin, expressive of much agony. During the paroxysms, the pulse rose to 160, respiration was performed in a forcible and convulsive manner, and the face was of a deep purple hue. Death from asphyxia seemed inevitable. The patient being completely lock-jawed, we were precluded administering further remedies by the mouth; it was therefore proposed to make trial of the chloroform.

A piece of sponge, containing two drachms, being introduced into the chamber of Coxeter's inhaler, an anæsthetic influence was speedily produced, and maintained, more or less, for a period of two hours and a half. The effect was striking; the muscles became so completely relaxed, that the head could with facility be bent forward, and the spine straightened. The masseter muscles lost their rigidity, so that by depressing the symphysis of the chin, the mouth could be opened to any extent. Respiration was performed with greater freedom; the pulse fell to 140; the countenance became less livid. An attempt was made to swallow one or two pieces of orange, and on questioning him how he felt, he replied, better.

The use of the chloroform was suspended for three quarters of an hour, when the spasms returned, and after two or three paroxysms, resumed their wonted activity. Inhalation was again had recourse to, and was followed by a mitigation of symptoms. It was persevered in at intervals until nearly five o'clock in the afternoon, when a frightful spasm took place, and the poor sufferer died asphyxiated, thirty-three hours from the commencement of the attack, and twelve days after the accident.

Upon a *post-mortem* examination, the abdominal viscera presented throughout a healthy appearance. The lungs were slightly congested, but retained their crepitancy. The lining membrane of the larynx exhibited an appearance of capillary injection, especially about the glottis, which assumed a crimson hue. The brain, with the spinal cord, was inspected, but no traces of structural alteration were discernable.

It may be remarked, that the above case affords an interesting example of the extent to which chloroform may be used, without apparently deteriorating the cerebral functions; for just previous to the fatal attack of spasm, the patient retained full possession of his mental faculties, and although we were disappointed in obtaining a curative effect, yet it was most gratifying to witness its palliative influence, at a time when I believe all other attempts at relief would not only have proved abortive, but, perhaps, aggravated the sufferings of the unfortunate patient.

I remain, Sir,

Your obedient servant,

W. C. WORTHINGTON, F.R.C.S.

Lowestoft, April 7, 1848.

CHLOROFORM IN CATALEPSY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

If the following is worth reporting, may I beg of you to introduce it into the *Provincial Medical and Surgical Journal.*

Your obedient Servant,

FRED. BAINBRIDGE.

Harrogate, March 23, 1848.

In the case of a female, aged 43, affected with catalepsy, whom I am now attending, I found the use of chloroform of infinite service, enabling me to administer medicine which was otherwise impracticable. This is the second time I have been consulted within the last three months. The first time I saw her was subsequent to the cataleptic state, but now it came on during my attendance, so that I had every opportunity of watching its progression and decline. When the cataleptic state was perfect, and had lasted for sixteen hours, after trying turpentine stimuli externally, and enemata, which proved of no avail, I presented the vapour of chloroform to her nostrils and mouth by means of a handkerchief. The fourth inspiration produced a change. Each inhalation, previously inaudible, now became prolonged and loud, as though the vapour gave great satisfaction. The pulse, which had been 56 was increased to 84; the iris gained its wonted power and sensation, and the limbs, with every voluntary muscle in the body, were now again obedient to the will. This being just what I wanted, I made her sit up and take some medicine, which could not be done before, on account of the existence of trismus. She soon again sank into her former state, but from that hour her recovery commenced.

CASE OF RETROVERSION OF THE UTERUS AT THE SIXTH MONTH OF PREGNANCY.

By J. SEDDON, M.D., F.R.C.S., Longdon, near Lichfield.

On the 25th of January, 1843, I was called by the surgeon in attendance to see Mrs. N——, aged 38, at that time in labour with her first child. She was a person of healthy appearance, well formed, and of capacious pelvis, and had been married seven years. Soon after her marriage she had experienced a miscarriage, since which she had menstruated at the regular periods, up to July, 1842. About the 19th of this month she had the usual appearance of catamenia, which ceased altogether after this period. About the beginning of September following, she had some derangement of stomach, and complained of difficulty in passing her water, but it does not appear that she had at any time complete retention of urine. At a later period she suffered from pains in the abdomen, which had become enlarged, but she was not satisfied of her pregnancy till about the end of November, when the movements of the child were felt by her. I found that she had experienced labour-pains at long intervals, for the last ten days, and that three days ago there had been a free discharge of liquor amnii.

On examination, I found the uterine tumour filling the cavity of the pelvis, and almost bearing on the perineum, but could not feel the os uteri. On a further examination, I managed to pass my fingers up along the vagina in front of the tumour, and behind the os pubis, but could not reach the os uteri, which seemed to be elevated above the pubis, the fundus resting in the pelvis.

The case appearing to be one of retroversio uteri, and the patient in the sixth month of pregnancy, we decided to attempt the replacement of the uterus. For this purpose our patient was placed on her knees, at the lower end of the bed, her hands resting on the floor. I then introduced my hand into the vagina, behind the tumour, and made pressure against it, but could not succeed in moving it out of the pelvis. Pressure on the tumour through the rectum had no better effect.

As our patient had no urgent symptoms, and the pains were not violent, and as she passed her urine freely, we decided to wait till the pains became stronger and more frequent, and then, if occasion required it, to endeavour to introduce the hand into the uterus, and bring down the fœtus. An opiate was to be given occasionally, and the bowels kept regular by castor oil and injections.

On the 29th of January, the pains having become urgent, and a portion of the umbilical cord having passed through the os externum, there being no pulsation in the cord, it was decided at once to attempt the delivery. With some difficulty I introduced my hand up the vagina, behind the os pubis, and by perseverance succeeded in passing it through the os uteri, when one of the feet, which presented, was felt and brought down, and the delivery of the fœtus easily completed. After waiting some time, the hand was again introduced, and the placenta brought away. This operation, however was not very easily effected, as the vagina and uterus formed an acute angle with each other, and the placenta attached to the fundus uteri, which still remained low in the pelvis, was reached with difficulty. A gentle attempt was now made to replace the uterus, but without success.

The first few days after delivery the patient had some pain and tension of the abdomen, which were easily subdued, and she slowly recovered her accustomed health.

Seven weeks after the confinement an examination was made, and the uterus found still retroverted. An attempt was again made to put it in its proper position, which proved unsuccessful. I did not make use of the uterine sound at this time, because I was not acquainted with its invention and application to displacements of the uterus, though I had previously made use of the flexible metallic catheter to explore the uterus, in suspected disease of that organ. Whether the sound would have been successful in this case or not, remains a conjecture. I am, however, inclined to the opinion, that the displacement might have existed for a long time, and the organ become accommodated to its

altered position, thus rendering its adjustment the more difficult. This case, perhaps, may possess some additional interest, inasmuch as it shows that the hand (a small one at least,) may be introduced with safety into the uterus at the sixth month of pregnancy, for the purpose of delivery.

CLINICAL NOTES FROM PRIVATE PRACTICE.

By W. H. Ranking, M.D., Norwich.

The object of the present series of communications, is to place on record some of those more interesting cases of disease, which the physician actually engaged in practice occasionally meets with, and which, although in their isolated position of comparatively little value, allowing of at best but the most cautious deductions as regards *principles* of treatment, yet may by their accumulation at some time or other be subservient to the purposes of generalization. The series will not be continued uninterruptedly, but we shall in a measure be guided in the publication of cases by the non-occupation of the pages of this Journal by better or more pressing matter.

1. *Obstinate Intercostal Neuralgia: Failure of Quinine, Iron, Colchicum, Arsenic, &c.: Permanent Cure by Electro-Magnetism.*

J. S., a tailor of this city, in extensive business, consulted me in June of last year. From his surgeon I elicited the following history:—

Eighteen months since, while indulging in his favourite pastime of yachting, he was suddenly seized with excruciating pain on each side of the thorax in front, and at a point corresponding with the union of the cartilages with the ninth ribs. This pain was periodic in its access as long as it lasted, which varied from one to three weeks, and had recurred several times at indeterminate intervals. It was always found to be relieved by a grain of morphine, and the patient was generally free from it the next day, though suffering severely from nausea and giddiness, the result of the narcotic. At the same hour, however, on the third day, it did not fail to reappear, to be again subdued by the opiate.

One or two physicians had previously been consulted, and they had, as far as I can ascertain, regarded the pain as symptomatic of gall-stone, or renal calculus. No relief, however, had been obtained beyond that afforded by the morphine, and the patient had resigned himself to the impression that his disease was irremediable, when his medical attendant requested me to prescribe for him.

At the time of my first visit, June 24th, at 11 p.m., the patient was in bed with the paroxysm in full force. The pain was so agonizing that he was almost maniacal, rolling upon the bed, tearing his hair out by handfuls, and even threatening suicide unless he was relieved. The pain was exactly confined to the two spots above mentioned, and could on each side be covered by the tip of the finger. It was described as a "burning tearing pain." In spite of the suffering, the pulse was 60, and there was no heat of skin, beyond what might be induced by his violent agitation. There was no vomiting, no jaundice, no retraction of the testicle, no suppression of urine. The abdomen bore pressure in every direction. No spinal tenderness was present, nor pain external to the ribs beneath which the pain was described to be seated.

The habits of the patient were not of the quietest order; he was extremely fond of boating, and indulged freely in beer and tobacco, consequently he had symptoms of irritative dyspepsia. There was no ascertainable gouty or syphilitic taint.

The emergency of the symptoms left no choice of medicine, and he accordingly took his usual dose of morphine, which in the space of a couple of hours left him tranquil.

The next day (25th,) the pain had quite subsided; complained only of the effects of morphia. Rigid diet.

26th. Has remained free from pain till about 7 p.m., when it recurred with full force, and was quieted as before. Ordered Quininæ, gr. vj.; Zinci Sulph., gr. j., every four hours. A small blister to be applied over each painful spot, and to be dressed with savine ointment every four hours, each dressing to contain one grain of morphine.

By this means the pain was kept in abeyance for three days, when, thinking himself better, the endermic use of morphine was omitted. The amendment proved, however, but temporary; in less than a week it reappeared, with its accustomed tertian character, and equal severity.

It would be uninteresting to follow this case through all its details; suffice it to say, that quinine was at length given up for iron; this in its turn for colchicum; this for arsenic. Then various combinations of each were tried, but to no purpose. Æther was exhibited on several occasions during the paroxysm, but although its anæsthetic effects were fully produced, the pain returned with returning consciousness.

Under these circumstances I determined to give little or no medicine, merely bismuth and rhubarb, and to have recourse to electro-magnetism. This agent was operated with every day during twenty minutes, and a few days only had elapsed when decided benefit was declared. The intervals between the paroxysms were prolonged, and the pain gradually became so tolerable, that the patient was able to dispense with his morphine. In the course of a month it had entirely left him, and to this time (near eight months,) he has not had the slightest return.

I regard the above case as interesting, as exhibiting, in a very distinct manner, the therapeutic powers of electro-magnetism. The case had previously exhausted the patience, both of patient and physician, and had been assailed by almost every remedy in the pharmacopœia.

It was judged to be intercostal neuralgia, from the absence of febrile disturbance, the want of evidence of gall-stone, or renal calculus, and more especially by the exactly symmetrical locality of the pain.

The instrument employed was that recommended

by Dr. Golding Bird. The current was passed through the arms first, for a space of twenty minutes, the patient holding a conductor in each hand. It was subsequently made to traverse the intercostal nerves, by placing one conductor over the spine, and the other alternately over the painful spots. The tension was preserved as high as it could be borne.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, APRIL 19, 1848.

The subjoined memorial to the Royal College of Physicians is grounded upon the representations of those gentlemen practising as physicians in the provinces, who have favoured the Council with replies to the notice inserted in this Journal of the 8th of March last. The memorial has been forwarded to Dr. Hawkins, the Registrar of the College, for the consideration of the College authorities, and we believe that the members of the Association who are interested in the question, and provincial physicians in general, may feel assured, not only that the representations of the Council will meet with attention, but, as we have every reason to think, that the College is disposed to act with all fairness and liberality in regard to the provisions of the new Charter:—

To the President and Fellows of the Royal College of Physicians.

The Council of the Provincial Medical and Surgical Association having taken into consideration the clauses 4 and 5 of the proposed Charter of the Royal College of Physicians of England, as printed in the Report of the Select Committee of the House of Commons, bearing date the sixteenth day of July, 1847, and also the objections which have been severally made to the above clauses by Graduates of British Uuniversities, and others, practising as Physicians in this country, beg leave respectfully to offer the following suggestions to the President and Fellows of the Royal College of Physicians, in reference to these clauses.

1. That a diploma conferring the degree of Doctor of Medicine from any British University, and bearing date prior to the first day of January, 1848, should be received as sufficient qualification, without further examination, for admission to the Royal College of Physicians of England, as an Associate or Member under the new Charter.

2. That the candidates should be required to be of the age of twenty-six years or upwards, at the time of admission, instead of thirty years, as stated in clause 5 of the proposed Charter.

3. That the amount of the entrance fee should be fixed at ten guineas instead of twenty-five guineas.

4. That considering that the Extra-Licentiates of the College had duly complied with the regulations of the College Charter, at the time of their receiving the license of the College to practise as physicians *extra urbem*, and their right to do so being now recognized by law, it would be unjust to deprive them of such right by any retrospective measure, and that therefore such of those gentlemen admitted Extra-Licentiates prior to the first day of January, 1848, as shall be practising as physicians only, at the time of the granting of the new Charter, should be admitted Associates or Members of the College, without further examination.

5. That in all cases of admission to the new order of Associates, or Members, whether of the existing Licentiates of the College, the Graduates of British Universities practising as physicians in the country, or the Extra-Licentiates, testimonials of moral character and general professional conduct should be required.

6. That gentlemen possessing the degree of Doctor in Medicine from any British University, bearing date prior to the first day of January, 1848, but now in general practice, may be hereafter entitled, on retiring from such practice, and being of the age of —— years, to present themselves for admission as Associates or Members of the College; and that such gentlemen, on producing sufficient testimonials of character and professional qualification, shall be admitted Associates or Members without further examination, on payment of an entrance fee of —— guineas, exclusive of stamp duty.

7. The Council of the Provincial Medical and Surgical Association would further recommend to the consideration of the Royal College of Physicians, the propriety of introducing some clause providing for the reception into the College of such gentlemen now practising as physicians, as may have taken the degree of Doctor in Medicine in Foreign Universities of reputation, after having undergone a sufficient course of study, and submitted to regular examination therein.

8. That the Fellows of the Royal College of

Physicians of Edinburgh and Dublin, who may be practising as physicians in England at the time of the granting of the new Charter, be also entitled to become Associates or Members of the Royal College of Physicians of England, under the same provisions as those regulating the admission of Graduates of British Universities.

CHARLES HASTINGS, MD.,
President of the Council of the Association.

ROBERT J. N. STREETEN, MD.,
Secretary to the Association.

April 11, 1848.

Reviews.

Researches into the Pathology and Treatment of the Asiatic or Algide Cholera. By E. A. PARKES, M.D., Lond., Assistant Physician to University College Hospital. London. 1847. 8vo.. pp. 250.

A Disquisition on Pestilential Cholera; being an Attempt to explain its Phenomena, Nature, Cause, Prevention, and Treatment, by Reference to an Extrinsic Fungous Origin. By CHARLES COWDELL, M.B., M.R.C.S. London. 1848. 8vo. pp. 210.

There are many questions of deep interest connected with the study of the Asiatic, Epidemic, or Algide Cholera, which, when the energies of the physician, during a period when the disease is actually prevalent, are tested to the utmost by the requirements of practice, are not readily capable of solution. The necessity which then exists for the most assiduous and unremitting attention being given to the treatment of individual cases; the harass and distraction of mind produced by imperative calls for assistance which everywhere meet the physician, and the deprivation of natural rest which ensues from very many of these being made in the night, tend greatly to interfere with that calm investigation which is so all-important for the elucidation of truth. It is, then, of deep importance, that the points to which inquiry should be especially directed be well thought of before hand, and that the best manner in which observations are to be made, be accurately determined; that when the time comes in which only such points can be satisfactorily determined, the attention of all who are placed in circumstances favourable for observation, may at once be called forth, and their inquiries directed into the proper channel.

Among the points on which information is especially required, are the causes which generate the disease,—the conditions which favour its progress,—its actual nature or essence,—and, lastly, the preventive and remedial measures most fitted to check its progress, and to control its effects, whether among the community, or in the individual. Our subsequent remarks will be chiefly directed to certain subjects of interest which we find elucidated in the works before us.

The work of Dr. Parkes is altogether one of great excellence, as being derived from careful personal observation and study of the disease, and considered as a guide to what is already known, or as clearly marking out the direction in which further researches are required, it is well worthy of attentive perusal. The "leading idea" which the author has formed of the nature of cholera, is "not only that it is primarily a disease of the blood, as has been so generally surmised, but that the changes induced in the function of respiration, directly consequent on the alteration of the blood, are the proper and distinctive symptoms of the disease."—p. 4. This idea receives ample illustration in various parts of his treatise, especially those in which the symptoms are described, but as the general and essential characters of cholera are, it is to be presumed, sufficiently familiar, either from personal experience, or from the description of the many able writers on the subject, it is unnecessary here to do more than to indicate the conclusion at which Dr. Parkes has arrived, most of our readers having the means of forming their own judgment as to its general correctness and agreement with recorded facts.

A careful description of the pathological appearances observed after death is given by the author, drawn up from forty-six dissections in males, and from these we extract, as bearing especially on the "leading idea" above quoted, the changes observed in the blood, those noticed in the organs of circulation, and these in the lungs. 1st. We are informed, "It appeared probable, from all the observations, that there was a deficiency of fibrin, or a great tendency to the separation and deposition of this ingredient; that albumen and salts were present in undetermined quantity; and that the red particles were sometimes partly dissolved in the serum, but not in other cases appreciably altered in figure and appearance."—p. 34. 2nd. "The right side of the heart and the pulmonary arteries were generally filled, and, in some cases, distended with blood; the left side and aorta were generally empty, or contained only a small quantity of dark blood. The inference which was drawn from the state of the cavities, in the greater number of cases, was, that the right side had continued to receive blood till, in some cases, it became full and even distended, while the left side had received little or no blood, but had continued to contract, in some cases even violently, on the last drop of blood which had entered it."—p. 23. 3rd. "The most common appearances in the lungs are, the presence of blood in the large vessels chiefly or solely; the collapse, and the deficient crepitation, arising from the more or less complete absence of air and blood, and from the approximation from some unknown cause of the molecules of the pulmonary substance. In other cases there is more blood in the minute structure, a

corresponding dark colour of the lung, and a variable amount of frothy serum; the quantity of frothy serum bears an inverse ratio to the degree of collapse."—p. 20.

We have here given only the condensed summaries of the results arrived at, but to obtain a just conception of the entire bearing of the facts on the author's views, or on the actual pathology, it is necessary to refer to the observations more in detail:—thus, fibrinous coagula were noticed in several cases in the heart, chiefly in the cavities on the right side; the blood, whether coagulated or not, had usually a dark colour; the serum removed from the heart when large coagula were present in its cavities, was dark-coloured and thick, depositing a loose cloud of colouring matter on standing some hours, and the supernatant portion was seldom colourless, some hæmatosine appearing to be dissolved in it. Under the microscope also, though no alteration was observed in the form of the red particles, they seemed in some cases to have partially lost their power of running together, and applying themselves side to side.—pp. 31 to 34.

Whether these changes in the blood are to be considered as an early or more remote effect of the action of the morbific poison, does not clearly appear; the blood would seem, however, to be ultimately arrested in its course in the lungs, while the symptoms observed during the algide stage clearly evidence imperfect oxygenation to be an important element in the chain of events.

The main subjects for investigation, then, indicated in this direction, are the first impression of the external efficient cause on the system, the precise nature of this cause, its mode of ingress or attack, and the nature of the change which it produces. The microscope and minute chemical analysis must be the means of research employed in this investigation; and if, as would seem probable, the blood is truly the recipient of a peculiar zymotic leaven, and the medium through which its poisonous effects are exploded on the entire system, we may possibly hope, by the skilful employ- of these means, to obtain some insight into its actual nature.

In Dr. Cowdell's work this problem is attempted to be solved, and he brings forward many ingenious arguments to shew that the essential cause of the disease,—the *materies morbi*,—is to be sought for in the diffusion through the atmosphere of the sporules of some plant belonging to the fungi. His opinion is, that the cause of pestilential cholera is "a minute fungus, probably resembling the Torula Cerevisiæ;" (found in yeast, and presumed to be the source of the fermenting properties of that fluid;) that the germs of some such fungus "are absorbed through the lungs into the blood of bio-chemically (electrically) predisposed persons; that a process of germination, and consequent catalytic fermentation, is immediately established; the composition of the blood instantly begins to undergo a change, the heart is less stimulated by blood insufficiently, oxygenated, and nutrition—and consequently the extrication of animal heat—is checked throughout the capillary circulation; and coldness and lividity are thus produced."—p. 202.

It is unnecessary to pursue the subject further; in its present state the question of the fungous origin of the disease is purely hypothetical, but the hypothesis is very ingeniously supported by many analogical and well ascertained facts, for which Dr Cowdell's work may be consulted with advantage. The fungoid or vegetable nature of many diseases has been satisfactorily ascertained of late years; Dr. Cowdell's essay contains much information on this subject, which will be read with interest, independent of any presumed bearing which these views may have on the origin of cholera from a like source.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

COMMUNICATIONS.

[The following communications have been forwarded by Mr. Crompton.]

From Benjamin Barrow, Esq., of Bath, Fellow of the Royal Medico-Chirurgical Society of London, and late House-Surgeon to St. Bartholomew's Hospital.

In accordance with a direct request from my friend Mr. Crompton, I have collected together the following observations upon burns, which I have from time to time, during the last eighteen years, made in my note books, and these I now beg to present for the consideration of the readers of the *Provincial Medical and Surgical Journal*. The greater part were made during my connection with St. Bartholomew's Hospital, which was for a period of ten years; they may therefore, I think, be taken as a fair index of the result of treatment there employed. I shall only speak of those *remedies* which I have actually applied, and the effects of which I have watched *throughout in many cases*; there are *many* which I have never tried, having been satisfied with the efficacy of those hereinafter mentioned, but I would not be understood to imply that I am *wedded to them*, and should the evidence of the majority of those who may add their testimony upon the subject shew that any *decided advantage* accrues from any other mode, I shall be only too happy to bow to their decision, and to give their recommendation a fair trial; and this is, I trust, the spirit in which all will view the present enquiry, without which there can no good arise from its prosecution. Every thing connected with these accidents must be a matter of so much interest to all, that I shall venture to occupy a brief space with the history of the causes, nature, and severity of those cases of burns which are generally admitted into hospitals, and which present such

frightfully formidable appearances as are rarely met with from other calamities, and are so often attended, when life is saved, with almost irremediable deformities.

The *cause* of a very large majority of these accidents, I have no doubt, may be attributed to the unavoidable absence from home of those poor parents who have no other means of ensuring the safety of their children than by locking them up, and by confiding the care of one infant to that of another of almost equally tender age, unless they abandoned their only resource of providing daily bread for their already half-starved offspring and themselves. Upon this point I can speak very confidently, having always taken especial pains to learn the manner in which the accidents occurred, and lamentable indeed is it to reflect that so large a majority have their origin from the cause just mentioned.

If this point requires any further confirmation, we have it in the report of the Registrar General, in his letter to the coroners of the country, in the second part of his report for the year 1845, and from which I extract, that whilst only 3305 persons were killed in one year by every kind of mechanical injury, in the same period 3057 were lost by fire, (*i.e.*, 148 by explosions, 2577 by burns, and 332 by scalds,) and upon analysing the 2909 deaths by burns and scalds, there were of—

Males between the ages of 5 and 10.....	275
,, under the age of 5	799
Total	1074
Females between the ages of 5 and 10.....	528
,, under the age of 5	672
Total	1200
Total Males and Females under 10 years of age	2274

leaving the small proportion of 635 for both sexes above the age of 10.

The *severity* and *nature* are proved by the number of deaths which follow these accidents, and which might well astound those not conversant with them in large numbers, but which need no longer be matter of surprise, when we feel that the severity of these burns may be summed up by saying that the sufferers present more the appearance of having been roasted than any thing else to which we can compare them, all those portions of their persons being burnt which had previously the benefit of clothing, the fire only ceasing its raging when it had consumed all the fuel. Here, then, we have deep and extensive destruction of the life of a considerable portion of skin, involving the subcutaneous tissues, and including, in many cases, the muscular structures; the dusky yellow colour and total insensibility of the parts, shewing, alas! but too plainly, that sloughing to a great extent is inevitable, provided we can recover our patient from the state of perfect collapse in which we find him. These are some of the appalling accidents to which so many infants are unavoidably subject, and which might be brought forward as a forcible argument (if any be required,) for the necessity of numerous and well-regulated pauper-schools, which would be a sure means of preventing much human suffering and deformity.

The treatment I shall divide into the external or local applications, and into the internal or medicinal remedies.

Of the cases treated at St. Bartholomew's Hospital, the majority were seen almost immediately after the receipt of the injury, and before any remedies had been applied, the unfortunate sufferers being generally brought to the hospital wrapped in a blanket, if such a luxury belonged to the parents, if not, then in the apron or gown of the mother,—the necessary exposure for some time to the cold air, and the consequent increased depression of the vital powers, lessening of course the chances of recovery, and even of rallying from the state of collapse into which the sufferer is thrown.

The treatment usually adopted at the Hospital, and which I have since followed, is that proposed by Dr. Kentish; the mode of applying the dressings was by spreading upon linen the preparation of turpentine and wax, and placing it cold over every portion of the burnt surface, being careful to exclude *all* air. These dressings were renewed every third or fourth day, or more or less frequently, according to circumstances, the circumstances looked to being the comfort of the patient, and the discharge consequent upon the amount of sloughing, whether offensive or not. The dressings of turpentine were sometimes continued until healthy granulations appeared; in other cases, if the sloughing went on tardily, poultices of bread alone, or of linseed meal and bread, were substituted, and ultimately simple cerate, spread on lint; and I have sometimes at this stage of the cure kept cold-water dressings constantly applied, and with decided advantage. If the *granulations* shoot up too exuberantly, the application of nitrate of silver, either in solution or otherwise, was resorted to; if, on the other hand, they were flabby and unhealthy, requiring slightly stimulating, I know no better means than by sprinkling a sufficient quantity of the powder commonly termed red precipitate, over the surface, this is so easily managed, and so speedily efficacious. The turpentine dressings were of a decidedly soothing character, and were always attended with permanent relief to the patient, the amount of relief naturally varying in persons of different temperaments.

I would here observe, that I always superintended any changes of dressing, for I am quite certain that nurses, whether in or out of hospitals, are neither sufficiently cautious in protecting the raw surface from exposure to the air, nor in excluding air from beneath the dressings; and that these are the first and chief principles to be attended to in cases of burns, strange to say, there is no difference of opinion.

The treatment of covering the whole burnt surface thickly with flour, and repeating it whenever it becomes saturated with discharge, I have, upon several occasions, adopted, but I cannot say with that marked success which many record. In minor cases it has a soothing influence, but in those where there is extensive destruction of skin, it has two very decided drawbacks,—the first being the difficulty of keeping the parts clean and free from offensive discharge, for when sloughing has once set in, it is impossible to cleanse the parts without much pain to

the patient, and long exposure to the air; the second drawback being the irritation caused as soon as the flour cakes, irritation so excessive, that I have been obliged, on several occasions, to remove the dressing of flour, at least as far as practicable. These circumstances are, I conceive, quite sufficient to prevent the application of flour being adopted as a general rule in cases of burns, but I must not omit to mention where and when I have found the flour of advantage, and this has been when the injury has extended into almost every region of the body, and into those situations where it is impossible either to place, or to keep constantly applied, wool and other dressings. The first of the objections which I have named to the employment of flour, also applies, to a certain extent, to that of wool, as a *direct application*, although I am inclined, from the experience I have had, to give this a decided preference, as having a more marked soothing influence, both immediately after the receipt of the injury, and during the processes which follow. That this influence is due to the softness of the wool, forming as it does a cushion for the injured parts and exposed nerves to rest on, is quite clear. After close and long observation, I have come to the conclusion—a conclusion founded on facts—that the most efficacious remedy as a *direct* and *immediate* application to the burnt surface, is the turpentine dressing; but not alone, for I have combined with this in one and the same case, wool or wadding, (such as ladies put in their dresses,) winding round the first dressing several layers of this, giving thereby the greatest ease to the patient, and to this plan I would beg to direct the attention and serious consideration of all who may have to treat cases of burns or scalds. Care must be taken when wool or wadding is applied, that all portions which become too tense or too loose, be released or tightened, according to circumstances, and in all cases the greatest attention is necessary to avoid anything like a ligature around any portion of the body or limbs.

The late Mr. Earle was accustomed, in burns of a minor description, to apply cold water, by keeping the parts constantly covered with cloths saturated with the pure element. I had an opportunity of witnessing a tolerably extensive trial of this remedy, but I cannot speak of it as possessing any decidedly efficacious properties. There was a certain amount of comfort experienced for a time, but for a very limited extent, and I think the subsequent inflammation and sloughing were generally increased.

In minor burns and scalds, in which the cuticle is only raised into blisters, or in which the injury to the deeper parts is very slight, after allowing the fluid to escape from the bladders thus formed, a poultice of potato and bread, finely grated, and mixed in equal parts, is as good and as simple a remedy as can be found; but even in these cases I strongly advise that the poultice should be prepared ready for application, before pricking the blistered surface, in order to exclude, as far as practicable, the external air, the sudden admission of which I have, upon more than one occasion, seen to produce pain so intense, as to induce a state of almost complete prostration. As regards the application of ordinary poultices, in the second or any stage of burns, should the suffering be great, I always recommend that they should be made with the tincture of opium and water, and applied either warm or cold, according to the feelings of the patient, the proportions, as I have used them, being from half a drachm to one drachm of the tincture, to an ounce of water.

The *medicinal* or *internal* remedies, as stimulants, must of course in a great measure, be regulated by the age and strength, the habits and constitution of the patient, by the state in which we find him, or by that into which he may fall. For children, I have generally found the most satisfactory quietus to be from five to ten or more drops of laudanum on a lump of sugar, or the same quantity mixed from time to time with moist sugar or treacle, and spread on bread, which they eat with great gusto; for adults, one or two drachms or more may be requisite for a dose, and frequently repeated according to the state of the nervous system. The stimulants are brandy or gin and water, the latter is generally best, for, unfortunately, the majority of patients, of whatever age, have been from their birth accustomed to this beverage. Æther and ammonia may also at times be useful additions; the compound tincture of camphor is also a desirable remedy, especially for children. Diuretics are in many cases urgently called for, the urine being often deficient in quantity, and not unfrequently altogether suppressed, a consequence not to be wondered at, knowing as we do, the occasional effects of an ordinary blister.

In the administration of sedatives, and diffusive stimulants, the greatest caution is requisite, in neither continuing them too long, nor in abandoning them too soon. In connection with them the application of hot bricks or bottles, with any other available means for producing warmth, must not be overlooked. The necessity for continuing or abandoning these various remedies, must be regulated by the pulse, the state of the skin, and the respiration, which last is, I consider, a point requiring a word or two of especial notice, and to which it has often struck me, far too little attention has been paid. The breathing is, as all must have observed, most frequently in these cases laborious and hurried, caused for the most part by exhaustion, and it is interesting to watch how quiet it becomes, as the pulse gradually regains its power and the system recovers from the first shock of the accident. I would lay some stress upon this symptom, for I have upon more than one occasion heard doubts expressed, whether the patient would not die from suffocation, and I have also seen stimulants refused at a time when they would have been *most beneficial*, for fear of increasing inflammation to which this laborious and hurried breathing was attributed. Vomiting is a symptom very frequently present in these cases, and one which causes considerable distress to the patient, no less than embarassment to the medical attendant, continuing in spite of all the usual remedies. That which proves in the largest number efficacious, is opium, in doses from half a grain to a grain, or even more may be required in some individuals. Thirst is often excessive, and when the stomach is thus irritable it

becomes a matter of difficulty to decide upon the fluid most likely to agree; that which I recommend and have found most generally beneficial, is soda water and milk, and this has the double advantage of being both refreshing and nourishing. The administration of purgatives in these cases has been long and is still a matter of some controversy; no observations, therefore, upon the subject of burns, would be complete without an opinion, and which I now offer with much caution and deference. To lay down any decided rule upon this head is, I am sure, quite impossible, for I have as often seen diarrhœa as constipation in these cases. If the former be present or arise, it ought to be stopped as speedily as possible, for if allowed to continue it only tends further to reduce the vital powers of our patient. If the latter, I am always quite satisfied for the bowels to remain quiet for a day or two, until the powers of the patient have rallied, and they are better able to bear the action of medicine; when this is given it must be with great caution, all drastic purgatives being avoided. The medicine which I recommend and have found most efficacious, is castor oil with some drops of laudanum, the quantity of both being regulated by circumstances. As regards diarrhœa, I would here observe that I have frequently seen that which Mr. Wood, of Rochdale, has mentioned, viz., that sloughing being over, the healing process going on to all appearance most favourably, at the end of a month or longer an attack of diarrhœa supervenes, which if it does not destroy the patient, retards his recovery, and places his life in imminent danger. I am inclined to attribute this diarrhœa to the overloading of the stomach and bowels with nourishment to which the system has been previously totally unaccustomed, and thus by carrying nutrition too far, we are actually causing death by the very means which we believe to be life to the patient.

The period at which death occurs varies so much that no data or inferences can be drawn from this result. I find from the cases which I have on record, and from which I have drawn the foregoing conclusions, that death may happen from the first to the ninth or eleventh day; if patients outlive this period we may entertain hopes of their recovery, bearing in mind the untoward occurrence of diarrhœa to which I have referred, and which must always make us guarded in our expressions of hope to the parents and friends of the sufferer. The *post-mortem* examinations of some fifty cases which I have made, although they have discovered either a congested state of lung or brain, with some slight effusion, or intestinal derangement, such as enlargement of the mesenteric glands, with traces of old or recent inflammation, still, I have scarcely ever seen any *decided* lesion to which to attribute the sudden, and in many cases, unexpected death of a patient. All who have been attached to a large hospital, or connected with mines, and other places in which a large number of these accidents occur, must have been struck by these sudden deaths, and for which, upon *post-mortem* examinations, no account can be given. I have read with attention the careful and laborious observations of Mr. Erichsen, but am unable to accord in the view he has taken of the causes of death in the cases of burns, for I believe the various morbid appearances which are discovered, and to which he attributes death, to arise from a very different influence than that of the recent injury; for I do not think that upon minute examination, these lesions, taken either alone or together, (of course I speak in the majority of cases,) are of a sufficiently urgent and severe character to account for death. By reference to the registration of deaths one cannot but be struck with the immense majority occurring before the age of ten years, from affections of the bowels, brain, and respiratory organs, and it is before this age (as I have before shown,) that a very large proportion of burns take place, and in a class of individuals whose constitutions we must admit to have been, previously to any recent injury, more or less impaired by the deficiency, as well as by the inferior quality, of food and drink upon which life has been sustained. Bearing in mind these circumstances, I do not think we need travel far to account for the lesions of the stomach and intestines; for those of the brain and lungs we may account by recalling to memory the constant supply of stimulants and sedatives, administered both before and after the injury, as also to the position in which the body is often carried and placed immediately after death; and this last is a point which I believe is too often overlooked in *post-mortem* examinations.

These are (as far as I have from time to time noted down,) the chief points connected with the cause, the treatment, both local and general, the symptoms and results, and the *post-mortem* appearances of cases of burns.

I now turn to those cases which survive the injury, and in which the healing process follows,—a process in the management of which the *greatest care* is necessary, in order to prevent those frightful contractions which so often take place, in spite of our utmost endeavours to avoid them. The healing of the sores caused by burns is, under any circumstances, and in all regions of the body, a most tedious process, but most so when the parts have sloughed in the neighbourhood of the tendons and fasciæ, the granulations springing up but tardily in these situations, as might naturally be expected. When the burn is very extensive, occupying the whole surface of the arm or leg, it is most difficult to counteract the inclination to contract either at the elbow or knee-joint, for any confinement by means of mechanical agents is attended with so much suffering as almost entirely to preclude their use. The only method of effecting this is, I have found, by completely covering pieces of pasteboard or wooden splints with as much wool or other soft material as will form a pad, the external layer being the application desired as the remedy. We must not be satisfied with one splint, nor with a short one, but must employ at any rate two, and those of sufficient length—that is, one above and one beneath the joint, at the same time taking the greatest care to fill up the lateral spaces with the same soft material, and to bring them to a level with the upper and lower coverings; otherwise the bandages, which are applied to keep the splints *in situ*, will act as ligatures,

and thereby cause so much uneasiness as to compel the early abandonment of these necessary precautions against contraction. Another point to be carefully attended to, is to keep the splint on long enough, for even after the wound has healed, as the cicatrix hardens, so will the parts become gradually contracted, unless the limb is kept firmly extended. When these contractions about the joints have taken place, I know no better plan of overcoming them than that to which I drew attention, when giving a description of my joint-splint in an early number of the Journal for last year, and which I here again beg to recal to mind, by relating a case, which elucidates my meaning better than any other mode:—

"A little girl, aged 8 years, was brought to me on account of a contraction at the bend of the elbow-joint, and which, upon enquiry, I learnt had occurred nearly five years previously, following a rather severe burn, in which the sloughing had penetrated deeply; that, as the wound healed, so the arm became bent; that the cicatrix had been twice divided, and that on the last occasion a portion of the hardened skin had been removed; that considerable difficulty had been after each operation experienced in keeping the arm extended during the progress of the healing of the wound; and that a common straight splint, which had been fixed on the back of the arm, had caused so much pain and uneasiness as to oblige its removal, and, as a consequence, the present deformity. I placed upon the arm my apparatus, and with a scalpel just slightly divided the cicatrix upon the first day, placing the arm at the angle which this division allowed, without causing pain, and there fixed it by means of the joint-splint. Two days subsequently I again divided the cicatrix, again altered the angle of the arm, and at the same time the splint. This operation I repeated at five different periods, at about three days' interval, and at each time placed the arm and splint at the angle, which I found compatible with the child's comfort. The arm had become perfectly straight in about six weeks; the splint was, however, still retained upon the limb, the straight position being occasionally changed for an angle more or less acute as the fancy took me, thus avoiding the chance of tiring my patient, or of the arm becoming stiff. During the latter period friction and fomentations were frequently employed, whereby the cicatrized skin in a great measure regained its natural condition. The arm in about three months was equal in usefulness to that of its fellow."

It is unnecessary for me to dilate upon the various operations proposed and performed for the cure of these contractions, many of which I have witnessed, and some myself done, but from which comparatively little good has resulted, especially when they have been for the relief of those contractions and hardened cicatrices which bind down the chin to the sternum, or confine the arm, close in the axilla, to the side. To avoid these I would recommend, that immediately granulation commences, a pad, in the shape of a horse collar, be formed of soft material, and placed between the healing surfaces, the external layer being, as in the case of splints before mentioned, the medicinal remedy we desire. This pad can be easily retained *in situ*, and if well made will be a comfortable resting place for the patient's chin, and if the occasion requires it between the arm and side, it can be with equal facility and comfort applied.

Before dismissing the subject of operation in cases of contractions, I would venture to offer a word of caution to any young aspirant after operative fame, and who may not have seen many of these attempts to relieve deformity, for he will be sadly disappointed at the result, and not a little astonished at the depth to which he must cut, if he expects in any way to relieve his patient. Of all operations these are the most tedious, and the most unsatisfactory, besides being most acutely painful.

Thus have I endeavoured to fulfil, conscientiously, the request made by Mr. Crompton, that I would give him in full the result of my experience in cases of burns; I fear that I have extended my observations almost beyond reasonable limits, but I was unwilling to reply to the queries proposed without giving my grounds for the answers, and which I now venture to append as a summary of the foregoing remarks:—

1. Stimulants in the form of turpentine and wax dressings, and applied cold.

2. Attended with no decided beneficial result; likely to increase inflammation and sloughing.

3. Cotton and flour are to a certain extent applicable and beneficial, but only as adjuncts to the stimulating remedies.

4. Diffusive stimulants and sedatives carefully regulated.

5. Extent of course affects the result, but I do not think situation has much to do with it.

6. Careful suppression of granulations, when they spring up too exuberantly.

7. Slight congestion of lungs and brain, with effusion sometimes, and some intestinal derangement.

8. Doubtful; dependent upon the extent of burn, and the previous account of patient's health and strength.

9. Gradual division, and careful adaptation of splints and pads, according to situation.

10. For the poor to send their children to school, and to exclude all air with the most available covering.

11. See the foregoing remarks.

12. These, as before stated, occur at the time when sloughing has finished, and the healing processes are going on.

Foreign Department.

CLINICAL MEDICINE AND SURGERY IN THE CONTINENTAL HOSPITALS.

[Under this head we purpose at appropriate times to lay before the readers of the *Provincial Journal*, an abstract of the most important clinical lectures, delivered at the different foreign hospitals, premising that as our space is limited, our selections will be confined to

those lectures which offer points of more than ordinary practical interest.]

1. *Volvulus or Intestinal Invagination.*—This is so formidable a lesion, that every new example becomes worthy of attention. The following occurred in the practice of M. Chomel:—

A young scrofulous female, aged 19, was admitted into the Hotel Dieu, with symptoms of intestinal obstruction, which had appeared suddenly eight days previously. She vomited incessantly; the abdomen was tympanitic; the face hypocratic; feebleness extreme; pulse 134. The abdomen was painful and dull on percussion over its lower two-thirds, indicating peritoneal effusion. Neither examination per rectum, nor of the vomited matter, threw any light on the nature of the obstruction. No tumour nor inequality was perceptible in the abdominal cavity. Whatever its nature, M. Chomel had no difficulty in diagnosticating *intestinal obstruction*; he could not, however, decide whether it was a case of invagination, ileus, or internal strangulation. The great debility of the patient precluded blood-letting, and M. Chomel therefore ordered bladders of ice to the abdomen, finely-powdered ice internally to be swallowed before it could melt in the mouth, and every hour one of the following pills:—Resin of scammony, 18 grains, croton oil, 4 drops, into ten pills. Repeated cold enemata were also exhibited.

Upon this case M. Chomel commented as follows:—Not being able to define the exact nature of the obstruction, he stated that he used the general term intestinal occlusion, although he leant to the opinion that it was a case of invagination. The term invagination, he stated to be synonymous with intus-susception, whereas *volvulus* signified the twisting of a loop of bowel upon itself, and consequent strangulation at the point of crossing. The term *ileus* he applies to obstruction from inflammatory spasm of the intestine. Internal strangulation supposes the engagement of a portion of bowel under a constricting band. Many writers class all these varieties of occlusion under the term ileus, but M. Chomel prefers that of obstruction as more precise, and more indicative of the pathological condition.

The treatment of these cases is represented as very uncertain. M. Chomel places great confidence in ice externally and internally, and narrated ten cases from the "Transactions of the Academy of Copenhagen," which were cured by these means alone. M. Chomel gives the ice in a state of powder, in order that it may reach the stomach without melting, and thus produce the greatest possible amount of refrigeration. He also insists upon copious cold injections thrown up with force, and relates two cases in which he thus relieved the patient after stercoraceous vomiting had occurred. He has no opinion of purgatives, nor metallic mercury, neither of the long tube of O'Beirne.

[The case in question was fatal, and after death a portion of the intestine was found gangrenous, but the *strangulation had disappeared.* The English reader will, probably, think with us, that the case was one of acute enteritis, and that blood-letting, or at least leeching, with mercurialization, would have been effective adjuvants to the ice treatment of M. Chomel.]

2. *Tubercles.*—In a great number of cases of pulmonary tubercle, accompanied by bronchial catarrh, now under his care, Chomel gives indiscriminately eighteen grains of extract of bark, and applies under the axilla an ounce of compound iodine ointment. This is his habitual palliative treatment.

3. *Pessary introduced into the Bladder through a Vesico-vaginal Fistula.*—This case occurred in the practice of M. Jobert, at St. Louis. A woman, aged 45, had a vesico-vaginal fistula, the result of her first labour. She consulted a young surgeon, who declared that she had a prolapsus uteri, and that she must wear a pessary. The pessary was accordingly introduced, and had never since been removed, and the tumour had also disappeared, but at the same time the poor woman, who had continued to pass the urine per vaginam, became the subject of agonizing pain in the region of the bladder and kidneys. The urine became bloody and purulent. On admission she was found as follows:—The walls of the vagina being separated by spatulæ, a fissure was found, of the diameter of half-a-crown; within this a black body was perceived, which was readily reached and turned by the finger: this body was the pessary, which had slipped into the bladder. The os uteri could not be seen by the speculum, being concealed by a large cicatrix, which passed from the rent in the bladder across the vagina. The labia were greatly enlarged and irritated by the urine, as were also the thighs. The pessary was removed through the fistula after great trouble and suffering to the patient. The vesical pains, together with the bloody urine, speedily subsided.

M. Jobert comments upon the unwarrantable carelessness of the practitioner who advised the pessary, and adds a rebuke for the little attention which is often given in an examination per vaginam. He narrates a case in which a surgeon, wishing to insert a pessary, passed it into the rectum by mistake. He noticed as remarkable, the quickness with which all vesical uneasiness disappeared after the removal of the foreign body.

NOTES FROM A PRACTITIONER'S DAY BOOK.*

NECESSITY OF FACILITATING THE DESCENT OF THE DIAPHRAGM IN DISEASES WHICH IMPEDE THE AERATION OF THE BLOOD.

In affections of the chest we should always consider the state of the abdomen with reference to its distension. When the stomach and bowels are overloaded and flatulent, or the peritoneal cavity is filled with fluid, the diaphragm cannot descend, the lungs are prevented from expanding in this direction, and respiration is consequently performed with difficulty. We all experience some degree of shortness of breath after a very hearty meal. A young lady, who suffered from tympanites, always had dyspnœa when the flatulency was extreme. A child, with inflammation of the lungs, was breathing with so much difficulty, that I every moment expected

* (Continued from page 189.)

its death from asphyxia. A warm-purgative, however, carried off a quantity of solid matter and flatus, and enabled the child to live long enough for the disease to be brought under the control of remedies.

DEATH BY ASTHENIA.

A little boy, who had been long labouring under strumous abscesses of the chest and joints, became affected with aphthous ulceration of the mouth and throat towards the close of his lingering illness. He was now so much reduced that I cautioned the friends hourly to expect the fatal termination by syncope; nor was I wrong as to my prognosis of the mode of his death. One morning he had a slight return of the diarrhœa, with which he had been frequently troubled, and on the same evening there was evidently a commencing failure in the cerebral circulation. About two hours before the fatal event, he began to experience an acute pain at the top of his head, accompanied by the loss of hearing, and dimness of vision; the pain induced him to raise his hand to his head, which he began to pat with his fingers. Finding that this proceeding relieved the sensations, he requested his friends to continue the movement, as he was too feeble to do so himself for more than a very few seconds. By this means he seems to have been actually kept alive for nearly two hours. When the patting was discontinued, the pain and the loss of sight and hearing returned, but were again relieved by the movement being resumed; at length this, too, failed. "It will not do any more," he said, "I am going, now," and in a few minutes respiration and circulation had entirely ceased.

NITRATE OF SILVER IN THE TREATMENT OF INFLAMMATION.

A middle-aged country-woman consulted me with deep seated inflammation in the ball of the thumb. The affection had commenced spontaneously, and had existed several days, causing great and constant suffering. She had, hitherto, consulted no medical man, but had attempted to relieve herself by making an opening with a pen-knife. The thumb was exceedingly hard, tense, and tender, and when I pressed it a little matter oozed out through the puncture. Without a moment's hesitation, I made a deep and free incision along the front of the phalanx; though this gave great and immediate ease, it was too late to save the bone, which died, and gradually separating from the soft parts, after the lapse of some weeks, was removed entire with a pair of forceps. She was almost well, when, one morning, as I was examining the thumb, I noticed that the fore-finger of the other hand was bound up. She was almost afraid, she said, to show it, but confessed that she had been suffering as much from this during the last two days as she had done from the other in the first instance. The finger was hard, swollen, and tender, and her worn countenance quite corroborated her account of the pain. With my former experience in this case, I could hardly hesitate about the propriety of an early incision, to which she gave her consent, but I was willing to allow her the chance of escaping from this infliction. I had frequently seen great relief in similar cases from the application of the nitrate of silver. I took a stick of lunar caustic, and wet and rubbed it very freely over the inflamed part, charging her, although she came from a distance, to let me see her on the following day, intending, if necessary, to make my incision then. She, however, neglected my injunction, and I was quite afraid that her courage would fail until irreparable mischief had taken place. About ten days afterwards I found her seated amongst my other patients quite well. The evening after the caustic had been applied the pain abated, and in the morning it had entirely ceased. A superficial vesication had been produced, and she had herself opened it with a pair of scissors.

HEAD SYMPTOMS FROM OVERLOADED BOWELS.

A little boy, about ten years of age, on awaking one morning, complained of intense pain in the head, and soon afterwards he began to vomit, the sickness recurring at short intervals. About ten, he had a fit of an epileptic character, which lasted seven minutes, and within half an hour a second occurred, of the same duration: I saw him in the afternoon for the first time. The child was quite delirious, and did not appear to recognize his mother when she spoke to him. On my asking him where the pain lay, he pointed to different parts of the room. The face was flushed; the eyes red and suffused; the skin hot and dry; the tungue furred, with a red tip and edges; the pulse beat 120 in the minute, and was of a full and sharp character. The vomiting had now ceased, and as the bowels had not acted during the day, I prescribed three grains of calomel, to be followed in two hours by a full dose of castor oil, intending to order a depletion of some kind when these remedies had well operated. At my visit in the evening I found him on the close-stool, having just given passage to an enormous semifluid evacuation, which would have been large even for an adult; the motion was healthy in appearance, and had no unnaturally foul smell. The child was now quite rational, its face calm, its skin cool, and the pulse soft, though still frequent. There was no complaint of pain, except a slight griping in the bowels. During the night two full-sized motions, of a similar character, occurred. In the morning I found him well, and so he continued.

C. ARNECAPLE.

(To be continued.)

ON THE DOCTRINES OF HOMŒOPATHY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Should you consider the following observations worthy of a place in your Journal, you will much oblige me by their insertion in an early number.

Yours obediently,

J. FAIRPLAY, M.D.

Torquay, April 5, 1848.

"The formula of the fundamental principle on which homœopathy is raised *(similia similibus,)* is in contrast with the opposite principle, which serves as the rule of the old school, *contraria contrariis.* Tne idea which these two formulas express is the following:—Homœopathy expects from vital re-action the *active element* of cure; the ancient system opposes *that element* (whether supposed to exist or not,) to vital re-action. It has almost always believed vital strength to be a passive power which was not to be considered; and when it has supposed this vital force, it has shown by its doctrines, that it was necessary to reduce it, in order to overcome disease; thus it has never sought to act upon it, but by opposing it by contrary methods." —*(From the Tuscan Athenæum, No. XII.)*

What the author intends to convey in some of the

foregoing sentences, I confess myself incapable of finding out. The meaning of the first is, however, sufficiently obvious; to it I will therefore direct some observations, and, as I have frequently met with similar assertions, by the advocates of homœopathy, I suppose they really believe in their truth, as well as persuade many of their readers.

To which members, or class, of what the author calls "the old school," his assertion, that "the principle which serves as their rule," (viz., *contraria contrariis*) applies, I am at a loss to know; I have never met with one. The practitioner who would rely exclusively on the application of such a principle as his rule of conduct in the treatment of disease, must indeed have strange ideas of his profession. Those who have had the most experience, will agree with me, that the dogmata of *a* school are of little service to them at the bedside of a patient, whether it be the Hippocratic homœopathic, or any other. That such a doctrine existed even, was, I believe, totally unknown by the majority of the profession, until pointed out in one of the aphorisms of Hippocrates, by the homœopathists, who, in want of a maxim to antagonize their own, (*"similia similibus,"*) and which having discovered, set about to persuade mankind that the medical profession had hitherto adopted *it* as their Polar star of truth, but which being opposed to the grand discovery of Hahnemann, (only to be paralelled, says the author of our text, by the great discovery of Newton,) the world had consequently, before this time, been physicked exactly in the wrong direction.

It is curious to observe with what pertinacity the homœopathists of the present day adhere to this one remaining maxim, and how quietly they have shelved the other grand theories of its immortal discoverer, concerning psora, sycosis, &c.,—theories which, had they been true, would have proved far more valuable and important in their results than *similia similibus*; but I suspect that this also, like its likes, will ere long share their fate, and be consigned to the tomb of all the Capulets.

Some modern homœopathists have indeed thought proper to give an entirely new explanation of the doctrine of *similia similibus curantur;* they say that what are called "symptoms" of a disorder, are signs of the means by which nature sets about its cure, and indicate her method of eliminating from the system any morbific matter by which it may be oppressed; therefore, what can be a more rational treatment than that by which she is imitated, assisted, or anticipated. There is no doubt much truth in this reasoning, and good in the practice in which it results; I beg, however, to observe, that it is by no means new or uncommon amongst the members of the old school. But how very different is this interpetration of the theory from that propounded by its author, and adopted by the great majority of his followers, both in times past and present. Leaving theories, let us now turn to some of their facts.

It is acknowledged by them that the millionth part of a grain is an ordinary dose. It is difficult to imagine how such a minute particle of *any* substance, dissolved in sugar, and placed on the tongue, can produce an influence on the entire system; but when we come to hear of the millionth part of a grain of such inert substances as common charcoal, or the back-bone of a cuttle fish, producing such wonderful effects, we are, indeed, disposed to pause and ask, "Can such things be?"*

That many disorders, both acute and chronic, have been treated by these supposed remedies, that they have been the only medicinal means employed, and that such disorders have got well *after*, can readily be believed; but that *any* of such disorders have got well *in consequence*, or that they have even had the slightest effect on the cure, (physically,) would, I think, puzzle the profoundest homœopathist to prove.

Such facts (the effects, I mean, said to be produced by these infinitessimal particles of matter,) are, indeed, opposed to all our previous knowledge and experience in physiology, chemistry, and the laws of matter. "Never mind," say their advocates, "they *are* facts, and we can bring analogies in support of their reasonableness." It will not be difficult to discover, that even their analogies are false and untenable. For instance, they remind you that an inappreciable quantity of matter will produce the small-pox or lyssa; that the miasmata which cause the most destructive fevers and other diseases are so minute, that they cannot be analysed or even detected; that a stroke of electricity, a matter so subtle that it cannot be made evident to the senses, may produce instant death.

With regard to small-pox and lyssa, both are induced (when by inoculation,) by the introduction of the matter into the circulation: was it merely placed on the surface of the tongue, in each case it would prove, I suspect, perfectly inert. Of the nature of miasmata, which are the cause of fevers, we know little; but granting them to be minute particles of matter, we cannot suppose that they ever produce their effects merely by coming in contact with the tongue, but with extensive surfaces, such as the lungs and skin. No analogy can, I conceive, fairly be maintained between the action of imponderable matter, such as electricity, and that of ponderable substances.

Supposing an homœopathist to admit all this, he has still one vantage ground over his opponents. He might say, "You have not taken the trouble to test practically the things we tell you; we, on the other hand, have both tested them, and proved them, to be FACTS." *Credat Judœus Apella, Non Ego.*

I will endeavour, in conclusion, to trace the cause why so many of our aristocracy and gentry, so many of our clever, estimable, and in other things, sensible and well-judging neighbours, are led away by these strange doctrines, this *amabilis insania;* and I think the task is by no means difficult.

* I must not in justice omit to state, that such substances are not supposed to possess their medicinal virtues until they have undergone certain mysterious processes of trituration or succussion, by which they are said to acquire a marvellous potency.

(To be continued.)

ACTION AGAINST A RAILWAY COMPANY FOR PROFESSIONAL SERVICES PERFORMED.

Cox v. *The Midland Railway Company*.—This was an action brought by Mr, Sands Cox, an eminent surgeon of Birmingham, against the defendants, the Midland Railway Company. The declaration alleged that the defendants were indebted to the plaintiff in the sum of £50 for work, labour, skill, and attendance in the performance of a surgical operation on one Joseph Higgins, at the request of the Company. The defendants pleaded that they were not so indebted. Mr. Whitehurst, Q.C., with whom was Mr. Hayes, stated that on the 9th of February, 1847, a man named Joseph Higgins was about to return by railway from the Whitacre station, on the Midland Counties line, to Coleshill. When he got to the station it snowed very fast, and in a short time a train arrived with only an open truck and a first-class carriage. Higgins, who had a third-class ticket, was about to enter the carriage, when the guard told him he must get into the truck, and whilst in the act of doing so, the train started and he was thrown on the line, and the wheels of the carriages passed over and severely injured his thighs. By the directions of Mr. Bladen, the station-master, Higgins was conveyed to an inn adjoining the station, and Dr. Davies, physician, of Coleshill, was sent for. Dr. Davies and his son attended the man immediately, and found him in a very weak state from the loss of blood. At a late period of the evening, it became evident to the medical attendants (Mr. Barker and also Dr. Bourne having since joined the Messrs. Davies,) that death must inevitably ensue unless amputation was performed, but the unfortunate man was so weak that it was not deemed advisable to pursue this course without consulting some eminent surgeon, and Mr. Sands Cox was sent for between the hours of two and three o'clock in the morning, and performed the operation successfully. An action had since been brought by Higgins against the Midland Railway Company for compensation, and they agreed to give him £150; but it was distinctly alleged to be exclusive of fees for medical attendance, which the defendants agreed to pay. Mr. Cox afterwards visited the man twice, for each of which visits he charged three guineas, and twenty guineas for the amputation. Mr. Whitehurst remarked rather strongly on what he characterized as the shabby, mean, and most ungenerous nature of the Company's procedure in refusing to liquidate this claim. The defendants, for whom Mr. Humfrey and Mr. Macaulay were retained, did not dispute the justice of the charge, but merely pleaded that they were not indebted; that the defendants' servants had no authority to make a contract with the medical men; such a contract should have been under the seal of the Corporation. His Lordship inquired whether the defendants intended to call witnesses; and on receiving an answer in the negative, it was suggested and agreed to that a verdict should be given for the plaintiff for £27. 6s., with leave for the defendants to move to enter a nonsuit, if the Court above should be of opinion that the Judge ought to have directed a nonsuit.

Davies and another v. *The Midland Railway Company*.—This was an action arising out of similar circumstances to the above, in which a verdict was given by consent for £37. 8s. 6d., with leave to move as before. The Learned Judge suggested that, as it was contended for the Company that no servant of theirs had authority to order medical attendance in cases of accident, they ought to make it publicly known.—*Birmingham Paper*.

[We should scarcely have supposed it possible that a public Company of any pretensions to respectability, with ample funds too, at their command, could for one moment hesitate to discharge the just claim of the surgeons for remuneration in a case like the foregoing. The accident was entirely the fault of their own agents; the poor man had the most undoubted right to expect at their hands the very best advice which could be procured for him; a capital operation was requisite; the order for the assistance obtained was given, and very properly so, by the superior and responsible officer of the station where the accident occurred; and yet the Company have the meanness to endeavour to shelter themselves under some bye-law, or implied understanding, of which it would seem that nobody ever heard. If their officer exceeded his instructions, or the fitting exercise of his discretionary powers, surely he is the person to be held responsible—not to Mr. Cox and the other gentlemen whose services were required, but to the Company,—for any orders which he, as their responsible agent, may give; and the attempt under any circumstances to deprive the surgeons of the fair remuneration to which they were entitled is pitiful in the extreme.—Ed.]

DEATH FROM THE ADMISSION OF AIR INTO A VEIN : INQUEST.

On Wednesday, March 29th, an inquest was held at the Red Lion, Barnes, before Mr. W. Carter, coroner for East Surrey, to investigate the circumstances attending the death of William Richards, aged 39, a coal porter.

Sarah Richards stated that the deceased was her husband, and resided with her at Hammersmith. He died on Saturday last at the house of Dr. Willis. He had been for a long time unwell, but for ten weeks past suffering under inflammation of the windpipe. On Saturday morning he left home about half-past eight o'clock. He would not allow witness to accompany him, but she understood he was to have a seton put in his throat. Witness waited outside Dr. Willis's house for her husband, and had been there about an hour and a half, when she went into the house, and saw her husband lying on the floor, and insensible. She was informed that this state was owing to the operation. She had no charge to make against Dr. Willis.

Dr. Willis said—The deceased applied to me for advice a fortnight before the day of his death. He was labouring under inflammation of the upper part of the windpipe. I first treated him by leeching, then by blisters; and lastly, proposed another method of counter-irritation, namely, a seton. This is a method by which I have cured similar cases. Setons have been introduced hundreds of times in the same part for the disease termed goître. Deceased came to me on Saturday morning, about nine o'clock. I set him in a chair. I pinched up the skin with the finger and thumb of the left hand, and immediately thereafter thrust in the seton-needle, armed with a strip of lint. The needle entered two inches and

a-half above the breast bone, and not at all near the jugular vein, or other large blood-vessel. At the moment of its entrance I heard a slight momentary hissing sound. For an instant I fancied I had opened into a subcutaneous abscess communicating with the windpipe; but almost at the same moment, when I looked in the man's face, I saw that another and far more serious event had occurred—that the rushing of the air was not out from the windpipe, but into some small vein which had been necessarily implicated in the operation. The man became pale, fainted, and then became rigid and convulsed. I sent for Mr. Coppleson, the rector, my nearest neighbour; and dispatched a servant to Putney for Dr. Cormack, who was with me in half an hour. He entirely concurred with me as to the nature of the accident. We consulted together, and resolved on blood-letting, as in the circumstances the best thing which could be done. We wished to relieve the right side of the heart. Dr. Cormack bled him. Before the bleeding he was almost pulseless; after it the pulse became good, and he seemed, in every symptom, a little better. Dr. Cormaek was with deceased when he died, at twelve minutes past four. My opinion is that death resulted from the convulsions excited by the entrance of air into a vein divided by me in the trifling operation of the seton. This is a very rare kind of death. It has however occurred several times, and in the hands of Dupuytren and of Sir Astley Cooper.

Professor Syme said—I was sent for to see deceased. Dr. Willis made to me the same statement as to the case which he has now made. I concurred as to the nature of the accident, and approved of what had been done to save the man. Passing a seton in this situation is quite common; and it was a proper measure in this disease. In performing the operation it was impossible to avoid wounding small veins; but no foresight could have anticipated such a result, or any danger. I examined externally the wound of the seton with reference to the situation of the large vessels, and am satisfied that it was so remote from them that they could not by possibility be implicated. In my judgment, there was no want of skill or care on the part of Dr. Willis. He had no control over what took place. I never saw such a case before, but have read of them, and have seen experiments on animals.

Dr. Cormack corroborated Dr. Willis's testimony. He was of opinion that the deceased died from convulsions, produced by the admission of air into the veins. The treatment used to deceased was that sanctioned by recent scientific research. He thought a *post-mortem* examination ought to take place.

The Jury consulted for a few minutes, and then returned the following special verdict:—"Accidental death from the entrance of air into a vein in the neck during an operation performed by Dr. Willis; but the Jury cannot separate without expressing their opinion that such operation was cautiously and skilfully performed; and as it appears by the evidence adduced, the said operation was fully warranted by present practice."

After the inquest the body was examined anatomically. It was found that the large vessels of the neck were uninjured; that the right auricle and pulmonary artery were distended with frothy blood; and that the the lungs were emphysematous.

General Retrospect.

PHYSIOLOGY.

EXPERIMENTS ON ANIMAL HEAT.

Dr. Demarquay has made numerous experiments on animals, with the view of ascertaining the modifications of the animal heat—1st, by pain; 2nd, by loss of blood; 3rd, by the ligature of certain vessels; 4th, by inflammations; 5th, by strangulation of the intestines; 6th, by the administration of various poisons. He arrives at the following conclusions:—

Pain is attended by an increase of temperature: hæmorrhage, when rapidly fatal, produces little or no change in this respect.

The ligature of the abdominal aorta causes, in a few hours, a diminution of temperature, of 8° to 10°, (18° to 22.5° F.;) that of the femoral artery caused, in the thigh, a fall of temperature of only 2°—5° F. As a general result, the ligature of veins caused less diminution of heat than that of arteries.

Every external inflammation is attended by an increase of temperature, both general and local; but the local temperature, in a part far from the centre of the circulation, never equals the internal temperature, *i. e.*, of the rectum. The ligature of the vessels of a part, either before the excitement of an artificial inflammation, or during its presence, does not prevent or modify the increase of temperature in the inflamed part.

Strangulation of an intestine produces a rapid and general fall of temperature. The reduction is greater when a loop of intestine is included in the ligature, than when this is passed circularly round any portion of it. The fall of temperature is also greater in proportion as the ligature is placed near the stomach.

Among poisonous agents — digitalis, belladonna, croton oil, and strychnine, produce a pretty rapid increase of temperature; while the contrary effect is produced by cyanide of potassium, corrosive sublimate, arsenic, tartar emetic, muriate of morphia, and ammonia. The inhalation of æther produces a fall of temperature, which begins with insensibility, and goes on progressively when the inhalation is continued, so as to produce death of the animal.—*Archives Générales de Médecine*, Dec. 1847. *From the Theses of Paris for* 1847.—*Monthly Journal*, April, 1848.

DIFFERENCE BETWEEN THE COMPOSITION OF ARTERIAL AND VENOUS BLOOD.

The results hitherto collected concerning the comparative analysis of arterial and venous blood, are very contradictory. While in the experiments of Prevost, Dumas, and Lecanu, more water was found in venous than in arterial blood, Hering and Franz Simon have found the contrary. Hering found more albumen and fibrin in arterial than in venous blood, in sheep and oxen, but less in the horse. According to Prevost and Lecanu, arterial blood contains more globules than venous; Hering and Simon report the opposite. From recent analyses, made by Poggiale and Marchal, it appears arterial blood contains more water and less solid matter than venous, but the latter

contains less albumen and fibrin, while the globules preponderate in the venous blood.—*Union Médicale*, Janv. 29, 1848.

PRACTICAL MEDICINE.

LARYNGOTOMY IN FEVER.

Dr. Frey, of Manheim, directs attention to the frequent occurrence in fever of lesions, threatening fatal obstruction of the glottis. The principal of these are simple mucous inflammation, fibrinous exudation, and deposit of typhus matter, with its sequelæ, ulceration, &c., in the neighbourhood of the glottis. He observes that the degree of lividity of the surface is a false measure of the amount of danger. He is not deterred from operating where any degree of vital power remains, by the fear of hæmorrhage or subsequent suppuration. *Zeitschrift für Rat. Medizin*, and *Monthly Journal*.

NEW METHOD OF TREATMEFT IN PHTHISIS PULMONALIS.

Reasoning from the well-known efficacy of nitrate of silver in conjunctivitis, and other external inflammations, a Dr. Gastaldi, of Piedmont, has adopted the plan of causing phthisical patients to inhale the powdered substance, by which means it becomes applied to the ulcerating pulmonary tissues. For this purpose he makes a mixture of one part of powdered nitrate of silver, and two parts of powdered charcoal. This mixture he places in an inhaler, and mixing it with the contained air by agitating the vessel, the patient is made to breathe it. No account is given of the results of his experiments.—*Revue de Thérapeutique* Janv. 1848.

SURGERY.

TREATMENT OF BURNS BY ICE.

M. Jobert has recently treated several severe burns by the constant application of bladders of ice. The results of this treatment are stated to be most satisfactory, for not only is the sphacelation (the chief source of the subsequent disfigurement,) greatly limited by the action of cold, but the suppuration is rendered less abundant, and the cicatrices have been thin and destitute of the unsightly bridles, caused by concentric retraction. The ice bags are applied over the burnt surface, and maintained day and night for many weeks, no other dressing, unless simple cerate, being used. The relief to suffering which is thus afforded is stated to be almost complete. When the burn is very extensive, the prolonged cold bath is superadded. Another advantage which is stated to accrue from the practice is the prevention of the secondary visceral inflammations which are so frequently the cause of death in severe burns. Burns of the face and of the trunk have been cured with promptitude, a simplicity which is surprising, and have left but trifling cicatrices.—*Annales de Thérapeutique*, Janv. 1846.

[The editor of the *Annales* remarks upon the apathy of French surgeons, as regards any modification upon their established routine of practice, whence it appears that Mr. Jobert's plan does not find extensive favour among them. We are not aware that it has been much employed in this country, and we have therefore thought it advisable to call the attention of our readers to it, in connection with the valuable information on the same subject, which Mr. Crompton is engaged in collecting.]

MR. SYME'S TREATMENT OF CALLOUS ULCERS OF THE EXTREMITIES.

Dissatisfied with the usual methods employed by surgeons, the author states that in 1829 he advised the application of "a large blister over the sore and neighbouring swelled parts of the limb, which has the effect of speedily dispersing the subcutaneous induration and thickening, so as to relax the integuments, and thus remove the obstacle to healing action. In the course of a short time, seldom exceeding a few days after the blister has been applied, the surface of the ulcer, however deep it may have been, is found to be on a level with that of the surrounding skin, not of course through any process of reproduction or filling up, but merely from the removal of interstitial effusion, allowing the integuments to descend from the position to which they had been elevated, as may be readily ascertained by measuring the circumference of the limb, before and after it has undergone the effect of blistering. But, along with this change of form, the ulcer in other respects no less speedily acquires the characters of a healing sore, assuming a florid colour, affording a moderate discharge of purulent matter, and presenting a granulating surface with surrounding margin of cicatrizing pellicle. No subsequent treatment beyond the attention requisite for ensuring quiet and cleanliness is needed, and recovery is completed, not only more quickly, but with much less tendency to relapse than when accomplished by other means.

"The facility, rapidity, economy, and lasting effect of this treatment, seem to give it a decided advantage over the other methods in use; and, so far as I am aware, no one who has tried the plan ever afterwards hesitated to employ it in preference to any other. In order to derive the full amount of benefit which the practice affords, it must be carried fairly into effect; and with this view, the principle upon which it is founded should be distinctly understood. I still entertain the opinion originally expressed, that the blisters act beneficially by inducing a process of absorption. The enlargement of the limb being of secondary formation, and resulting from the continued irritation of a sore allowed to remain unhealed through neglect or improper treatment, when once established, prevents the contraction of granulating action, by which alone solutions of continuity, not within reach of union by simple adhesion, admit of reparation. Pressure, the horizontal posture, and all other means that tend to remove the obstacle thus presented, will promote the patient's recovery. But of all the means that can be employed for this purpose, blisters appear to be the most efficient, and should therefore be employed for the remedy, not only of the purely indolent and callous ulcer, but of other kinds, which, in addition to their own peculiar characters, show evidence of complication with indurated enlargement of the limb. From this condition it is hardly necessary to mention that the œdematous swelling of weakness

and impeded circulation must be distinguished."—*Contributions to the Pathology and Practice of Surgery.*

NEW AND SIMPLE METHOD OF APPLYING LIGATURES TO POLYPI.

The recommendation of this method is its great simplicity. M. Favrot takes two gum elastic catheters, of convenient size, and cuts off the end of each just below the eye; he then doubles a piece of silk, of necessary length, and inserts the loop into one catheter, the two ends, joined or not, into the other, and brings each extremity out of the lower end of the catheter. This being arranged, the next step is to separate the two threads between the upper extremities of the catheters, and to pull one down in the form of a loop, leaving only one above, which is carried up to the pedicle of the tumour. The application then is as follows:—

The catheters or sounds, together with the interposed thread, are carried up to the base of the tumour, the loop of the thread which has been pulled down being held on each side with the respective catheters. This being done, the said loop is allowed to pass over the tumour, the two catheters being transferred to the same hand; all that is required is then to tighten the thread by drawing its two ends, when as is readily seen, the loop glides out of the other sound, and encircles the pedicle of the tumour.—*Revue Médico-Chirurgicale*, Janv. 1848.

OBSTETRIC MEDICINE.

COMPRESSION OF THE AORTA IN POST-PARTUM HÆMORRHAGE.

[The annexed case is given as a practical illustration of the value of the proceeding advanced by M. Seutin, in the memoir of which we gave a translation in our last number.]

In a case of hæmorrhage after delivery, in which every means had failed to arrest the flow of blood, M. Escalier succeeded in stopping it by compression of the aorta above the umbilicus. He considers this method to be useful, not only by arresting the hæmorrhage, but also by sending the blood back towards the brain, so as to prevent the convulsions which often prove fatal after large losses of blood.—*Union Médicale*, Fevr. 10, and *Month. Journal.*

PRINCIPLES OF MEDICAL LEGISLATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In answer to your appeal to the members of the Association to furnish the Council with their opinions upon the provisions of the new Charter proposed to be given to the London College of Physicians, and upon the propositions for a general measure of medical legislation, said to have been agreed upon by the heads of the two Colleges, the Apothecaries' Company, and some self-constituted body, styled the National Institute, but which in reality appears to be little more than a second edition of the Apothecaries' Company, I beg to refer the Council of the Association, and you, as Editor of the Journal, to those declarations of principles which have so frequently been made in speeches of the President of the Council;—in resolutions of almost every annual and special meeting of the Association;—in memorials addressed to Secretaries of State;—and in instructions given to the various Committees of our body, appointed specially to watch over the question of Medical Reform, as embodying the only principles that would or could be satisfactory and just to the profession, or of benefit to the public at large, and to ask the Central Council and yourself if the recently proposed measures agree with our deliberate and frequently recorded opinions. If they do, our course is perfectly clear; we must regard them as satisfactory, and accept them with pleasure and gratitude. If they do not accord with our opinions, one course is equally plain and simple; we are bound to reject them without hesitation, and openly and unmistakably express our dissatisfaction at the attempt made to override our recorded wishes. We must do this or stultify ourselves.

So frequently have our principles been declared in the annual reports of the Council, which have been unanimously adopted by the meetings, that not only every member of the Association, but, I may say, nearly every member of the profession, is familiar with them, that it is altogether unnecessary I should point them out in detail. I, however, must, in the present aspect of affairs, and especially after the notices in the Journal, recal your attention to some of them; and lest I should be supposed to speak too strongly, I will quote the very words used. In the memorial presented to the Secretary of State, in 1842, it is stated—

"The principles to which we are desirous of calling your attention, as being those recognized by the Provincial Association, and upon which, as we conceive, any measure intended for the regulation of the medical profession should be founded, *are uniformity of the primary qualification*, to be tested by sufficient examination; *equal right* in every member of the profession to practise throughout her Majesty's dominions; and *the adoption of the representative system* in the formation of the councils or governing bodies.

"In submitting these views, we are assured that we express the wishes not only of the numerous Association with which we are ourselves connected, but also those of a very large number of our professional brethren throughout the country."—*Report of Council at Exeter*, 1842.

The italics are not mine but those of the Report.

At the annual meeting at Leeds in 1843, the report of the Council again states that, hearing s measure was about to be submitted to Parliament, it had been thought right to memorialize Sir James Graham, employing nearly the same words:—

"The Council cannot resist respectfully stating that, in their opinion, no reform can be effectual or permanent, unless it provide for the efficiency and respectability of the whole profession, by securing uniformity of the primary qualification, tested by sufficient examination, equal right to every member to practise throughout her Majesty's dominions, and the adoption of the representative system in the formation of the councils or governing bodies.

"The Council would most earnestly press upon Sir James Graham the necessity that the state of the medical profession in the provinces, as well as in

the metropolis, should undergo a searching investigation before any bill for the regulation of the medical profession, or any part of it, be introduced into Parliament."

And so strong was the feeling of the meeting, that on the proposition of my lamented friend Dr. Williamson, who "thought it highly desirable, in consequence of the powerful act against principles which were at present employed to produce an impression, in some degree hostile to the principles of medical legislation, that a deputation would produce much greater effect than the presentation of a memorial, however ably such a document might be drawn up," a deputation was unanimously appointed to enforce the above opinions.—*Journal*, August 5th, 1843.

Again, at the meeting at Derby, specially called for the purpose of considering the bill introduced into Parliament by Sir James Graham, the following resolution was unanimously passed by the meeting, having been previously prepared and recommended by the Central Council:—

"That further to ensure the object of a sufficient uniform primary qualification for every medical practitioner, without which the equal right to practise every department of the profession ought not to be conceded, it seems desirable that the *diploma of Licentiate of Medicine should be required of all who may hereafter propose to enter the profession, and previous to their being entitled to claim admission to register in any other grade.*"

Again, at the Sheffield meeting in 1845, Sir James Graham having introduced his amended bill, on the recommendation of the Council, a "Committee was appointed to take the subject generally into their consideration, and to report to this meeting before it separates." This report contains the following:—

"They think it necessary also to entreat he will make it imperative upon *all* who may hereafter be admitted to practise in *any* of the recognized branches of the profession, that they shall, in their *common entrance through one portal*, undergo such an examination as shall exhibit a competent knowledge in *all* the departments of medical science. Further, that this examination shall be uniform in every part of the united kingdom, and shall be a legal qualification for practice. *The Committee think that any measure which shall not recognize this uniformity of examination, will be unsatisfactory to the profession, and detrimental to the best interests of the public.*"

Not only was the report unanimously adopted by the Association, but the Secretary was specially instructed to forward it, without loss of time, to Sir James Graham, directing his attention "respectfully but earnestly to the same, as embodying the *only principles* of medical legislation which will be satisfactory to the profession."—*Journal*, August, 6, 1845.

Lastly, at the Norwich meeting, in 1846, Mr. Crosse, the President, was requested, on behalf of the Association, to sign petitions to both Houses of Parliament, in favour of the Registration Bill, just then introduced by Mr. Wakley; and at a subsequent part of the year, a deputation, which at last was permitted to approach the Home Secretary, Sir George Grey, obeyed their instructions, and impressed upon him "the principles adopted by the Association and hitherto acted upon in all their reports and published documents."—*Journal*, August, 1847.

These are then the matured opinions of the Association—not hastily formed, but adopted after long thought and mature deliberation, and solemnly repeated through a long series of years, as affording the *only* basis upon which medical legislation can rest.

What are the principles proposed in the documents now before the profession? Registration upon a plan totally at variance with that petitioned for by the Association, so recently as 1846. Instead of uniformity of education,—one primary legal qualification,—one examination common to all,—and embracing every department of the science of medicine, conferring equal privileges and rights, we find the institution of another examining body with undefined powers and privileges;—no uniformity of education;—none of age for the admission to practice;—no equality of rights;—perpetuating examinations, and consequently qualifications the most various. Instead of securing examinations which shall embrace every department of medicine, it will, as far as law can do so, render the examinations as various and partial, and consequently as imperfect as possible. For the physician will be examined by the College of Physicians, where surgery and midwifery are things not tolerated, and where anatomy has until lately been almost unknown; and the candidate's age must be twenty-six years. The candidate for the Fellowship of the College of Surgeons will be examined by a body, which, by its own recent declaration before a Committee of the House of Commons, is utterly unable and incompetent to examine upon any medical question; and although requiring some lectures upon midwifery to be attended by those who wish to be admitted members, yet considers the knowledge and practical skill, which one would suppose was the object to be attained by the attendance, to be so derogatory, as to unfit its possessor for a seat at its Council Board; and he must be twenty-five years old. The renovated Apothecaries' Company, which will have the advantage of a new name, declares itself (apparently for the purpose of being permitted to struggle into existence,) in future, as it has in times past been determined to be, innocent of anatomical knowledge, and unable to ascertain the surgical competency of a candidate, and those who believe the evidence of the Fellows of the College of Physicians before the Committee of the House of Commons, will be inclined to add the medical also, while arrival at 22 years of age is sufficient to secure presentation at its portals, thus proceeding in a path directly opposite to that which the Association and its Journal have uniformly advocated and proclaimed as the only just and satisfactory one. I therefore feel bound to raise my voice against any measure being passed which shall recognize any such erroneous confusedness, and I call upon the Central Council, and upon you, as Editor of the Journal, not to hesitate about the matter, but to plainly declare the Association will not depart from that which it has so repeatedly declared to be right—*a common examination, embracing all departments of medicine, which shall be the legal qualification for practice; the possession of a certificate of having satisfactorily undergone such examination being required of any person who shall be recognized by the state as a medical man.*

The "principles" bear internal marks of their

parentage: they are the result of corporate intrigues and management, in which the great interest of the profession and public at large is overlooked, for the purpose of maintaining the supremacy of corporate powers. I do not examine these "principles" in detail, objecting as I do, and as the Association has done, to the principle itself.

It may be said, the arrangement it is true is a compromise, but the best that under existing state of things could be done; that "the hostile interests" are too strong to allow that to be carried which all are ready to confess is the only true basis for legislation. But, Sir, I have yet to learn, that a principle admits of compromise. *It may be abandoned, but not compromised,* and abandoned most assuredly it will be, if the scheme be sanctioned by our body. As to the opinion of our inability to carry our plan, I own I do not assent to it, if we are only faithful to ourselves. I have so strong a confidence in the power of truth, that I believe, if not deserted, it will in the end prevail. What great measure even of general legislation has been carried without time and defeat in the first instance? Look at the measures which, during the last ten years, have been passed, and which only a few years before were scoffed at and derided, and had not even the advantage which we have,—an acknowledgement of theoretical truth, but the correctness of many of which is now admitted by their most strenuous opponents. I am no leveller; the Association is no leveller. *Classes in the profession were not made by authority, they were instituted before Halls and Colleges were in existence; they are carried now far more minutely out than any authorities dare or would divide them, and they would still exist though no medical appellations were in being, for not only does the convenience of society require them, but they have a foundation which is immutable in nature itself.*

If the State recognizes the medical profession as a body, let it institute the test which carries the required proof of recognition. The Colleges of Physicians and Surgeons would still exist, and I fully believe would flourish better than now. As few have hitherto rested satisfied with the lowest test and mere legal recognition, so in times to come few, very few, would rest satisfied with it. The physician would go to the College of Physicians, and the surgeon to the College of Surgeons. These would possess their charters, and their fellows be proud of their corporate honors. All would be harmony in the profession, while the state would possess a sufficiency of well, and generally better, qualified practitioners than it does at present, or in my opinion ever will, if the proposed third incorporation be established, which, in the nature of things, *must inevitably be of the lowest grade.*

The uniformity of examination in the first instance is, in my judgment, the only thing required for the greater respectability of the profession, for it would certainly bring with it registration, and whether this be upon one plan or another it matters but little; nor, for one, do I see anything unreasonable in the division into classes. It has convenience to recommend it, nor does it appear why he who has spent more time and undergone a second examination, (as he would do on the plan of a general primary examination,) at a more advanced age, should not, if he wishes it, be placed among his fellows of the same College.

Before I conclude, I would venture to give a word of caution to those of our body, who may have been led into adopting the proposed College of General Practitioners from the tempting promise of "PROTECTION," so prominently put forth in the "Principles." Do not let the bribe lead you astray,—*depend upon it this will never be carried.* It is a mere tub to the whale. The whole course of recent legislation is against increasing the power of inflicting summary fine and punishment. The powers of magistrates are continually being circumscribed. Protection as afforded by law, is more and more growing into disrepute. Besides, were it not, Lords and Ladies, with gentlemen Commoners, are themselves too fond of quackery ever to allow the attempt to be made, even if it were possible, to put it down by fine and imprisonment. No, the most dangerous quackery is that which is within the profession itself, which the most ardent protectionist acknowledges no law can put down. Let there be less within the profession, and depend upon it there will be less without its pale. Save me from them and I have no fear from these. It is they who bring our body into disrepute, and do more harm than all without its limit could effect. Besides, only for a moment think of the undignified position in entering into competition with a mere "quack:" what a confession of want of faith in our noble profession. If it be of such value as it is alleged, and to the full I admit it; if so much time, hard labour, skill, and money, have to be expended in acquiring a knowledge sufficient for its useful practice, surely in the long run it has little to fear from those who are altogether destitute of that hard-earned qualification which the well educated medical man possesses. No, let us rather rely for our protection upon well qualifying ourselves to relieve our suffering fellow-creatures, than upon acts of Parliament and the police court; while the one will certainly not only fail us, but raise a feeling of suspicion and distrust in the public mind against us, the other will secure us its lasting respect and gratitude, and will not confound us with the mere charlatan.

I am, Sir,
Yours faithfully,
THOMAS NUNNELEY, F.R.C.S.E.

Leeds, March 28, 1848.

PRINCIPLES OF MEDICAL LEGISLATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

You have appealed to the Physicians and to the Members of the College of Surgeons on the subject of the proposed Medical Bill, but you have not addressed a remark to the Licentiates of the Hall. It appears to me that the last-mentioned class is likely to be injuriously affected by the measures suggested.

If I read the *projet de loi* aright, members of the College will be allowed to register both as "Surgeons" and as "General Practitioners," while Licentiates of the Hall will be confined to the list of "General Practitioners." And there is a clause proposed by which persons will be liable to a penalty for assuming a designation which implies that they belong to a class in which they are not registered.

The two propositions above referred to, while they will allow a person with a *surgical* qualification only, to register as if he had a double qualification, thus conferring great privileges in more than one sense on a class who have been hitherto practising *illegally*, will have the effect of imposing degradation and disability on those who have a *medical* qualification only, although the latter are practising *legally*. Thus, we can now style ourselves "surgeons;" we shall henceforth be liable to a penalty for so doing. And again, as respects the double registration, what right has any one to assume that the M.R.C.S. is better qualified to practise *physic*, than the L.S.A. to practise *surgery?*

Like my prototype in Shakspeare, "my poverty, but not my will," compelled me to chose *one* of the two qualifications. I could have qualified as M.R.C.S. a whole year before my curriculum for the Hall was complete; but I preferred the *legal* qualification. I chose what was *then* the substance, rejecting the shadow, though M.R.C.S. sounded better than a qualification derived from a trading company.* I complied with what was *then* the law; why am I *now* to be punished?

Whatever be the new law, let us all start fair, and do not let us, who are only Licentiates, be run into a corner, because we are a despised class, whose very denomination is suggestive of nothing more exalted than "a beggarly account of empty boxes," and because we are in a minority.†

We have *humbled* ourselves by complying with the Apothecaries' Act, let not then the saying be *reversed* which has declared that "he that humbles himself shall be exalted." And in asking this, I by no means wish that the man who, relying on his College diploma only, has proudly refused to apply to the Apothecaries for a "license to practise," should be "abased" because he has "exalted" himself. No, let us *all* start fair.

I am, Sir,

Your most obedient servant,

A LICENTIATE.

* It seems to me that the sensitiveness on this subject is absurd, when we consider that the best and noblest in the land are proud to derive their commissions and what not from the "*Company*" *of Merchants* "*trading*" *to the Indies*.

† We are a minority, but we are numerous. I have had the curiosity to ascertain from the last number of the *Medical Directory*, the qualifications of the first 500 medical officers of Unions, which I find to be as follows:—

M.R.C.S., and L.S.A. - -	308
L.S.A. only - - - - -	66
M.R.C.S. only - - - - -	35

the remainder being composed chiefly of persons possessing the negative medical qualification of having been in practice prior to the Act of 1815, some few of these having, in addition, the positive surgical qualification of the College diploma, while there is a still smaller number whose names I could not identify in the *Directory*.

TESTIMONIAL TO DR. BERNCASTLE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR

I beg to hand you a list of subscriptions already received on account of the Berncastle Testimonial Fund, for insertion in your next number, and through its pages, to inform the members of the Association that an account has been opened at the London and County Joint Stock Bank, Lombard Street, and that their subscriptions may be paid either directly into the London house, or through any of the branch establishments in the country. Trusting that our members who have in so many instances come forward with resolutions favourable to the conduct of Dr. Berncastle, will not be less ready to express their sympathy in a more substantial shape, nor forget that *bis dat qui citô dat*,

I am, Sir,

Your obedient Servant,

C. WILSON STEEL.

Lewisham, April 12, 1848.

List of Subscribers to the Berncastle Testimonial.

	£.	s.	d.
Dr. James Arthur Wilson, Senior Physician to St. George's Hospital	1	1	0
W. M. Hollis, Esq., Lewisham	1	1	0
Ditto from Friends	1	1	0
George Ainslie, Esq., Lewisham	1	1	0
Ditto from Friends	1	1	0
C. W. Steel, Esq., Lewisham	1	1	0
Henry Corbould, Esq., Islington	0	10	6
F. J. Corbould, Esq., Suffolk Place	0	10	6
E. Unwin Berry, Esq., 7, James Street, Covent Garden	0	10	6
Dr. Lashmar, Croydon	0	10	6
H. B. "Fiat Justitia"	0	10	6
J. R. T. Burroughs, Esq., Lee	0	10	6
W. S.	0	10	6
F. C. Batt, Esq., Abergavenny	0	10	6
M. Hansby, Esq., ditto	0	10	6
William Steel, Esq., ditto	0	10	6
Elmes Y. Steel, Esq., ditto	0	10	6
S. H. Steel, Esq., M.B., ditto	0	10	6
Richard Steel, Esq., Blaenavon	0	10	6

Subscriptions received at the London and County Joint Stock Bank, Lombard Street, and at its Country Branches.

REQUEST FOR INFORMATION ON THE ADMINISTRATION OF CHLOROFORM.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In an "Essay on Anæsthetic Agents" intended shortly for publication, I wish to include reports embracing the following bearings on the subject:—

1. The number of cases in which æther and chloroform have been exhibited. 2. The quantity of each agent respectively which has been inhaled at one time in some particular instances, and in others on an average. 3. The length of time in some particular cases, and in others on an average, during which a state of anæsthesia has been maintained. 4. If possible, the various diseases in which their admissibility has been tested.

This subject is of great professional and national importance, and the report of but one case will swell the aggregate, and receive attention.

Any gentleman thus favouring me will greatly oblige.

I am, Sir, very respectfully yours,

T. CATTELL, M.D.

Braunston, Northamptonshire, April 7, 1848.

Medical Intelligence.

ISOPATHY.

Another species of quackery has made its appearance in Germany, and is now becoming known under the name of Isopathy. We allude to it as one of the passing medical follies of the day. A Dr. Hermann is the Hahnemann or Priessnitz of the new system, which derives its name from the doctrine that the disease of any organ is to be cured medicinally by the use of the analogous organ of some healthy animal. Thus, in diseases of the liver, liver is prescribed; and of the brain, brains; (*calves'* brains we presume;) and the same plan is pursued with the kidneys, spleen, and other viscera.

As it might not be convenient for every individual to eat the substance of the organ, Dr. Hermann professes to make tinctures thereof, and thus to exhibit concentrated essences. Like all new doctrines where imposition on the public is likely to be remunerative, it has made a certain number of converts, who call themselves Isopathists. It is also reported that many radical cures have been effected by this system!—*Medical Gazette*, April 7th.

APPOINTMENT.

James Dixon, Esq., F.R.C.S., has been appointed Assistant-Surgeon at St. Thomas's Hospital, in the room of Mr. B. Travers, junior, resigned.

UNIVERSITY OF LONDON.

Mr. Samuel Cooper has resigned as Professor of Surgery, at University College, London.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, March 31st:—J. Westwood; J. Hebden; J. Baker; C. Walker; E. D. Silver; R. S. Ryan; C. C. Bramwell; W. P. Roberts; F. Pearson; W. R. Raby; N. Bethune.

The following Members of the College having undergone the necessary examinations, were admitted Fellows at the meeting of the Council, on the 12th instant:—Isaac Baker Brown, Oxford Square; Charles Timins, Hon. East India Company's Service, Madras Establishment; William Guest Carpenter, West Street, Finsbury Circus.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, March 23rd, 1848:—Charles Sharp Smith, Fulbreck, Grantham; Thomas Knox Kelly, Liverpool; Christopher Irving, West Burton, Yorkshire.

Thursday, March 31st:—John Mussendine Camplin, Islington; John Farmery Ollard, Wisbeach; William Mutrie Fairbrother, East Dereham, Norfolk.

Thursday, April 6th:—Samuel Tayleur Gwynn, Wem; Thomas Beavan Rake, Shaftesbury; John William Harper, Hitcham, Suffolk; Joseph Lawrence, Bath; Joseph Hinton, Bristol; William Rowland Raby, Birkenhead; Samuel William Aldred, Great Yarmouth; Hartley Samuel Laycock, Liverpool; Thomas Armstrong, Brecon; Wm. Benham, London.

OBITUARY.

Died, March 7th, in Plymouth Grove, aged 74, James Davenport Hulme, M.D., of Ball Haye, in the county of Stafford.

March 12th, at Chester, aged 65, Edward Hogg, M.D., formerly of Henden, Middlesex.

March 29th, in the Edgeware Road, James Briggs, Esq., Member of the Council of the Royal College of Surgeons, and Senior Surgeon of the Lock Hospital.

March 31st, of fever, George Mahon, M.D., Medical Officer of the Eyrecourt Dispensary.

April 6th, at Salisbury, aged 69, Henry Coates, Esq., F.R.C.S., Consulting Surgeon to the Salisbury Infirmary, and a Member of the Council of the Provincial Medical and Surgical Association.

April 8th, aged 84, John Welbank, Esq., M.R.C.S.

Lately, aged 82, M. Pierre Joseph Romain Cazenave, Surgeon-Major of the National Guard, Paris, &c.

Lately, of fever, Edward McGrath, M.D., Assistant-Physician to the Workhouse, Scarriff.

BOOKS RECEIVED.

Principles of Medicine, &c. By Charles J. B. Willliams, M.D., F.R.S., Fellow of the Royal College of Physicians, Professor of the Principles and Practice of Medicine, and of Clinical Medicine, and First Physician to the Hospital, University College, London, &c. &c. Second edition, considerably enlarged. London: Churchill. 1848. 8vo. pp. 538.

A Discourse on the Asiatic Cholera, and its Relations to some other Epidemics, &c. By Thomas Henry Starr, M.D., Senior Physician to the Warwick Dispensary. London: Churchill. 1848. 8vo. pp. 95.

Portraits of Diseases of the Skin. By Erasmus Wilson, F.R.S. Fasc. I. and II. London: Churchill. 1848. Folio. Coloured plates.

Anæsthesia in Surgery: Does it increase or decrease the Mortality attendant upon Surgical Operations? By J. Y. Simpson, M.D., F.R.C.S., Professor of Midwifery in the University of Edinburgh, &c. (From the *Monthly Journal of Medical Science.*) Edinburgh: Sutherland and Knox. 1848. 8vo., pp. 16.

Notes on the Anæsthetic Effects of Chloride of Hydrocarbon, Nitrate of Ethyle, Benzin, Aldehyde, and Bi-Sulphuret of Carbon. By J. Y. Simpson, M.D., &c. &c. pp. 8.

Medicine an Art, and its Truths to be attained. By Thomas Shapter, M.D., Physician to the Devon and Exeter Hospital, &c. &c. London: Churchill. 1848.

TO CORRESPONDENTS.

Communications have been received from B. B. H.; An Old Member of the Association; Mr. Newnham; J. Fairplay, M.D.; Dr. J. Duncan; Dr. Paxton; Mr. Worthington; Mr. C. W. Steel.

Extra L.M. Lond.—The case is under the consideration of the Council of the Provincial Medical and Surgical Association, and will be represented in the proper quarter.

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

REMARKS ON THE PRESENT ASPECT OF MEDICINE.*

By W. Newnham, Esq., Farnham.

To those who have watched the progress of medicine for the last few years, and who have noticed the first dawn and gradual development of that revulsion from heroic treatment, to a modified system of expectant medicine, it is impossible not to perceive that the great apostle of the Natural History of Disease is the talented author of the pamphlet entitled "Homœopathy, Allopathy, and Young Physic"; and in a review of the present state of medicine, it would be impossible to avoid tracing the germs of the present transition stage, and noticing in detail the structure of this brochure.

In the perusal of this pamphlet, two things especially fastened upon the memory—first, the course of argument which had been adopted in favour of homœopathy in order to prove that its assumed cures were the restorations of nature, not of art; that they were at *least equal* to the ordinary cures of medicine; and, therefore, that the latter might fairly be presumed to be also the cures of nature, (since things which are equal to the same are equal to one another,) until from further information, and the establishment of a natural history of disease, we might be enabled to say what proportion of recoveries would always take place from her unassisted efforts; and secondly, the reason why the public had been asked to sit in judgment upon these matters,—why the weak points of the profession had been exposed to their unhallowed gaze,—and why they had been invited to contemplate the small degree of reliance which could be placed on their medical guides, or on the influence of their medicines. A few words on each of these points, before proceeding to the main body of the question, and before inviting the profession to envisage and to study what appears to be the chief defects in their mental constitution.

It is cheering to find that our author is not a believer in homœopathy; and yet, with this avowed disbelief in its results, it is difficult to understand the sheltering lenity of expression which is everywhere reserved for the system, or the reason why its assumed effects have been so prominently employed as a foil to set off the poverty of genuine practical medicine,—to show that their results are equal,—and that homœopathy, with all its follies, is at least as good as ordinary medical treatment, and that both are indebted for their success to the unobserved powers of nature. It is impossible to understand this without supposing that the author set out upon his avocation with a fixed determination to expose the weak points of medicine, and conceived that the readiest method of doing so would be by a sort of implied parallel between the effects of homœopathy and allopathy, and by the throes of their respective systems to usher in the birth of his favoured offspring, "Young Physic," he should at once be apprehensive that a result thus originating in predilection, should be given to the world with strong marks of paternity, and bearing upon its early manifestations many of the constitutional predispositions with which it might be pretended to be endowed.

Thus setting off from a wrong starting place, not simply upon an inquiry after truth, but rather to establish the dogma that the good results of medicine were in reality the propitious actings of nature; it is easy to understand how favourable to such an hypothesis would be the establishment of such similar results from the inert medicinal, but stringent regimenal, processes of homœopathy, as from the effects of ordinary medical treatment. How then is this attempted to be established? By speaking favourably of Hahnemann and his doctrine, and of the ingenuity and completeness of his system, as a system, and by an appeal to the results of recorded cases. Now, with regard to the former, whose works are all before me at this moment, no one can doubt that he was a man of considerable mind, and that he has woven together a system of unquestioned *uniformity*. But, nevertheless, it is a system which wants the *unity* of truth, because it originated in prejudice, and is merely the clever development of a prejudice. Thus, for instance, it is stated that the first idea of the principle *similia similibus curantur*, arose in Hahnemann's mind from his taking a considerable quantity of bark when in a state of perfect health, and being afterwards attacked by symptoms resembling ague. Now, what are the real facts of this case? The explanation of *science* and *common sense*, and the testimony of an unprejudiced observer are simply this:—that when perfectly well, he took a large quantity of a nauseous medicine, and either from disgust at the remedy, or from the stomach being disordered by so inappropriate a visitant, he became the subject of constitutional irritation, shivering, and subsequent fever! Nothing can be a more

(* Continued from page 201.)

natural sequence; yet this germinates in his mind the idea that *similia similibus curantur*. It is obvious that no sound reasoning could have developed this idea—for no cure was produced—but on the contrary, morbid action; and therefore the idea must have arisen from the previously known fact that bark was a *remedy* for ague, associated with the accident of its having been followed by constitutional disturbance in himself, when the medicine had been taken into a healthy stomach. Thus originating in the most illogical and unphilosophical manner, the prejudice is created, and subsequent experiments are merely the development of this prejudice, which at once becomes a favourite idea from its novelty and singularity. The rest is easy:—a man of talent soon finds his prejudices confirmed, and dresses up results so as to deceive himself and others with a semblance of truth. Taking up this origin of the doctrine, it will be entitled to no other sympathy than that of any ordinary prejudice.

The extraordinary fact of all, is that our author reasons upon these developments, and allows them all the force of facts, and of "evidence in favour of any other medical doctrine, theoretical or practical." That which constitutes this fact so extraordinary, is that he had so recently denied to the evidence of far greater names than Hahnemann and his disciples, the inferences drawn from a similar appeal to the evidence of facts, and held them as valueless, only as it should seem, because they are more rational,—more consonant with nature and truth,—more scientific,—more unsophisticated, but woven together with less subtilty and prejudice. The fact is one which leads to the inference that the object of the writer is the advocacy of peculiar views, and not the application of the same rigid tests for sifting the character of evidence,—and the same denial of facts,—and the same impugning the character of observers, in all the aberrations of professional intellect; and the absence of this impartiality throws doubt upon all his subsequent reasonings and conclusions. I cannot institute a comparison between the relative claims to attention of homœopathy and allopathy; it would lead me too far from my immediate object, and I must be contented to make a few passing observations upon the pamphlet, and thus developing my views as to what is specially required in the present crisis of our science.

But I may not omit to inquire *why* are the public invited to study this subject? Why are they tempted by alluring newspaper advertisements, and a catch-title, to dive into these hidden things? Why are family secrets, and family defects, and family failings, and family shortcomings and misdoings, exposed to the vulgar gaze? Why are our errors, and infirmities, and weaknesses, allowed to pass the bounds of family kindness, and exposed to the unkindness of that world which is never famed for its sympathy with medical men, so long as it enjoys the blessing of health? And why are the ignorant summoned upon a special jury on a cause in which they possess no means of arriving at a correct judgment? It would be invidious to attempt answering these questions: various solutions of the difficulty present themselves, and it is not improbable that the correct one might be fixed upon without much hazard of going wrong. We shall not attempt the solutions, but we shall infer, and we are well assured we shall carry with us the opinion of the wise and good, that this appeal was a grievous error in judgment—an error which cannot be re-called, and which is so grievous as at once to throw a doubt over the soundness of that judgment to which such a practical error did not at once present itself as an evil most sedulously to be avoided.

If, then, we begin the investigation of our author's observations, with the conviction that they originated in prejudice,—that they have been supported by literary unfairness,—and have been marked by want of judgment, we shall have diligently to guard our own minds from the agency of prejudice against many truths which he may have forcibly enunciated; for he *has* spoken some very good and wholesome truths, though they are so disfigured by the garb with which they have been invested, as to be very difficult of recognition.

As to the fact of homœopathy having had many professors and many disciples, this is not surprising where so much selfish interest has been so largely awakened on both sides. The love of novelty is always attractive, and the vanity of being able to administer globules to oneself, and one's friends, is so enchanting, that we can feel no wonder at the multitude of disciples, and should only be astonished that they have been so comparatively few, especially when the escape from swallowing medicine, and paying for it too, is superadded to the former powerful motives. In addition to all this, the real relief which is occasioned to a patient devoured by *ennui*, in being compelled to adhere to a very strict regimen, is quite enough to account for its numerous followers, and also for the good it has effected in that multitude of miseries which have only been produced by eating and drinking too much, and having too little occupation. Then, with regard to its professors, we doubt not that many of them have honestly imbibed the views of the originator of homœopathy,—and that they have sincerely persuaded themselves into its usefulness,—and have seen evidence in its support,—and have been blind to opposing facts,—and have unconsciously arrived at their conclusions through a multitude of grievous sophistications. But there are other young men, who have had their way to make in the world,—who possessed no very definite or present prospect of success,—and who have seen their easy way clearly into competence, through the royal vista of homœopathy,—who have been only too happy to lay aside the days and nights of toil and research required for ordinary practice,—and to throw off its cares and responsibilities,—and to revel in the luxurious indolence of homœopathic apathy. On either side, whether as physician or patient, there has been no torturing sacrifice to make,—no disagreeables to encounter,—while the beautiful light of hope, without an effort, has irradiated the uncertain gloom of futurity.

In the pamphlet before us, we have a succinct and very learned sketch of the origin of homœopathy, and of the development of its doctrines as arising from the idea first conceived in the mind of Hahnemann, that "similia similibus curantur." It will be remembered

that this idea arose in the first place as a prejudice, produced in a highly imaginative mind; and it is not surprising, that possessed of this clue, in all future investigations, he and his enthusiastic followers should discover analogous results in future experiments on the effect of various medicines upon themselves and others. Such is the constitution of the human mind, that once imbued with a prejudice, to reason against its influence is unavailing; and that all its future agencies in this particular direction will be largely characterized by the *idée mère* in which they originated. Aided therefore by this prejudice,—by brilliant imagination,—and by the enthusiasm attaching to the promulgation of a new doctrine, they investigated the influence of certain medicines, and counting for days and weeks together, all the sensations, real and fancied, of themselves and others, attributed all these sensations to the influence of medicine,—assumed that they arose from the mode of its exhibition,—and pronounced this attribution and these assumptions to be the result of experience!

This, then, is all that can be fairly alleged in favour of homœopathy: its origin is in prejudice,—its development in error; above all other systems it possesses the deep, the indelible plague spot of *post hoc, propter hoc*, and has no other foundation for its conclusions. That it is startling from its novelty,—that it is inviting from its simplicity,—that it is agreeable from the boon it holds out to indolence, and from the facility with which it is practised,—and that it possesses a degree of cohesion in its several parts which invests it with the appearance of solidity, is freely admitted; but that these attributes should confer a title to its favourable reception cannot be admitted; that they should even give the privilege of comparison with rational treatment must be denied; and we must enter a serious protest against all deductions drawn from comparisons so instituted.

It is perfectly true that "vain declamations must cease in the presence of an experience that *cannot err*." But what then is that *experience*? This word is frequently misemployed to express the apparent results of an experiment, but in reality the latter has no claim to be affiliated with the former; it is only the repetition of a *post hoc propter hoc* series, and before it can be possibly dignified with the title of experience, it must be a rational and expected result from rational and adequate means. The experience therefore which Hahnemann claims as the basis of his doctrine, must be shown to be rationally coincident with the expected results from certain adequate remedies, or it is perfectly valueless. In order to be true, it cannot be independent of theoretical explanation; dismiss the latter, and it forms the grossest empiricism. How this reasoning bears upon the question of infinitesimal doses is obvious, but we have no space to enter upon these irrational attenuations; all we wish to shew is, that a doctrine originating in prejudice, unsupported by rational theory, and appealing only to the *post hoc propter hoc* ground of support, is not entitled to be put forward as in its effects, parallel to, and equally successful with, ordinary medical treatment. It is perfectly true that Dr. Forbes disbelieves the results of homœopathy, and considers them to depend upon *nature's agencies*, but he has exhausted much talent, and many pages, upon a development of its doctrines; he has favourably invited the attention of the public to those doctrines, and has invested them with an equal claim to attention as ordinary medicine, because he believes that in both cases the success depends upon nature's agency, and not upon the remedies exhibited. He is then very sceptical as to the efficacy of medicine, and as such he has had many prototypes. Happy indeed is it, that professional scepticism does not invalidate professional truth, and does not detract one atom from the great truths of nature,—viz., that certain remedies possess certain powers to produce certain effects, and that if we do not secure those effects, it is not the fault of the remedy, but of its misapplication.

The homœopathist advises, in acute disease, that the instinctive desires of the patient should be gratified in regard to food, drink, &c. Now, reasoning upon this subject, we should not be disposed to admit that the monitions of the nerves of any given organ, when perverted by acute malady, would be such, as in all probability to induce the sensorium to make choice of proper articles for food and drink. It very generally indeed happens, that this perversion induces a loathing of food, and this is excellent; but the thirst occasioned is frequently intense, and the choice of articles to allay this thirst is, in the great majority of instances, erroneous. Such is the fact. Take for instance a case of gastritis; the thirst is intense; and will the instinctive choice of fluids to allay this thirst, among the poorer classes, fall upon gum water, or barley water, or some such simple beverage?—will it not rather rest with intense desire upon wine, beer, or spirits and water? Let experience decide the question, and it must decide in favour of the fact, that alcoholic fluids will be sought for, and if so, not even an homœopathist would say, in gastritis, gratify the instinctive desire for wine.

Again, we are told, that seven-eighths of all chronic maladies are dependant upon constitutional itch,—that nature cannot possibly cure these maladies,—and that even homœopathy would fail, unless they were treated *anti-psorically*. It would be a waste of words and of time to attempt to show the fallacy of what the common sense of mankind must denounce as untrue, but it is based upon the same ground with all the other doctrines of this heresy,—viz., the *post hoc propter hoc* argument. The chronic malady is assumed to arise from psora,—it gets well under anti-psoric treatment, and therefore the thing is proven.* Of course unprejudiced

* It would seem that absurdity in this direction,—that is, absurdity directed by the *ad rem* object, has not yet reached its culminating point, since a new candidate for public favour, attended by its professors, its converts, its patients, and its cures, has just arisen also in Germany, in the doctrine of *Isopathy*, by which the disease of any organ is to be cured medicinally through the employment of the analogous organ of some healthy animal;—as for *instance*, stomach malady is to be cured by the patient being fed on the stomach of some healthy animal; and should this be extremely disagreeable to the patient, it is proposed by the originator of the doctrine, Dr. Hermann, to make tinctures from the said healthy organ, and thus to exhibit its concentrated essence.

professional men will not receive these dogmas, or attend to them, and all we wish to show is, the injustice of placing such irrational views by the side of rational medicine, and claiming for each the same value; for the value of each must be tested by its curative agency, and in both instances this is stated to be the same, and to consist in the simple efforts of nature.

It cannot fail forcibly to strike the mind of the reflective reader, that Dr. Forbes admits the claim of the doctrines of homœopathy to be founded "on grounds even superior to reason, viz.,—experience and experiment." Now it does astonish us, that our author should dignify blindfold prejudiced experiment, as a source of knowledge superior to reason, and that he should have dissociated the results of *experience from reason*, as if in such cases the one could be obtained without the other,—without reasoning upon the results of experiment, and grounding upon these, rational experience, or theory. To such a centrifugal influence from philosophy do great minds yield, when under the unperceived control of some favourite object,—some mentally cherished hypothesis.

The question of *regimen* presents itself for a few words of discussion. We are fully prepared to admit the importance of regimen generally in the cure of disease; and also that the success of homœopathy is dependent on the strictness of its regimenal rules, and its influence upon the nervous system of the patient. But in what respect does regimen differ from medicinal attention? Is not its object the same? Is it less irksome to the patient? Is it quicker and more certain in its agency? Are its sequences more effectual in the removal of disease and the restoration of health? Is it not notoriously the fact, that disorder is removed more certainly, more speedily, more efficaciously, by a combination of appropriate diet and medicine, rather than by medicine alone, or by regimen alone? If the prescriber be sufficiently skilled to select an appropriate diet, so will he be equally skilled to choose medicines appropriate to the prevailing indications.

We apprehend that in general terms it may be laid down, as essential objects in the treatment of disorder, to relieve and repress inordinate action,—to correct morbid action, and to sustain enfeebled power. We will admit that there are two ways in which these indications may be carried out,—indirectly and slowly by attention to regimen—directly and quickly by combining medicine with dietetic regulations. We *may be* in the infancy of medicine, and undoubtedly we have much of ignorance to deplore; but we do know, that the agency of certain medicines is to produce certain effects—effects upon which we may assuredly calculate, if the medicines have been judiciously prescribed. Equally, however, we are, in the infancy of organic chemistry, and of that knowledge, which would enable us to define with certainty, what alterations in the solids and fluids would inevitably follow the adoption of such a prescribed regimen. Our knowledge of the influence of each being equal, why are we to abjure, the safe, certain, speedy influence of medicine, in favour of the equally safe, less certain, and less speedy influence of diet? Not surely, because medicine has been injudiciously prescribed! This want of judgment would operate against both; grand mistakes have been made,—oppression has been treated for feebleness, and the most inappropriate medicine and diet have been directed; but that mistakes have been made, that injudicious treatment has been adopted, that medicine has been wrongfully administered, that the most improper diet has been enjoined, is no reason why medicine is mischievous and diet useless, though it is a grand reason why further inquiries should be made into the operation of both classes of remedies. In order to be useful, regimen must be essentially medicine; and to assert that regimen is required for the cure of disease, is still further to assert that medicine is also required, because equally safe, and a more speedy and certain remedial agent.

We have left for a special reply, one of the above inquiries, viz., is the regimenal plan less irksome to the patient? As a general rule, we decidedly answer in the negative. There are a few persons who will be cured,—not by their altered diet, but by the attention they are constrained to give to such and such regimenal rules; but these are few, and form exceptions to the general rule, that it is less irksome to patients to take medicine than to be everlastingly thinking about their diet and regimen,—their peculiar breakfast—their baths,—their exercise, &c., &c. The greatest difficulty in practice is to regulate the diet and regimenal attentions of patients, the very things on which they are the most inclined to transgress, and which give them the greatest amount of disgust. Why then are we to abjure the powerful aid of medicine, and substitute for it the feeble influence of diet, which in acute disease might be weeks or even months in effecting an impression upon malady which has run its unheeded course in a few hours or days; and which in chronic malady is inert, and leaves the disease to advance more rapidly than can possibly be overtaken by its slow and measured steps? Regimen and medicine are both useful things; but they should never change places. Medicine possesses the great attribute of altering the conditions of the system,—and regimen is a powerful auxiliary, but should always be held as subsidiary.

We quite agree with Dr. Forbes, that we have no "*unequivocal* evidence to prove that medicine administered homœopathically, and in homœopathic doses, has a *positive* power of curing diseases," but we cannot fail to express our surprise at the wavering state of mind which is exhibited, even by this quotation. There is, it seems, evidence, but it is only not *unequivocal*; there is proof, but it is only not quite *positive*, in favour of this assertion; thus being almost in the same position with theoretical medicine in general, and then passing on to the assertion, that the evidence in favour of homœopathy is precisely the same in character, though, perhaps, not the same in *amount*, as that adduced by the defenders of allopathy. But surely Dr. Forbes must have been aware that evidence of precisely the same character, though not of the same amount, may be adduced in favour of many great remedies,—of charms, and of magnetism, all of which he would repudiate, and consider it as "unwise and unphilosophical," to entertain and enquire

into, though they were "matters immediately and nearly concerning human health, human happiness, and human life." We can but feel astonishment that infant homœopathy should be so gently dealt with, while aged practical medicine is laden with all the errors and infirmities, and ignorance, and thoughtlessness of many of its professors. We do think that it would have been far kinder in Dr. Forbes, had he endeavoured to treat the disorders of his brethren allopathically, and not exposed them to the cruel gaze and scorn of mankind.

Our author appears to rely much upon the reports of certain hospitals with regard to homœopathic treatment. We must confess our want of reliance upon statistical tables at any time; we are well aware that by a little clever tact in this confection, and by arranging one disease under the name of another, and by first taking up a prejudiced opinion, which the tables are to support by their results, statistical tables may be made to speak anything, and therefore must be considered more in the light of an exponent of the opinions of the investigator, than as a sure record of facts, and can only be valued in this scale. And if so, their value will be very small, when we consider the tendency of the human mind to imbibe prejudice, and its love of success, and its strong selfish desire to support its own views, that however much we may feel inclined to allow the principle that every system must be judged by its practical efficiency, we cannot admit the still further conclusion that statistical tables are an exponent of that efficiency. We do not therefore consider them "as substantiating the momentous fact, that all our ordinary curable diseases are cured in a fair proportion under the homœopathic method of treatment." Upon this subject we must ask for a great deal more of evidence upon a point which is perfectly incomprehensible to all our ordinary notices and knowledge of nature's operations, and which, as such, demands an amount of proof far exceeding that of any ordinary fact, and in the *absence* of this extraordinary proof we must assume that all these results have proceeded upon the *post hoc propter hoc* principle, upon which we shall now proceed to make a few remarks.

This principle which appears common to both systems, is, however, the only one in which there seems to be community, and we freely admit that it is a mode of reasoning far too common in our profession, and in the world. At the same time, we are not altogether to disregard even this method of argumentation, for we must recollect that such *may* be the fact; that it is only by the accumulation of *apparent* sequences that we are led to calculate on the return of similar effects from similar causes, and that it is only by finding this expectation generally realized that we acquire what is called experience. We say generally, for there will be always in operation, causes disturbing these expected agencies, and it is our business to ascertain these causes, in order that we may know the sources of failure. The ordinary source of failure exists in the injudicious or erroneous application of the remedy; and he will be the best practitioner who is most accurately acquainted with these disturbing agencies, and who, therefore, best knows how to obviate and avoid them. We quite believe in the folly of employing a novel remedy for some important malady, and because the patient has recovered, loudly proclaiming that he has been saved by the agency of the said remedy. But if this remedy shall have been repeatedly exhibited under similar circumstances, very many times, in different places, and by a great variety of individuals, and identical effects shall have been produced, making all due allowance for the modifications induced by peculiarity of constitution, those modifications being always according to the constitutional expectancy, then we should say that the number of *post hoc* phenomena would enable us to profit by the facts, and with the aid of reason and experience, to pronounce that these are also, so far as we can see, *propter hoc;* and at any rate we are justified in expecting similar results from a like practice. And should we be disappointed in this expectation, we have no right philosophically to infer that our first reasoning was erroneous, but only that there has been some defective link in the chain, which has escaped our observation; and that we have actually prescribed the remedy, under circumstances, not suited for its administration. The error has consisted not in the defective power of the remedy,—not in its want of adaptation to peculiar forms of morbid action, but in our having omitted to weigh well some complication, the influence of which we have estimated too lightly, or it has been altogether concealed from our sight. There are a great variety of phenomena which we are justified in expecting, but for the recurrence of which we have no other reasonable ground for expectancy than that they have always followed similar attendant circumstances; and there can be no just reason why we may not adopt the same methods in medicine, provided that we give a sufficient time for the development of ample experience.

(*To be continued.*)

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Lues in Children.—Children are often seen affected with syphilis from different causes:—

1st. By the application of the virus to a part devoid of cuticle—an excoriated lip may take it from a diseased nipple.

2dly. From attempts made to have connection with them.

3dly. From the mother being affected with the disease.

When a child is affected with lues, the symptoms are not different to those in adults. It is not uncommon to find chancres and gonorrhœa in young females from the attempts of some brutal men who have entertained the vulgar and absurd notion that connection with virgins gets rid of the disease.

* Continued from page 204.

Clear and decisive instances of the disease being communicated by a sore nipple are extremely rare. When the disease has been communicated by the mother, it always appears as secondary symptoms. Children are rarely if ever born with lues; it generally does not appear till a fortnight or a month after birth, and then in the form of flat copper-coloured spots, but redder than in adults. The eruption is seen about the thighs, arms, between the shoulders, and more particularly where the sebaceous glands are most numerous.

The child has generally a sore-throat, and hoarseness—of so remarkable a kind that it can scarcely be mistaken, after having been once heard. The child has also a particular mode of crying; the lips are swelled, and the eyelids often discharge a large portion of matter; this, however, is not from venereal irritation, but from inflammation.

It is sometimes of the utmost importance to form a just diagnosis with regard to venereal affections in young persons, especially when medical men are called to give their opinion in courts of judication.

When there is ground for supposing brutish violence might have been used, we can derive no certain information from the presence or absence of the hymen. It might have been ruptured, perhaps, accidentally, in some other way; neither are puriform discharge, ardor urinæ, and excoriation, proofs of any injury having been attempted, as they all happen without such cause.

These symptoms are frequently cured by purging, attention to cleanliness, and the application of the vegeto-mineral water (diluted solution of the diacetate of lead;) mercury is not necessary, though it very much assists in such cases.

As the attempts of a sound person very certainly produce all these symptoms, without any contagion, so, on the other hand, the mere contact of a person having lues may communicate the disease, and produce them. In boys, ardor urinæ and puriform discharge may be the result of the penis being constantly handled, from their being stone in the bladder.

But in all these cases it is very important to trace the symptoms to their true source, and in such as are of doubtful character, it is best to give just mercury enough to heal the local symptoms, and run the risk of the secondary.

The possibility of hereditary transmission has been doubted by many able men, and amongst the rest, by Mr. Hunter, who urged that neither the secreted fluids nor the blood was capable of communicating contagion, though secondary symptoms were present. Boerhaave and even earlier writers taught the same doctrines.

The saliva, milk, semen, and urine, considered in themselves are not contagious fluids; but if the organs, which secrete them, become the seat of a venereal ulcer, and if a particle of its matter mixed with such secretions come into contact with an abraded surface infection may be the result. Men who are affected with lues, have begotten healthy children; and infected nurses have suckled children without communicating the disease.

To show that the blood, *per se*, cannot communicate infection, wounds produced in a syphilitic patient, will heal as readily as in any other person, unless they occur in parts where the virus actually exists, as for instance, when a diseased prepuce is removed by excision, although the blood and the natural secretions are not of a venereal character, yet if the organs secreting either of the latter fluids are in a diseased state, the properties of their secretions may be so altered as to become capable of producing infection.

It has been urged that the child becomes affected during its passage through the vagina from sores existing there. It has, however, been known that an infant has been born diseased, when the mother had only gonorrhœa for some time before the birth of her child.

It has also been urged that there is no connection between the blood-vessels of the mother and those of the fœtus; but it is certain that the child is furnished with blood from the mother in some way; and if the blood of the mother were contaminated by the presence of venereal matter absorbed into it, the child no doubt would receive infection.

That infectious diseases may be so communicated there are undoubted instances. Forester mentions a case where the eruption of the small-pox appeared on the internal as well as the external parts of a child at birth. That the small-pox as well as the measles have been communicated in utero is certain; and that lues has been transmitted in the same way, admits of the same proof.

When the mother is diseased, the child is often born dead, and very much atrophied; this may arise, not so much from the venereal poison, as from the ill health of the mother or effects of mercury. Children when born alive of syphilitic mothers, have generally a pale shrivelled appearance, and often die in a few weeks, with apparent marks of the disease upon them; and when they are born apparently healthy, are attacked in a few weeks with sore-throat and other symptoms of the disease, which constantly yield to the use of mercury.

Children affected with lues have appeared to communicate the disease to women who have suckled them. The disease, in many such instances, cannot be traced to any other cause, and yields only to mercury.

That the child is not infected in its passage from the uterus, is proved by the circumstance of many women bringing into the world diseased children many weeks after the local symptoms were apparently cured.

It may be asked why the symptoms should not more frequently occur in children before birth, where the infection has been received so long? To this it

may be answered, that the state of the fœtus in utero is favourable to counteract the effects of the virus. It is constantly immersed in a warm fluid, the blood circulates freely, and the sebaceous glands have scarcely begun their functions. It appears necessary that there should be a deposition of the virus somewhere to produce its local effects; but the state of the fœtus in utero is unfavourable to such deposition. As soon as the vessels are exposed to the air, and the vital and natural functions are properly performed, this deposition takes place and the symptoms appear. That this development takes place from the influence of the air, is proved by the secondary symptoms appearing on the most exposed parts, and by the virus never attacking the viscera.

It is to be suspected that the virus never excites any symptoms till the infant is born, it having been previously floating in the blood-vessels, and no deposition therefore having taken place.

Women, who have been affected with lues, and apparently cured, have frequently given birth to unhealthy children. It sometimes occurs that the first child is very much diseased; the second less so; the third somewhat unhealthy; and perhaps the fourth in every respect a healthy child. But all this time it is not to be supposed that the mother is affected with true syphilitic, but rather with syphiloid disease, gradually wearing itself out.

Treatment of Lues in Children.—If the mother be affected with the venereal disease, and the child sleep with her, and if she give suck to it, it will be only necessary for the mother to use the remedy. When the mother is under the influence of mercury, the child's mouth is often extremely sore; but if the child does not become affected by the mercury, it will be right to give it half a grain of the chloride of mercury, twice a day. If the calomel run off by the bowels, a scruple of the mercurial ointment should be rubbed upon the child's body, nearly every day, for five or six weeks.

It is not desirable to salivate a child severely, as it has sometimes proved fatal; children, however, bear mercury so well, that there is more danger in giving too little than too much.

Anomalous Symptoms of Syphilis.—Ulcer of the Uterus.—This has sometimes occurred when the woman has had no external appearance of syphilis; and infection might occur from this cause, when it is disputed by the female from the want of external proofs of the disease.

The symptoms of primary sore on or near the os uteri are—discharge, pain under pressure, and, by digital examination, the discovery of an ulcer, of a superficial character. The uterus will not be found enlarged, but more indurated or thickened than is natural, with its mouth in some measure dilated. This ulcer is attended with flushing of the face, frequent pulse, and a febrile disturbance of the system, resembling hectic fever; sometimes, however, the ulcer remains several weeks without particularly deranging the system. This kind of ulcer should be treated like the primary sore on any other part of the genital organs, and it should be frequently washed with lime water and calomel.

[The use of the speculum has made us better acquainted with ulcers on the vaginal aspect of the uterus; and they appear to be of far more frequent occurrence than they were discovered to be at the time Mr. Pearson delivered his lectures. I was lately called in to a case of this kind, and by the aid of the above instrument, the ulcer was perceived to be superficial, and the surrounding parts of the mouth of the uterus somewhat swollen—shewing the accuracy of Mr. Pearson's statement made without the assistance of modern invention. This species of ulcer ought not to be placed amongst the anomalous symptoms, but with primary syphilitic sores, supposing, of course, that they were produced by venereal infection.]

Loss of Voice.—It is not unusual for venereal patients to have a total or partial loss of voice, attended with deafness; if, then, there be pain of the larynx, and hoarseness, after repeated attacks of lues, the symptoms are to be referred to such a cause, and treated accordingly.

In such cases there will generally be thickening of the mucous membrane of the epiglottis, or, what is worse, ulceration of the larynx and destruction of the valve.

Thickening or stiffness of the epiglottis, so as to prevent its covering the glottis, is removed by mercury; but if there be ulceration of the larynx and destruction of the epiglottis, accompanied by symptoms resembling croup, and if there be at the same time a bad state of health, a quick pulse, and a wasting of the body, the disease always terminates fatally. There is sometimes a peculiar kind of hoarseness, arising from fungi in the larynx, resembling verrucæ, which cannot be ascertained during life. In venereal ulceration of the larynx, the fumes of cinnabar will be the best local remedy, where they can be borne.

[The late Mr. Vance's method of swabbing out the larynx with a solution of Argenti Nitras, may be useful in incipient cases of this kind, and in the more advanced stages, the iodide of potassium, with mercury, will be found the most effectual treatment.]

Eczema Mercuriale, or Mercurial Rash.—In some persons the skin is remarkably susceptible of mercury, whether used externally or internally.

The period at which the rash appears is various and uncertain; in a child, half a drachm of the mercurial ointment, or a dose of calomel, has produced it, and it is sometimes seen when the course has been almost completed.

The rash is first found about the scrotum and upper

part of the thighs, sometimes also at the bend of the arms; it generally affects the lower more than the upper part of the body; there may, however, be occasionally seen, along with the affection of the lower parts, an erythematous patch on each cheek.

In most instances the rash extends over the whole body, producing frequently a tumefaction of the skin, equal sometimes to that seen in small-pox. The heat of the body is increased, the pulse is quick, and the tongue white, but the sensorium is not usually affected.

This eruption is evidently vesicular, but the vesicles are so small at first, as to require a magnifying lens to discover them. They go on increasing till they acquire the size of a pin's head, when they become puriform, burst, and discharge an acrid and irritating matter, which emits a most offensive odour. In a few days the patient may be excoriated from head to foot, one part discharging an adhesive matter, and another a thin ichorous fluid.

There does not appear to be any fixed limitation of the eruption; as it subsides, the skin acquires a pale brown colour, and is left in a state of roughness.

The first desquamation may be succeeded by a second and third, so that the whole body will appear as if covered by a white powder.

When the eruption is universal, it generally lasts five or six weeks, and will sometimes be followed by the separation of the nails, and the falling off of the greater part of the hair of the body.

Such are the appearances with which the disease will be found to correspond, when its form is regular and severe. In other instances it only appears on the arms and inside of the thighs, and it soon dies and disappears.

(To be continued.)

CASE ILLUSTRATIVE OF THE EFFECTS OF A LOADED STATE OF THE BOWELS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

If you think the following notice of a case which occurred to me some time since worthy a place in your Journal, you are welcome to it. It shows at least, in the first place, what a lucky hit will sometimes do; and secondly, that the public are about as apt to bestow their praises as their censures wrongly, when the performances of medical men are under their consideration.

I am, Sir,

Very faithfully yours,

THOMAS E. AMYOT.

Diss, February 28, 1848.

It was in a summer month that I was called over in a very great hurry to attend an old lady, the widow of a farmer. She appeared about fifty-seven or fifty-eight years of age, was very corpulent, and of a florid complexion. I found her supported by chairs, alternately groaning and screaming, with agonies of pain in her right leg, which, from the groin to the foot was swollen, and dark coloured from the turgid state of the blood-vessels; it was intensely tender to the touch, but not œdematous, neither was there any appearance of erythema or erysipelas. Her pulse was rapid and excited, but perfectly compressible; the tongue was foul, and the bowels, according to her own account, *open, or even rather relaxed.* I confess the real cause of the mischief did not at the time strike me, and after cudgelling my brains during a seven miles' ride home, I resolved on simply trying the effect of a brisk calomel purgative, and a saline and senna draught, determining at the same time to visit my patient early on the following morning, and, if possible, to form a just opinion of the real nature of the case. To my great delight, on my second visit, I found the purgative, which I had looked upon only as *a demurrer*, had done its duty most handsomely, having completely removed the pain and swelling,—and what is more, the cause thereof, in the shape of two or three most copious, dark, lumpy, and very offensive motions. I have no doubt the large intestines had been so distended, as to interrupt the venous circulation, and so to cause the symptoms above detailed.

The case at least taught me never to depend simply on a patient's assertion, when there is any cause to suspect *constipation*, but to examine carefully the evacuations, however regularly they may be passed; and if the fæces be flattened in shape, or *loose and offensive, without the symptoms of debility produced by* TRUE *diarrhœa*, to clear the bowels effectually before adopting any other treatment.

DISLOCATION OF THE HUMERUS REDUCED UNDER THE INFLUENCE OF CHLOROFORM, WITH OBSERVATIONS.

By W. NEWNHAM, Esq., Farnham,

At the present time, when it is peculiarly necessary to form just ideas of the value, and the precise position of chloroform, I think it may not be undesirable to chronicle in the Journal, even the following case, which has no pretensions to rarity, or to remarkable skill, or to any other peculiarity, except as illustrating the value of chloroform in certain cases. I am disposed to think the remedy has been taken up too sanguinely by the profession in general, and I am fearful of its abuse; but I doubt not, that it is a valuable agent, and that it will by and bye find its proper level. I have lately become acquainted with a case of fatal consequences following its exhibition, though I am not at liberty to publish it; but I do think that great caution should be employed; before its use is determined upon; nor can I yet bring myself to the conviction, that it is desirable to employ it in all cases of midwifery, though I would not hesitate to give it, where any obstetrical operation were to be performed. The following is a simple statement of the case referred to:—

I was called in by Mr. Yate, of Godalming, to consult about the management of a dislocated humerus, in an old lady, who had met with this accident sixty-one days previously, but who had not known the nature

of the accident, nor consulted any one about it, till she called in Mr. Yate the day before. The dislocation was into the axilla; the usual means of extension and counter-extension were employed by pulleys. Finding that we did not succeed, and that the pain was becoming intolerable to our patient, we determined on exhibiting chloroform; and shortly after she came under its influence, we succeeded in reducing the shoulder, and she has gone on remarkably well ever since. Previously, she had not slept in consequence of pain accruing from the pressure of the dislocated humerus on the axillary nerves, but with the exception of the first night, she has since slept peacefully, and the old enemy to sleep—pain—is completely removed. I do not say, that we *might* not have reduced the shoulder without the aid of chloroform, but I am satisfied that the reduction was facilitated, while the pain to the patient was spared by its employment.

April 10, 1848.

CLINICAL NOTES FROM PRIVATE PRACTICE.*

By W. H. Ranking, M.D., (Cantab.,) Norwich.

2. *Coma from retained Biliary Secretion: Leeches; Cold Douche to the Head; Active Mercurial Purgative: Cure.*

I was called about eleven at night, three months since, to the son of an innkeeper, aged 13. It appears that he had returned from school a few days previously, and had gone to bed in apparently his usual health, at ten o'clock. About half an hour before I saw him, he roused the house by a most piercing scream, and upon his mother reaching his room, he was discovered sitting up in bed, screaming loudly, and staring with an intense expression of terror into a corner of the room. While in this condition I arrived.

I found him as I have just said, staring with fright, and uttering piercing screams. The countenance was flushed, the eyes glistening, the pulse natural in volume, but a little quickened. He took no notice whatever of any one near him, but continued to stare wildly in one direction, in spite of every attempt to attract his attention. He had vomited once. While I was making enquiries as to the antecedents of this formidable condition, he slowly fell upon the bed, and in a few minutes was in a state of complete insensibility. I immediately sent to the nearest chemist for leeches and calomel, and in the mean time had him raised up, and kept a continuous stream of cold water upon the head, first removing the hair; mustard cataplasms were also applied to the calves of the legs. As soon as they arrived a dozen leeches were applied to the temples; and ten grains of calomel were also put upon the tongue, to be repeated in two hours. I staid with him an hour, and left him with returning consciousness, the leeches having bled freely, and the cold douches being continued at intervals of a few minutes. At ten in the morning he was perfectly collected, the bowels had been freely purged, an immense quantity of dark offensive bile having passed. He required no further treatment.

My first impression on seeing this case was, that it was an instance of the sudden invasion of meningitis, an opinion which might have been countenanced by the boy's age, and by the fact that he had lost two brothers, or a brother and sister, of "water on the brain," and was himself of strumous aspect. But the rapid supervention of complete coma, and the absence of convulsions, at once disabused me of this view of the case, and I had therefore no hesitation in attributing the symptoms to sudden congestion of the brain, induced either by the presence of indigestible matter in the stomach, or by the retention of vitiated secretions elsewhere. The age was against the probability of the congestion being due to disease of the cerebral blood-vessels, as was his aspect against the suspicion of the agency of general plethora. I confess, however, that under the urgency of the symptoms, and the clearness of their indications, I felt inclined to leave the pathology to be determined by the progress of the case. The first object was to relieve the cerebral vessels, which was done effectually by the combined effects of leeching, and the cold douche, the latter especially; the second was to remove the exciting cause, which, as the stomach had been freely evacuated, I judged to be seated in the intestines. This was accomplished by the calomel. Many would have used the lancet freely; and as the result proved, by so doing, would have inflicted a very unnecessary loss of blood,—a loss more easily produced than remedied. The cold douche would, I am convinced, if properly applied, in many cases of threatened apoplexy, puerperal convulsions, &c., completely obviate the necessity of the wholesale blood-letting, too often indulged in in such cases; often, I believe, from the convenience with which the lancet is applied, and the little trouble it involves.

The result of this interesting case will, I think, justify the diagnosis at the head of these remarks,—the proximate cause of the symptoms being cerebral congestion; the remote cause, the retention of the fœtid cystic bile which was dislodged by the calomel.

For some excellent remarks on the production of coma by retained secretions, &c., I would refer the reader to a paper by Mr. Corfe, (*Medical Times*, October 9, 1847, or *Half-yearly Abstract*, Vol. 6, p. 25.

* Continued from page 207.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MAY 3, 1848.

The French medical journals give a lamentable account of the position and prospects of medical men, under the dislocation of social interests at present existing in Paris. It is in vain that the Feuilletonist of the *Gazette Médicale* attempts to be facetious on the subject; his witticisms are evidently extracted from a spirit more disposed to grieve than to be merry. Miserable as the remuneration of the French

physician would appear, when compared with the more liberal fees received on this side the Channel, even the paltry two francs a visit has already become a matter of history. Human nature is pretty much the same everywhere, and one of its failings seems to be, even in prosperity, to consider the doctor's bill the last that need be paid; it is not therefore to be wondered at, that when the money is scarce the poor doctor gets thrown overboard altogether.

At this moment Paris is all but depopulated, as far at least as a profitable "clientelle" is concerned. The rich man flies that he may preserve the remnant of his wealth, the smaller proprietor that he may escape being called up by the "rappel," as a national guard, half a dozen nights in succession. An awful breach is thus made in the visiting list. But this is not all. Not only do the old patients take their departure, but no new ones arrive. One writer, who confesses to having made a comfortable subsistence out of an "hotel garni," inhabited by the more liberal sons of "perfide Albion," suddenly finds himself with nothing to do; and even the consulting physician is to be seen lounging on the Boulevards, and jumps at an opportunity of once more seeing a veritable fee. Another writer, still more unfortunate, tells an anecdote equally demonstrative of the blessings of the "liberté, egalité, fraternité" system. Thinking it prudent to collect his debts while he could, he requested payment of the modest sum of thirty francs, from a once wealthy patient. This gentleman having no ready money, tendered him a bank bill for 500 francs, in exchange for which the doctor gave him the difference (470 francs,) in silver. When he took the bill to a money changer to be cashed, the latter demanded forty francs discount. As he quaintly observes, one need not wish for a large practice of this kind.

The Feuilleton of the *Union Médicale* bears similar testimony. All the rich among the population, those who are possessed of income, and the aristocracy, have fled the capital: of wealthy foreigners not one remains. Commerce and trade are gone to the dogs. Manufactures, *(industrie,)* arts, letters, are no more. So that the doctor who, in the usual state of affairs, had always difficulty enough in converting the gratitude of his patients into sterling coin, is, under existing circumstances, deprived of all his revenues. And, what is singular, there are no sick; the republic is decidedly a most healthy regime. The more fortunate of our brethren are necessitated to put down horses and carriage, to reduce wages and expenses, and to reform to the utmost their household economy. What then must it be with the more numerous class, whose practice scarcely suffices for the maintenance of a moderate existence,—with those whose visits are more frequent in garrets, *(mansardes,)* than at the palace; at the little shop than in the gilded saloons of the prosperous; to the cottager than in the families of the aristocracy. There are among the medical practitioners of Paris, (and we have, says the writer, painful acquaintance with the fact,) sufferings unheard of, and these sufferings are borne with a courage, resignation, and devotion, of which no other class of society affords an example.

It has ever been the character of the medical profession in this country, that however clamorous it may be for the fancied benefits of internal reformation, it has shewn itself on all occasions the staunch supporter of social virtues in general, and averse to political iniquities in particular. It is a fact of which to be proud, that while members of other professions, even of that which ought to be a sacred calling, do not hesitate to atchieve a temporary notoriety by pandering to the evil passions and misleading the ignorance of their audience, the ranks of the medical profession seldom produce a mob orator. Their interests as well as their conscience, are indissolubly connected with the maintenance of order, and the preservation of the mutual dependencies of society. If it were otherwise, and many could be found mad enough to embark in the republican phantasies which are now upturning the surface of the commonwealth, the experience of our French brethren as to the inevitable results of such precepts upon their receipts would, we conceive, be sufficient to cure them of their folly.

Reviews.

Deafness practically illustrated: being an Exposition of Original Views as to the Causes and Treatment of Diseases of the Ear. By JAMES YEARSLEY, M.R.C.S.E., Surgeon to the Metropolitan Institution for Diseases of the Ear, &c. London. 1847. pp. 181.

In the course of a brief introductory chapter, we are informed that the aim of the author in publishing the work before us is to prove "that in nine-tenths of the

cases which come before the practitioner, deafness will be found to have originated in a morbid affection of the mucous membrane lining the throat, nose, and ear." "The latter," he continues, "is reached through the Eustachian tube, and according as the disease terminates in simple thickening of the mucous membrane, in adhesions, in partial or total loss of the membrana tympani, in disorganization of the whole mucous lining, in loss of the ossicula, or of the inner membranes of the fenestræ, so is deafness more or less intense and confirmed."—p. 6.

In the second chapter we find an outline of the principal diseases of the ear producing deafness. These are divided into:—1st. Diseases of the external ear—the auricle, external auditory passage, and external surface of the membrana tympani. 2nd. Diseases of the middle ear—the cavity of the tympanum, the internal surface of its membrane, the small bones of the ear with their muscles; and occlusion, stricture, or complete obliteration of the Eustachian tubes. 3rd. Diseases of the internal ear—the auditory nerve, and contents of the labyrinth. Figures of instruments for viewing and exploring the passages, and for other operations connected with aural surgery, are also given in this and the following chapters.

The third chapter is devoted to the subject of catheterism of the Eustachian passages, in which a brief history of the operation, and a description of the mode of performing it, are given. Mr. Yearsley is of opinion that "*no persons labouring under deafness, however protracted, should abandon hope of relief, until their ears have been skilfully explored by catheterism of the Eustachian passages.*" p. 66. It is, however, an operation which requires much skill and tact, both in the performance, and in deriving from it those advantages in the diagnosis and treatment of diseases of the middle ear, which its advocates teach us to expect from having recourse to it.

Many of the affections referred to in these chapters are pretty generally left to the professed aurist, and with the comparatively little attention bestowed by surgeons in general on diseases of the ear, it is well, perhaps, that it is so; but there are numerous cases of deafness which must from time to time come under the notice of medical practitioners connected with derangements of the brain and nervous system, of the throat, and of the stomach; and a due acquaintance with the causes, symptoms, and treatment of such cases, is of much importance to every medical man who values his own reputation, or the comfort and welfare of his patients.

The professed aurist, whose attention is apt to be directed mainly to the ear alone, as Mr. Yearsley very justly observes, (p. 77,) but too often leaves these cases out of view; and if the physician or surgeon is not cognizant of the influence exerted on the sense of hearing by various disordered states of the organs referred to, and especially of the mucous membrane of the fauces and upper part of the alimentary passages, cases remediable, or capable of much relief from appropriate treatment, are allowed to pass without notice, until the injured or impaired sense is looked upon as irretrievably gone. The author's observations on these subjects, in the fourth and fifth chapters of the volume, will be read with advantage by practitioners in general, and afford many useful hints to the physician or surgeon for the detection and management of such cases. They will be found, as well as those on the affections of the auditory apparatus, to bear out his assertion, that the mucous membranes are especially to be looked to in the study of aural diseases; and though ultimately other structures may become involved, the primary morbid action, in a vast majority of cases, would seem to originate in some derangement of the mucous lining membrane, either of the ear, or of parts intimately connected with it.

In a chapter devoted to the statistics of deafness, (chapter 7,) the reader will find some particulars of interest.

The following is a summary of 2000 cases collected by the author from his own private case-book, and from the records of the Ear Institution:—

SEX.

Males—1318; Females—682.

AGE.

Under 5 years	51
Between 5 and 10	116
„ 10 „ 20	354
„ 20 „ 30	433
„ 30 „ 40	328
„ 40 „ 50	300
„ 50 „ 60	172
„ 60 „ 70	165
„ 70 „ 80	74
Above 80 years	17

EAR AFFECTED.

Left ear only, 102; right ear only, 34: both, 1864.

DURATION OF DISEASE.

Under 1 year	359
Between 1 and 3	234
„ 3 „ 6	388
„ 6 „ 10	279
„ 10 „ 20	412
„ 20 „ 30	216
„ 40 „ 50	43
Above 50 years	20

PRESUMED CAUSES.

Cold	811	Dyspepsia	124
Bathing	67	Mercurial Medicine	43
Scarlatina	222	Cutaneous Diseases	23
Measles	102	Anxiety of Mind	17
Small Pox	15	Lying-in	10
Erysipelas	30	Debility	28
Fever	27	Loud Noise and Accidents	65
Neuralgia	12		
Hooping Cough	5		

Various Causes not specially distinguished - 189

Unassigned - - - - - - - 210

Portraits of Diseases of the Skin. By ERASMUS WILSON, F.R.S. Fasc. I. and II. London. Folio, coloured plates.

The title selected for this work is admirably descriptive, the plates being strictly portraits, and most faithfully characteristic of the affections represented. It is impossible to speak too highly of the manner in which they are executed, or of the artistic skill with which they are delineated. They are drawn and coloured immediately from nature by Mr. William Bagg, and the accompanying letter press consists of a brief notice of the history and progress of the individual cases delineated, together with some general observations on the nature of the affection, the general principles of treatment, and their application to the instances selected for illustration. Each fasciculus contains four plates, and it is, we learn, the intention of Mr. Wilson to continue the work as appropriate subjects present themselves, issuing about two fasciculi in the course of the year. The plates in the first fasciculus are—A, a case of chloasma or liver spot; B and C, favus confertus and dispersus, or crusted or honey-comb ringworm, representing the same patient with the disease at its height, and when the cure is nearly completed; D, an aggravated case of psoriasis palmaris. In the second fasciculus, plates E and F are representations of the right and left sides of the face of a woman affected with lupus exedens serpiginosus, shewing the disease in progress, and the cicatrices left after its disappearance; plate G. is a case of lichen agrius on the back of the hand, and plate H, a case of melanopathia and leucopathia, or black and white discolouration existing simultaneously in different parts of the skin of the same subject. Nothing can exceed the beauty of these delineations of skin disease; the plate of psoriasis palmaris in particular is truly admirable. We most cordially commend the work to general attention, as likely to prove eminently useful to the practitioner, while it is in the highest degree creditable to the author, the artist, and the publisher.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

March 2nd, 1848.

W. H. PARTRIDGE, Esq., in the Chair.

PARTIAL SOFTENING OF THE CEREBELLUM: CLOT IN THE PONS VAROLII: GRANULAR KIDNEYS.

Mr. Bindley exhibited the kidneys in a state of granular degeneration, removed from a young woman, seven months advanced in pregnancy with her first child, who died after convulsions of an epileptic character.

July 5th, 1847. Mrs. H——, aged 26, short and stout, of temperate but inactive habits, pregnant seven months. Since quickening, her health has been excellent, and she has grown fatter. For the last few days her feet and legs have swelled, and yesterday she was unusually drowsy. After some imprudence in diet, she was seized in the night with violent gastric pain, followed by vomiting and severe retching. During this attack, she had a convulsion of an epileptic character, and when I saw her at eleven o'clock, a.m., had had three more fits. I found her in a dull half-conscious state; her speech was indistinct; face flushed; head hot; pulse 96, full, and incompressible; pupils natural. On attempting to make water, another fit came on. Her hands were clenched; her arms and legs were stretched, and forcibly contorted; lips thrust out; brows corrugated; features contorted; eyelids forcibly closed; face at first livid, soon became pale; respiration laborious and stertorous; tongue thrust out of her month, was grasped by the teeth, and severely bitten. The fit lasted two or three minutes. Twenty ounces of blood were taken from the arm, and leeches applied to the temples; the hair was cut off, and spirit lotion applied to the head, and calomel and other purgatives administered. The placental soufle was audible, and there was no show nor sign of labour.

Five, p.m. Had three more fits, and quite unconscious; pulse 96, hard; purgatives rejected by vomiting; no evacuation from bowels or bladder. Calomel and jalap powders were placed upon the tongue, and a purgative enema ordered. The blood drawn has a large loose clot.

Ten, p.m. Convulsions continue; pulse 84, occasionally intermitting, hard, and incompressible; respiration frequent; pupils dilated and sluggish; os uteri firmly closed. Sixteen ounces more blood were taken from the arm, after which the pulse rose, and became small and soft; eyes drawn to the right, with a quivering motion. Eight ounces of urine were drawn by the catheter; it had a deep brown colour, specific gravity, 1.018, acid re-action, and deposited albumen abundantly, both by heat and nitric acid. Croton oil was given by the mouth, and assafœtida and colocynth by injection. The membranes were ruptured by passing a female catheter through the os, and the liquor amnii discharged. The abdomen, which had been tense, became softened. The convulsions continued through the night, coma supervened, and she died at 10 a.m., about thirty hours after the first attack.

Autopsy, twenty hours after death. There was a good deal of subcutaneous fat. *Head:*—Little or no congestion of blood in the sinuses and veins on the surface of the brain, and no serous effusion. The brain itself was paler than natural, and there were two or three tea-spoonfuls of fluid in the ventricles. At the base was a small clot lying upon the upper border of the pons Varolii, between the origins of the third pair of nerves, extending downwards by the side of the basilar artery, and upwards along the under surface of the anterior lobes.. There was also softening, with discoloration, to a small extent, in the left lobe of the cerebellum, and some ecchymosis about its crura and upper surface. *Chest:*—On both sides some old adhesions; on the right they were between the lungs and diaphragm; lungs and heart sound. *Abdomen:*—

Diaphragm adhered generally to the liver by fine cellular bands. The great omentum (which was remarkably free from fat,) was attached by its free border to the brim of the pelvis and abdominal parietes, drawing down some way the transverse colon, between which, and the margin of the liver, were some old cellular bands. With the exception of the kidneys, there was nothing worthy of notice in the other abdominal organs. The uterus contained a healthy looking fœtus, of about the seventh month. There was no fæcal accumulation in the colon. Both kidneys presented similar morbid changes; they were of ordinary size and shape, the right, the larger of the two, and most diseased, rather soft and flabby. On laying them open, the cortical portion was found to have lost its natural appearance, being of a greyish-green colour, of soft texture, and mottled; scarcely any portion of it remained healthy, and the degeneration extended between the cones of the tubular structure, and also to some of these. On stripping off their investing membrane, the external surface was rough and granulated, and of a pale grey colour. The renal arteries and veins appeared natural, but the small portion of aorta removed with the renal arteries presented the ordinary atheromatous condition on the fatty degeneration of Gulliver. The blood was tested for urea by Mr. Charles Palmer, crystals, small in quantity, having the characteristic shape of nitrate of urea, were discovered under the microscope.

GRANULAR KIDNEYS: CLOT IN THE CEREBELLUM.

Mr. Bindley also presented the kidneys in an advanced stage of granular disease, and the cerebellum with a large clot of blood, taken from a man sixty years of age.

Mr. J. E——, aged 60, a plumber and glazier, a broad-shouldered stout man, of low stature, with large head, and short thick neck, constituting what is usually called "the apoplectic make." Has for many years been subject to frequent attacks of gout and gravel; the urinary disorder taking the form of copious deposits of uric acid and urates. He has also passed by the urethra several small uric acid calculi. He took the alkaline carbonates freely, and occasionally colchicum, with saline aperients. The attacks of gout became less frequent, and the urine altered in character. With these exceptions, and an attack of cerebral congestion three years ago, followed by paralysis of the right side, from which he recovered completely in a few days, he had fair health till about eight months ago; he then began to complain of pain, and aching in the loins, drowsiness, palpitation of the heart, and dyspnœa, with cough; headache and vertigo, and occasionally sickness and vomiting. Was dejected and low, and said he thought he should go deranged. The urine was more copious in quantity, and less high in colour; the only note I have of its condition was made in June last; it was then turbid, and in a few hours acquired an ammoniacal odour, of specific gravity 1.018, strongly alkaline, with an abundant whitish deposit, which under the microscope was found to consist of prisms of triple phosphate, and amorphous granules of phosphate of lime, which disappeared on the addition of acetic acid. This urine effervesced with nitric acid. There was increased dulness on percussion over the cardiac region, with a powerful impulse, but no abnormal sound. He continued pretty much in this state till December, when he had an attack of influenza, from which he never fully recovered. Latterly he complained much of severe pain in the left loin, shooting through to the front of the abdomen. There was no anasarca nor œdema. On the morning of the 13th of February last he was seized with apoplexy, and was bled to the extent of twenty-six ounces. Died the same day at noon.

Autopsy, eighteen hours after death.—*Head:*—There was but little blood in the sinuses and in the veins on the surface of the brain, and the cerebral substance was remarkably exsanguine; the arachnoid was opaque, and underneath was a small quantity of turbid serum; there was a little bloody serum in each lateral ventricle. In the left lateral ventricle was found the tapering extremity of a large clot of blood, passing backwards through the third and fourth ventricles, which it distended to the cerebellum, where it had originated: it occupied the anterior portion of the cerebellum, which to a great extent around the clot was softened and broken up, as was also the valve of Vieussens; the arteries at the base of the brain exhibited small atheromatous deposits. *Chest:* Lungs and pleuræ sound; no effusion. The pericardium contained about four ounces of turbid serum, and presented a punctated redness. The heart was covered with fat. The *left* ventricle was enormously hypertrophied, its walls measuring at their thickest part one inch and a quarter, and the fleshy columns with their tendons had undergone the same augmentation in size; the size of its cavity was about natural. One of the aortic valves was thickened and ossified along its attached border, but not so as to interfere with its function. The walls of the right ventricle were thinner than natural; the other cavities and valves sound. The structure of the heart had its healthy red colour. *Abdomen:* Great deposit of fat in the omentum and mesentery, and about the kidneys; the diaphragm and liver were adherent; the liver was rather large and firm, and but little congested; spleen hepatized; the kidneys were of small size, of firm consistence, and of a pale greyish colour: on stripping off their proper tunic, the external surface was rough and scabrous, exhibiting here as well as internally an advanced stage of granular degeneration; on their surface were several small cysts. The morbid changes were most marked in the left kidney, where was a large deposit of fat around its infundibulæ, and two small calculi, of the size of horse-beans. The other organs were healthy. The urine found in the bladder deposited a moderate quantity of albumen, with heat and nitric acid: it was turbid and pale, and its density was 1.013.

The calculi have been examined by Dr. Percy, and found to consist of triple phosphate, around a nucleus of clotted blood.

ACUTE LARYNGITIS; TRACHEOTOMY.

Dr. Fletcher exhibited the trachea after the operation of tracheotomy, in a case of acute laryngitis, in a woman,

aged 48. Dr. Fletcher was summoned late at night, and found the patient suffering from symptoms of so urgent a character that he at once decided that tracheotomy must be performed instantly. Whilst awaiting the arrival of the surgeon the symptoms became so alarming, that he was induced to attempt some temporary relief by freely scarifying the soft palate, tonsils, and back of the pharynx with a lancet; the operation gave instant relief; the swelling of the parts subsided, and tracheotomy was consequently deferred. The following evening, however, the alarming symptoms returned; the face was blue; the nails livid; the patient was delirious and saw visions. Tracheotomy was performed at eight p.m., by Mr. Amphlett. Dr. Fletcher observed, that after the division of the lining membrane of the trachea, dark bloody serum flowed from the mouth and from the incision in large quantity. He had noticed a discharge of a similar fluid from the incision during the operation of tracheotomy on a former occasion, whilst an attempt was being made to enlarge the opening in the trachea, and was consequently led to believe that it probably issued from the submucous cellular tissue of the larynx, which was likely to be in a very œdematous condition. The operation afforded an extraordinary amount of relief, and there appeared every hope that the case might terminate favourably; but on calling on the following morning, he found the patient was dead.

In the *post-mortem*, the larynx only was examined by the gentleman who undertook to perform the dissection, in consequence of an alarm being created by the approach of the friends. Hence the cause of death was not discovered. The larynx itself was not opened until the morbid appearances had somewhat subsided; the mucous membrane was very loose in its attachments, probably from serum having been effused in considerable quantity into the submucous cellular tissue; there was no deposit of lymph. The incision had divided the two first rings of the trachea.

INTUS-SUSCEPTION OF THE CÆCUM AND COLON.

Mr. Blake detailed the case of a child, aged ten months, who suddenly screamed violently, and fell apparently into a fainting fit. Mr. Blake was sent for; he placed the child in a warm bath, and calomel was administered. It was in great pain, had vomited, and had passed two fæcal evacuations, with bloody mucus. There was great pallor of the skin; with a blue tinge. Five hours afterwards it was seen in consultation by Dr. Fletcher, and castor oil injection given. The sickness continued, a large quantity of blood mixed with mucus was passed by stool, with violent straining; warm water injections were employed withot affording relief. The child lived about 48 hours in extreme pain, with constant violent straining. On a *post-mortem* examination a double intus-susception of the large intestine was found; the cæcum, with the inferior portion of the ascending colon, had been drawn into the upper portion of the ascending colon, and this last, with its contents, had become included within the tranverse colon, which retained its usual situation in the abdomen. The invaginated portions were not confined by lymph, but could be drawn out without much difficulty; there was a sparing deposit of lymph on the peritoneal surface of the ascending colon. It is a remarkable fact that the parents had lost another child, at the same age with the subject of the present case, from the same disease. The subject of this case is described as a healthy child, but liable to constipation.

INTUS-SUSCEPTION OF THE LARGE INTESTINES INTO THE RECTUM.

Mr. W. S. Partridge exhibited an intus-susception of all the large intestines.

The subject of the case was a child aged four years. The first symptom was the voiding a large quantity of coagulated blood. The child lived three days; there was no evacuation per anum, except a little mucus tinged with blood; there was vomiting, and shortly before death the matter vomited had a fæcal odour. On a *post-mortem* examination, the whole of the colon with the cæcum had disappeared, having become invaginated into the rectum, carrying with them a portion of the meso-colon, and the lower end of the ileum; the rectum was completely filled by the intestines it contained. The upper portion of the included mass of intestine did not present any appearance of adhesion, but from the firm resistance opposed to any attempt to draw it out, it seemed to be attached to the lower part of the rectum.

DEPOSIT OF EARTHY MATTER IN THE PLACENTA.

Dr. Mackay exhibited a placenta spotted over with earthy matter. The patient was 28 years of age; it was her first child; she had miscarried twice; has been married three years. She had suffered severely from the ordinary sympathetic affections of pregnancy during the first three months, and the last month of gestation; she had also complained of tenderness over the uterus, but of no fixed pain. Formerly she had suffered from dysmenorrhœa. Hæmorrhage occurred for a single day three weeks before her confinement, and returned in considerable amount during the early stage of the labour. An hour after the termination of the labour the hand was introduced into the uterus, and the placenta, which adhered to the uterus, was extracted with some difficulty. The patient did perfectly well. The general structure of the placenta was normal; but there was a rather copious deposit of earthy matter, in spots, scattered over its attached surface.

Foreign Department.

HYDRARTHROSIS OF THE SHOULDER-JOINT, SUCCESSFULLY TREATED BY INJECTION OF IODINE.

By Dr. Jules Roux,

Professor of Anatomy and Physiology at the School of Medicine at Toulouse.

(Translated for the *Provincial Medical and Surgical Journal*, from the Memoirs of the Royal Academy of Medicine Vol. 13. 1848. By Thomas Crosse, Esq.)

The author, at the commencement of his communication to the Society, refers more especially to the effect upon the neighbouring parts of serous collections in enarthrodial joints, the chief of which he states to

be,—considerable elongation of those extra-capsular expansions which the synovial membrane sends to the tendons of the muscle around the joint, (to facilitate their movement,) distension and stretching of the muscles, with impairment of their contracting power and flaccidity after evacuation of the fluid from the joint.

He says—The gradual distension of the muscles covering orbicular joints, prevents their contraction, (at least at certain times,) and causes them to exercise upon the effused fluid an incessant action, of which the result is—dilatation of the unresisting fibrous capsules, and elongation of the extra-capsular serous expansions. It is thus that they form a kind of serous hernia, sometimes of considerable size, round the collection of fluid in a joint. At the shoulder-joint, the extra-capsular expansions which the synovial membrane sends to the tendons of the infra-spinatus, subscapularis, and long head of the biceps, may acquire such dimensions in hydrarthosis, that fluctuation becomes perceptible in the middle part of the arm, axilla, and even in the infra-spinous fossa. At the hip-joint, where the fibrous capsule is so resistant, the fluid, acted upon by the muscles, easily distends the expansion which the lining membrane of the joint sends over the tendon of the psoas and iliacus muscles, and a large pyriform bag is developed in the midst of the muscles of this region, with perceptible fluctuation in parts far removed from the joint.

In some cases also, the author adds, these extra-capsular synovial expansions are themselves the seat of the dropsy, when the communication with the joint becomes obliterated, and large swellings form around it, the origin and true nature of which it may be difficult to recognize.

After reviewing the various remedies which have been employed for the relief of these collections around joints, and referring to the experience of MM. Jobert, Velpeau, Bonnet, Guiselle, and others, respecting the use of setons, and the puncturing with subsequent injection of the cavity, Dr. Roux gives the particulars of the following case, which occurred under his notice, and was successfully treated by the injection of iodine into the joint:—

CASE.

Joseph Fournier, aged 47 years, a labourer, residing in the Quartier of St. Marguerite, near Toulouse, of sanguine temperament, good constitution, and good general health, in the month of June, 1843, was attacked with a quotidian intermittent fever, which remained upon him till the following November. For its relief he had frequent recourse to purgatives. In the September previous, he had experienced a pain in the left wrist, followed by swelling, and loss of power in using the hand. He exposed the affected part to the vapour of hot aromatic water, and after twelve days he was enabled to resume his habitual occupations. In the month following, towards the beginning of October, he was seized with an acute pain in the right hip-joint, increased, on moving the lower extremity, and which, after awhile, left him of its own accord. At the commencement of December, whilst lifting a heavy stone, he was attacked with a very acute pain in the left shoulder-joint, which returned from time to time, in all increased movements of the limb, during the succeeding six months, and became so severe in August, 1844, that he was obliged to discontinue his work. He states that during these eight months the size of the shoulder had insensibly increased in volume, and its movements become more difficult and less extensive; so much so, that for a long time he could only use the forearm of the left side, and could only move the arm with the assistance of the hand of the opposite side. Leeches, poultices, frictions, various ointments, blisters, and aromatic fumigations, were used without benefit.

I saw the patient for the first time on the 1st of August, 1844, eight months after the onset of the disease. On the day preceding he had suffered very severe pain in the affected shoulder, which had subsided, so that he permitted me to examine the parts conveniently, which I found in the following condition:—

The left arm about one-third of an inch longer than the right, hangs by the side of the trunk, inclined a little from within outwards, relatively with the axis of the body. The forearm of the same side, bent almost to a right angle, rests upon the chest; the elbow projecting outwards, is supported by the right hand of the patient; and the body is, upon the whole, somewhat inclined to the left side. The left shoulder is evidently increased, and the seat of a considerable tumefaction, which has effaced all its roundness and *contour*, and extends from above, below the acromion process, to the tendon of the deltoid; and from before backwards, from the axilla to the posterior scapular region in the infra-spinous fossa. The head of the humerus cannot be felt; the skin covering it is tense and shining; fluctuation is manifest throughout the whole extent, but is most evident from the post-scapular to the axillary region, or rather from the external scapular region to the two just quoted, and the hollow of the arm-pit, as far as the border of the great pectoral muscle.

The movements of the afflicted joint are very slight. Extension is impossible; abduction of very little extent; adduction somewhat more decided; rotation very obscure, and no circumduction; the forcible movements of the arm are difficult, of small extent, and painful; pressure exercised on the different points of the swelling is accompanied with a painful sensation to the patient. This examination, and the information given by Fournier, made me diagnose "a dropsy of the shoulder-joint," the cause of which might be rheumatism;—dropsy, which had extended to the extra-capsular prolongations, which the synovial membrane sends to the tendons of the long head of the biceps, the infra-spinatus, and subscapularis muscles. This alone could explain the dimensions of the tumour, its great fluctuation, and the condition of its movements; nevertheless, this was not the opinion of many surgeons, who saw it, but thought it an abscess developed around the joint. The patient was tired of suffering from a disease which had resisted all treatment, and which, nearly depriving him of the use of a limb, hindered him in his occupation. He wished to be cured, and

agreed to submit to any means which it might be thought necessary to adopt. I determined to evacuate the fluid by a subcutaneous incision, and then to use compression. I plunged a trocar into the middle of the infra-spinous fossa, and when (from the want of resistance,) I readily perceived that the instrument had reached a serous cavity, I withdrew the trocar, in proportion as I buried the canula. Adapting a syringe, I drew off 500 grammes (about twenty-four ounces,) of thready viscid synovia, of a deep yellow colour. The tumour became diminished in its whole extent and the fluctuation was replaced by a clammy and flaccid condition of the muscles. One's finger could now distinguish the head of the humerus, which could easily be displaced from the glenoid cavity. After this simple operation (which caused but slight pain,) a patch of gummed taffeta was placed on the little wound, some thick compresses retained by pins were methodically applied, and the arm supported by a sling. The patient returned home on foot.

The first operation was unhappy in its result; the little wound cicatrized by the first intention, but in spite of the pressure that was always exercised on the shoulder, the fluid returned, and the tumour gradually regained its original size. Fifteen days after evacuation, it presented the same characters as it possessed when first seen. I then decided to have recourse to the injection of iodine, and in the presence of MM. Aubert, Levicaine, and others, again operated, making (according to the method of M. Guerin,) a fresh puncture upon the top of the shoulder, near the acromion process, and about three-quarters of an inch from the cellular interval, between the deltoid and great pectoral muscles. I drew off with a syringe 400 grammes (about sixteen ounces and a half,) of a thready albuminous fluid, less yellow in colour than that I obtained upon the first occasion, and possessing all the characters of synovia. The joint still contained a small quantity of fluid, when I injected 300 grammes (about fourteen ounces,) of water, containing 100 grammes (about four ounces and a half,) of the tincture of iodine. When the joint had been distended, I drew off the fluid back into the syringe, in order to pass it again into the joint, and this I repeated three times. I then withdrew the instruments, leaving purposely, as M. Velpeau does, a little of the fluid in the articular cavity. The wound was dressed as before. The following night a severe pain manifested itself in the joint, and the patient had fever, restlessness, and want of sleep. This condition remained about thirty-six hours, but yielded eventually to the application of large linseed-meal poultices.

August 17th, three days afterwards. The little wound is almost healed, and there is only a slight discharge; the swelling of the joint is moderate; there is some œdema; an obscure fluctuation is perceptible at various points, (principally in the infra-spinous fossa, and at the top of the shoulder, so that one would say there was a communication between these two points of the tumour;) he has rather a severe pain over the tendon of the deltoid muscle; sleep and appetite good. The pain became very great during the following days in the infra-spinous fossa, the axilla, and towards the bicipital groove,—three points, corresponding to the three extra-capsular expansions of the synovial membrane of the joint.

On the 23rd the fever was intense, and a phlegmonous inflammation, with heat, redness, and pain, shewed itself in the three points mentioned, without affecting the top of the shoulder. At last, a very circumscribed fluctuation being perceptible, I made three incisions, and evacuated some serum, mixed with a little blood and albuminous flakes, and the patient was relieved. The three wounds were dressed simply with cerate and charpie. There was a slight discharge of serum and pus for some days. The openings became fistulous, and did not heal till the end of September. But, six days afterwards, the same scene occurred; the three points again became the seat of a phlegmonous inflammation, which was in vain combatted by diet, leeches, poultices, and emollient lotions. Fluctuation became rapidly evident, and fever, excitement, and pain, yielded only to an incision made into the three inflamed parts, and the evacuation of a sero-purulent fluid, again mixed with albuminous flakes. The joint itself was always free from the inflammation which attacked the extra-capsular expansions. Charpie was placed in the wounds to favour the discharge. After a few days the top of the shoulder near the acromion process became painful, but the pain was speedily subdued by leeches.

In December, when the three wounds had healed, I applied a small blister to the shoulder, and kept it open for twenty days. From this time recovery was no longer delayed; the motion of the joint became more easy and extensive. In extension the arm raises itself to a right angle with the trunk, when one detects an evident crepitus, produced by the rubbing together of the articular surfaces.

September 1st, 1845. The patient is quite well, and able to resume his agricultural labours.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS

The meetings of the past month, (January,) have been for the most part uninteresting, the memoirs presented having been few in number and unimportant.

M. Gerardin read a report on the diseases of cloth-manufacturers; in which the only fact of consequence announced, is, that contrary to the opinion very generally entertained in this country, scrofula is neither frequent among them nor severe.

M. Ferrus reported on a memoir by M. Belhomme, entitled—"Localization of Speech in the anterior lobes of the Brain." In this memoir M. Belhomme has accumulated all the facts within his reach in support of his theory; but he has not adduced any new arguments, and therefore leaves the question where it was, at the close of a former discussion.

M. Mordret read notes of three cases of labour in which chloroform was employed:—The first was, a forceps case; the two others natural labours, but accompanied by unusually severe pain. In all, the agent was eminently successful.

M. Vidal (de Cassis,) read a lecture "On the propriety of performing operations at separate intervals,"—that is to say, instead of completing the operation at one sitting, to postpone its completion to the second or third. The operations which he more particularly advises to be thus performed are lithotomy, extraction of foreign bodies from the joints, evacuation of abscesses, &c. We need say no more on this truly French project.

The last meeting was entirely occupied by the nomination of officers, &c.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DES SCIENCES, PARIS.

COMPOSITION OF THE BLOOD.

Several memoirs were presented to this Academy on the chemical composition of the blood;—among them, one by M. Mellon "On the normal presence of copper and lead in the blood." The author maintains in contradiction to Orfila, Flandin, &c., that the blood does contain a definite portion of both metals, as well as of silver and manganese. The lead and copper are not diffused through the fluid, but are found in conjunction with the iron of the globules, and according to him, are in all probability quite as necessary to the vitality of the blood.

FUNCTIONS OF THE SPLEEN AND VENA PORTA.

M. Beclard read an essay "On the Functions of the Spleen and Vena Porta," which is based upon researches and analyses of the blood of the splenic vein and vena porta, relative to the proportions of globules, fibrin, albumen, and water. He has ascertained—1st, that blood taken from the splenic vein always contains fewer globules than the blood of the general nervous system; 2nd, that it contains more albumen and fibrin. The spleen, therefore, so far from being the organ in which the globules are constructed, in reality destroys them. From experiments with portal blood, Beclard has ascertained—1st, that during the first stage of digestion, the quantity of albumen is considerably augmented; 2nd, that towards the close of the process the globules are also increased. The author also concludes that the globules are formed out of the albumen in the vena porta.

MM. Poggiale and Marchal (de Calvi,) likewise contributed a memoir on the constitution of the arterial and venous blood in a case of encephalitis following erysipelas of the head.

COMPARATIVE EFFECTS OF ÆTHER AND CHLOROFORM.

M. Sedillot is the author of a very important memoir on the "Comparative Anæsthetic Properties of Æther and Chloroform." While he admits the advantage of the latter in some respects, the author mentions one of its properties, which has been particularly noticed in this country,—viz., its tendency to accumulation. The effects of æther abate as soon as its inhalation is suspended, but that is not the case with chloroform; on the contrary, the anæsthetic effects seem in some cases to increase; the pallor and coldness of the surface may augment to an alarming degree. For this reason he advises that its inhalation should not be carried beyond the second degree of insensibility, which is evidenced by muscular relaxation. He further states that persons of weak fibre, or who are enfeebled by privation or excess, are readily affected by chloroform, but that the *contrary* is observed in robust persons. To dissipate the effects of chloroform, when carried to an injurious extent, he recommends the inhalation of ammonia, with cold affusions, and, if necessary, artificial respiration. Upon the whole M. Sedillot prefers æther to chloroform.

M. Plouviez narrated experiments on animals, proving that even when apparently dead from the effects of æther or chloroform, they may be restored by artificial respiration.

M. Lallemand reported on four additional cases of *vesico-vaginal fistula, treated by "autoplastie par glissement,"* under M. Jobert.

PROPOSED CHARTER OF THE ROYAL COLLEGE OF PHYSICIANS OF ENGLAND.

We are authorized to announce that a reply to the Memorial presented by the Council of the Provincial Medical and Surgical Association, to the President and Fellows of the Royal College of Physicians, in reference to Clauses 4 and 5 of the proposed new Charter to the College, has been received; and that permission has been granted for the publication of this document. We here reprint the Memorial, in order that the answer of the College may be more readily compared with the suggestions contained in the Memorial.

I. MEMORIAL OF THE COUNCIL OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

To the President and Fellows of the Royal College of Physicians.

The Council of the Provincial Medical and Surgical Association having taken into consideration the clauses 4 and 5 of the proposed Charter of the Royal College of Physicians of England, as printed in the Report of the Select Committee of the House of Commons, bearing date the sixteenth day of July, 1847, and also the objections which have been severally made to the above clauses by graduates of British Universities, and others, practising as Physicians in this country, beg leave respectfully to offer the following suggestions to the President and Fellows of the Royal College of Physicians in reference to these clauses.

1. That a diploma conferring the degree of Doctor in Medicine from any British University, and bearing date prior to the first day of January, 1848, should be received as sufficient qualification, without further examination, for admission to the Royal College of Physicians of England, as an Associate or Member under the new Charter.

2. That the candidates should be required to be of the age of twenty-six years or upwards, at the time of admission, instead of thirty years, as stated in clause 5 of the proposed Charter.

3. That the amount of the entrance fee should be fixed at ten guineas instead of twenty-five guineas.

4. That considering that the Extra-Licentiates of the College had duly complied with the regulations of the College Charter, at the time of their receiving the license of the College to practise as physicians *extra urbem*, and their right to do so being now recognized by law, it would be unjust to deprive them of such right by any retrospective measure, and that therefore such of those gentlemen admitted Extra-Licentiates prior to the first day of January, 1848, as shall be practising as physicians only, at the time of the granting of the new Charter, should be admitted Associates or Members of the College, without further examination.

5. That in all cases of admission to the new order of Associates, or Members, whether of the existing Licentiates of the College, the Graduates of British Universities practising as physicians in the country, or the Extra-Licentiates, testimonials of moral character and general professional conduct should be required.

6. That gentlemen possessing the degree of Doctor in Medicine from any British University, bearing date prior to the first day of January, 1848, but now in general practice, may be hereafter entitled, on retiring from such practice, and being of the age of —— years, to present themselves for admission as Associates or Members of the College; and that such gentlemen, on producing sufficient testimonials of character and professional qualification, shall be admitted Associates or Members without further examination, on payment of an entrance fee of —— guineas, exclusive of stamp duty.

7. The Council of the Provincial Medical and Surgical Association would further recommend to the consideration of the Royal College of Physicians, the propriety of introducing some clause providing for the reception into the College of such gentlemen now practising as physicians, as may have taken the degree of Doctor in Medicine in Foreign Universities of reputation, after having undergone a sufficient course of study, and submitted to regular examination therein.

8. That the Fellows of the Royal Colleges of Physicians of Edinburgh and Dublin, who may be practising as physicians in England at the time of the granting of the new Charter, be also entitled to become Associates or Members of the Royal College of Physicians of England, under the same provisions as those regulating the admission of Graduates of British Universities.

CHARLES HASTINGS, M.D.,
President of the Council of the Association.

ROBERT J. N. STREETEN, M.D.,
Secretary to the Association.

April 11, 1848.

II. Reply of the President and Fellows of the Royal College of Physicians.

The President and Fellows of the Royal College of Physicians return their thanks to the Council of the Provincial Medical and Surgical Association, for the suggestions which the Council has offered to them respecting certain Clauses of the new Charter proposed for the College of Physicians.

It may be satisfactory to the Council to know, as it has been satisfactory to the College to perceive, that the greater and more important part of those suggestions had been already anticipated by a Committee of the College, which Committee, on considering the same subjects, had arrived at the same conclusions as the Council has arrived at, respecting the principal points at issue in those Clauses.

Accordingly, the College, fully entering into the spirit of the first suggestion of the Council, has agreed that the date, prior to which the diplomas from British Universities, to be received as a sufficient qualification, must have been obtained, shall stand, in the 5th Clause, as, "three months previous to the date of the letters patent conferring the New Charter."

The College has also agreed to alter the age requisite in those whom it is proposed to admit as members under the provisions of the 5th Clause from thirty to twenty-six years.

The entrance fee has been fixed at Fifteen Guineas, it being necessary that the members to be entered should contribute thus much towards defraying the expenses attendant upon obtaining an Act of Parliament and a new Charter. And it should be considered that they will obtain advantages the same as, or even greater than, those for which a larger sum has been paid hitherto by all who have been admitted members of the College.

The arrangement recommended in the fourth suggestion respecting the Extra-Licentiates, is precisely that which the College had determined to adopt. And, in accordance with the fifth suggestion, it has always appeared to the College proper to require testimonials of moral character and general professional conduct from all whom it admits as members.

With respect to the sixth suggestion, the College has come to the conclusion that the act of grace for admission into the College, without examination, under the provisions of the 5th Clause, cannot, with propriety, be extended beyond the period of one year from the granting of the Charter.

In accordance with the seventh suggestion, the College has determined that those persons who are practising as Physicians, in England or Wales, with degrees obtained at Foreign Universities, after regular examination, and after residence in a University during not less than two years, shall be admissible on the terms assigned in the 5th Clause. And the College has further adopted the recommendation contained in the eighth suggestion, and agreed that the Fellows of the Royal Colleges of Physicians of Edinburgh and Dublin, now practising as Physicians, in England or Wales, not having degrees from British or Foreign Universities, but who have resided during at least two years in a University, and who have been regularly examined

before their admission as Fellows of those Colleges, shall be admissible as Members of the College of Physicians of England on the terms of the 5th Clause.

It is further to be remembered, that if there should still be any respectable persons, practising as Physicians in England or Wales, who should not be included in any of the classes above-described of persons admissible, under a new Charter, into the College of Physicians of England, such cases may be provided for, as respects registration, by the Clause, for the registry of special cases, contained in the principles which have been proposed for a Bill for the regulation of the Medical Profession.

FRANCIS HAWKINS, Registrar.

College of Physicians, April 18, 1848.

III. Draft of the Charter to the Royal College of Physicians.

From the Report of the Parliamentary Committee of July 16th, 1847.

[We have been also requested to publish the entire Charter as proposed to the Parliamentary Committee of the last session, but it will be borne in mind that the dates will be altered, and that its clauses generally, as well as those to which the preceding documents refer, are open to such changes as circumstances may render desirable.]

Victoria, by the grace of God of the United Kingdom of Great Britain and Ireland, Queen, Defender of the Faith: To all to whom these presents shall come, greeting: Whereas the commonalty or fellowship of the Royal College of Physicians in London have, by their petition, humbly represented unto Us, that the said college was incorporated by letters patent, bearing date the 23rd day of September, in the 10th year of the reign of King Henry the Eighth; which letters patent were confirmed by an Act passed in the session of Parliament holden in the 14th and 15th years of the reign of King Henry the Eighth, intituled, "The Privileges and Authority of Physicians in London;" and that by such Act of Parliament, certain other powers and privileges were granted to the said commonalty: and whereas the said college has also represented unto Us, that since the making of the said letters patent divers other charters have been granted to the said college: and whereas the said college has also represented unto Us, that by an Act of Parliament made and passed in the present year of our reign, intituled, "An Act making provision for the granting a New Charter to the College of Physicians," after reciting as or to the effect hereinbefore stated, and that it was expedient that certain changes should be made in the constitution of the said college, and particularly that new regulations should be made for the election of the officers of the said college, and that the present number of the fellows of the said college should be increased; it was enacted, that it should be lawful for the said corporation to surrender all the charters which had heretofore been granted to them, other than and except the said charter of King Henry the Eighth; and also so much and such part of the last-mentioned charter as should be in anywise inconsistent with, or repugnant to, any new charter to be granted to them by Us; and that it should be lawful for Us to grant, and for the said corporation to accept from Us, a new charter, which charter might make such alterations as should be deemed by Us expedient in the constitution of the said corporation, and might, if We should so think proper, change the name of the said corporation. And further, that when and so soon as the said corporation, under their then present common seal, should have accepted any new charter so to be granted as aforesaid, the acceptance thereof should operate as a surrender of all the other charters of the said corporation, except the said charter of King Henry the Eighth, and should also operate as a surrender of the said charter of King Henry the Eighth, and as a repeal of the first-mentioned Act of Parliament, so far as the same should be inconsistent with, or repugnant to, such new charter. And further, that from and after such acceptance of such new charter, the said charter of Henry the Eighth should stand, and be ratified and confirmed, except so far as the same should be so surrendered as aforesaid; provided always, that nothing therein contained should extend to authorize Us to create any new restriction in the practice of physic, or to grant to the said corporation any new powers or privileges contrary to the common law of the land; and that no such new charter, whether the name of the corporation should be changed or not, should in any wise prejudice, affect, or annul any of the existing statutes or by-laws of the said corporation, further than should be necessary for giving full and complete effect to the alterations which should be intended to be effected by such new charter in the constitution of the said corporation. Now know ye, that We, taking the premises into our Royal consideration, of our especial grace, certain knowledge, and mere motion, have granted, declared, ordained, and appointed, and by these presents, for Us, Our Heirs and Successors, do grant, declare, ordain, and appoint, in manner following; to wit:

1. That the said corporation shall henceforth be styled, "The Royal College of Physicians in England."

2. That the said corporation shall consist of fellows and associates, including a president and council, four vice-presidents, four censors, a treasurer, and a registrar.

3. That all the present licentiates of the said corporation shall be associates of the said corporation.

4. That each of the present extra-licentiates of the said corporation shall be admitted an associate of the said corporation, on the production to the said censors of the said corporation, of testimonials of character and professional qualification which shall be satisfactory to the said censors, and on passing such examination before the said censors as shall be required by, and shall be satisfactory to, the said censors, and on his paying to the said corporation a fee of £25, exclusive of the stamp duty.

5. That every person now practising as a physician in England or Wales, and who shall have taken the degree of doctor in medicine at any university in the United Kingdom of Great Britain and Ireland, after regular examination, (previously to the 1st day of

January, 1842,) and who shall have attained the age of thirty years, and who shall not be engaged in the practice of pharmacy, shall, at any time within twelve calendar months from the acceptance of these our letters patent by the said corporation, in the manner mentioned in the Act of Parliament hereinbefore stated to have been passed in the present year of our reign, be admitted an associate of the said corporation, without any examination, on the production to the censors of the said corporation of his diploma, and of such testimonials of character and professional qualifications as shall be satisfactory to such censors; and on his proving himself to be of the said age, and on his assuring such censors that he is not engaged in pharmacy, and on his paying to the said corporation a fee of £25, exclusive of the stamp duty.

6. That any person who, after regular examination, shall have taken a degree in medicine at any university in the United Kingdom of Great Britain and Ireland, or from any foreign university, to be from time to time recognized by the said corporation, and who shall have attained the age of twenty-six years, and shall not be engaged in the practice of pharmacy, and shall have gone through such course of studies, and who shall have passed such examination before the censors of the said corporation, touching his knowledge of medical and general science and literature, and complied with such other regulations as are or shall be required by the by-laws of the said corporation, shall be intitled to become an associate of the said corporation without being subject to any other election.

7. That there shall be 200 fellows of the said corporation, and that such number shall be hereafter regulated in such manner as hereinafter stated.

8. That the present fellows of the said corporation shall continue to be fellows of the said corporation, and that previously to the 25th day of June, 1845, a meeting, or several meetings of the fellows and associates of the said corporation shall be holden, at which so many fellows as will make up the number of fellows to 200 shall be elected, and that such fellows shall be elected out of the lists of associates who are hereby admitted or shall hereafter be admitted associates of the said corporation, all of whom shall be eligible to be fellows; and that, on the 25th day of June, 1847, and on the same day in every subsequent year, (except when the same shall fall on a Sunday, and then on the 26th day of June,) a meeting shall be holden of the fellows and associates of the said corporation, for filling up vacancies which shall have occurred in the fellowship since the last election of fellows, so as to make up the number of fellows to 200; and that if on the day of holding any such meeting as last aforesaid, the number of fellows and associates of the said corporation shall exceed the number of fellows and associates on the 5th day of June, 1846, then and in every such case so many additional fellows shall be elected at such meeting as will make up the entire number of fellows to a number bearing the same proportion to the number of fellows and associates for the time being, as the said number of 200 fellows shall have borne to the existing number of fellows and associates on the 12th day of June, 1846, or as near thereto as circumstances will permit, the new fellows being always elected out of the list of associates for the time being of the said corporation; but no new fellow shall be elected so long as the entire number of fellows shall bear a larger proportion to the number of fellows and assoociates for the time being than the said number of 200 fellows shall have borne to the existing number of fellows and associates on the 25th day of June, 1846.

9. That the fellows and associates shall have an equal right of voting in the election of fellows; and the fellows to be elected shall be elected by ballot, either by lists or otherwise, as the said corporation shall from time to time determine by their by-laws.

10. That if it shall at any time hereafter appear that any present or future fellow or associate of the said corporation shall have obtained admission to the said corporation by any fraud, false statement, or imposition, or that he shall have violated any by-law, rule, or regulation of the said corporation, then and in every such case, and after such previous notice to and such hearing of such associate or fellow as under the circumstances the president and censors of the said corporation shall think proper, it shall be lawful for a majority of the fellows present at a meeting of the fellows to declare such fellow or associate to be expelled from the said corporation; and thereupon every such associate or fellow shall cease to be an associate, or an associate and fellow of the said corporation, as the case may be, accordingly; and all the privileges granted to such associate, or associate and fellow, as the case may be, shall cease and be extinguished.

11. That the present president of the corporation shall continue to be president of the said corporation until a new president shall be actually appointed in his place; and that upon the day next after Palm Sunday, in the year 1844, and on the same day in every subsequent year, a new president of the said corporation shall be elected, at a meeting of the fellows of the said corporation; but the retiring president shall always be capable of being re-elected; and every president shall remain in office until the actual election of the new president.

12. That at the meeting of the fellows held for the election of the new president, the council of the said corporation shall, out of the first fifty fellows in the list of fellows of the said corporation, nominate some one of such fifty fellows to be proposed to the fellows of the said corporation, to be by them elected president; but if the fellow so nominated shall not be elected president by a majority of the fellows present at such meeting, another fellow shall in like manner be nominated by the council, out of the first fifty fellows in the list of fellows to be proposed as aforesaid, and so on, until a president shall have been elected. The election of president shall be taken by ballot; and in case of any difference in the council, concerning their selection of a president, the president nominated by the majority shall be proposed to the fellows; and in case of an equality of votes in the council, the senior fellow so nominated shall be so proposed.

13. That in case of the death or resignation of the president for the time being, a new president shall with all convenient speed be elected in his place, such election to be made in all respects in the same manner as is provided by the last preceding regulation.

14. That at any time before or at the meeting of the fellows of the said corporation, after the meeting of the fellows at which the president of the said corporation shall have been elected, the president so elected

shall appoint four fellows out of the first fifty on the list of fellows, which four fellows shall be called vice-presidents, any one of whom may act as president in the temporary absence of the president, upon such president expressing his desire to such effect to any such vice-president, in writing, or to the registrar: and in case of the death of the president, the first vice-president for the time being in the list of vice-presidents shall act as president until a president shall have been appointed; and the present president of the said corporation shall, at the meeting of the fellows of the said corporation next after the granting of these our letters patent, appoint four vice-presidents for the purposes aforesaid.

15. That the vice-presidents shall cease to be vice-presidents when a new president shall have been appointed in the place of the president by whom they were nominated.

16. That there shall be sixteen fellows on the council of the said corporation.

17. That the present council of the said corporation shall continue to be the council of the said corporation until a new council have been actually elected in their place; and that on the 22nd day of December next, four fellows shall be elected to make up the number of the council to sixteen; and that on the 22nd day of December, 1844, and on the same day in every year, (except when the same shall fall on a Sunday, and then on the 23rd day of December,) four of the council shall go out of office, and four fellows shall be elected of the council; but the fellows going out of office shall not be re-eligible until they have been one year out of office; and the fellows to be elected as aforesaid shall remain in office until others shall have been actually elected in their place, and that on the same day, other fellows shall be elected to the council, to fill up vacancies occasioned by death or resignation since the last election,

18. That the council shall be elected by the fellows out of their own body by ballot, either by list or otherwise, as the said corporation shall from time to time determine by the by-laws.

19. That in addition to the sixteen fellows so elected, the president, censors, and treasurer of the said corporation shall, *ex-officio*, be of the council of the said corporation.

20. That the present censors of the corporation shall continue to be the censors thereof until new censors shall have been actually elected in their place; and that on the day after Palm Sunday, in the year 1844, and on the same day in every subsequent year, four new censors shall be elected; and censors going out of office shall be re-eligible; and the censors to be elected as aforesaid shall remain in office until other censors shall actually have been elected in their place.

21. That on the day for electing censors, the council shall nominate four of the fellows of the said corporation to be proposed to the fellows, to be by them elected censors; but if any fellow or fellows so nominated shall not be elected a censor or censors by a majority of the fellows present at the meeting, another fellow or fellows shall be nominated at such meeting by the council, to be proposed by the fellows, and so on, until four censors shall have been elected. The election of censors shall be taken by ballot. In case of a difference in the council concerning the nomination of censors, the censors nominated by the majority shall be proposed to the fellows; and in case of an equality of votes in the council, the president shall have a casting vote.

22. That in case of the death or resignation of either of the censors for the time being, a new censor shall, with all convenient speed, be elected in his place, such election to be made in the same manuer as is provided by the last regulation.

23. That the present treasurer of the corporation shall continue to be treasurer of the said corporation until a new treasurer shall be actually elected in his place; and that on the day after Palm Sunday, in the year 1844, and on the same day in every subsequent year, the president shall nominate one of the fellows, to be elected by the fellows as treasurer, in the same manner in all respects as is before appointed for the election of censors by the fellows; and the treasurer shall be re-eligible. And every treasurer shall remain in office until a new treasurer shall be actually elected in his place.

24. That in the case of the death or resignation of the treasurer for the time being, a new treasurer shall, with all convenient speed, be elected in his place, such election to be made in all respects in the same manner as is provided by the last preceding regulation.

25. That the present registrar of the said corporation shall continue to be registrar of the said corporation, until a new registrar shall be actually elected in his place; and that on the day after Palm Sunday, in the year 1844, and on the same day in every subsequent year, the president shall nominate one of the fellows to be elected by the fellows as registrar, in the same manner, in all respects, as is before appointed for the election of censors by the fellows, and the registrar shall be re-eligible; and every registrar shall remain in office until a new registrar shall be actually elected in his place.

26. That in the case of the death or resignation of the registrar for the time being, a new registrar shall with all convenient speed be elected in his place, such election to be made, in all respects, in the same manner as is provided by the last preceding regulation.

27. That the president, council, censors, treasurer, and registrar, shall be considered as remaining in office during the whole of the day on which their successors shall be elected.

28. That the said corporation may, from time to time, by a by-law, change the day hereby appointed for any election to take place; and if, from any cause whatsoever, any election shall not take place on the day hereby, or by any by-law, appointed for that purpose, the same shall take place on some other day appointed for that purpose by the said corporation.

29. That proxies shall not be allowed at any election.

And we do hereby, for Us, and our heirs and successors, further grant, that the duties, powers, and privileges of, and incident to, the said respective offices, shall, except so far as the same are varied by these presents, and subject to any variations therein which may be made by the said corporation, continue to be the same as the duties, powers, and privileges of the same offices respectively now are.

And we do hereby, for Us and our heirs and successors, further grant, that it shall be lawful for the said corporation to admit as an associate of the said

corporation any person who shall have exceeded the age of forty years, on the production to the censors of the said corporation of such testimonials of professional education as shall be satisfactory to such censors, and on passing the usual examination before the censors; and such person shall, after such his admission as an associate of the said corporation, be entitled to have and use the degree or designation of doctor of medicine.

And we do hereby, for Us, and our heirs and successors, further give and grant unto the said corporation, full and lawful power and authority to hold, possess, and enjoy, for the use and benefit of the said corporation, all manors, messuages, lands, tenements, rents, services, possessions, or hereditaments whatsoever, (whether the same are or shall be holden of Us, our heirs and successors, or of any other person or persons whatsoever,) already given, granted, sold, aliened, assigned, disposed of, devised, or bequeathed unto or to the use of or in trust for the said corporation, and to have, hold, take, purchase, receive, possess, and enjoy, for the use of the said corporation, any other manors, messuages, lands, tenements, rents, services, possessions, or hereditaments whatsoever, (whether the same are or shall be held of Us, our heirs and successors, or of any other person or persons whomsoever,) so as that such manors, messuages, lands, tenements, rents, services, possessions, or hereditaments hereinafter to be had, holden, taken, purchased, received, possessed, or enjoyed by the said corporation, shall not at any one time exceed in value the clear yearly value of £2000 above all reprises, according to the value thereof, when respectively acquired by the said corporation.

And we do hereby, for Us and our heirs and successors, further give and grant unto every subject or subjects whatsoever of Us, our heirs and successors, whether incorporated or not incorporated, special licence, power, faculty, and authority to give, grant, sell, alien, assign, dispose of, devise, or bequeath, unto the said corporation, for the use and benefit of the said corporation, any manors, messuages, lands, tenements, rents, services, possessions, or hereditaments whatsoever, (whether the same are or shall be holden of Us, our heirs and successors, or of any other person or persons whatsoever,) so as that the same do not at any one time exceed in the whole the clear yearly value of £2000 above all reprises, according to the value thereof respectively, when acquired by the said corporation.

And we do hereby, for Us and our heirs and successors, further grant, that all the said provisions in the said Act of Parliament of our present reign, shall be, and the same are, hereby expressly confirmed in such and the same manner, to all intents, constructions, and purposes, as the same might have been by being herein repeated; but this present provision shall not be deemed in any way to weaken, control, or affect the provisions of the same Act of Parliament, or any of them.

And we do hereby, for Us, our heirs and successors, further grant unto the said corporation and their successors, that these our letters patent, or the enrolment or exemplification thereof, shall be, in and by all things, good, firm, valid, sufficient, and effectual in the law, according to the true intent and meaning thereof, notwithstanding the not fully or duly reciting the said letters patent, or the date thereof, or any other omission, imperfection, defect, matter, cause, or thing whatsoever to the contrary thereof in anywise notwithstanding. In witness whereof we have caused these our letters to be made patent. Witness Ourself, at our Palace at Westminster, this ——— day of ———, in the ——— year of our reign.

General Retrospect.

ANATOMY.

ON THE STRUCTURE AND DEVELOPMENT OF THE LIVER.

By C. H. Jones, M.B., Cantab.

The author traces the organization of the liver in the various classes of animals. Thus in the Bryozoon, a polype, it is of the follicular type; in the asterias, the function of the liver is shared between the closed appendage of the stomach and the terminal cœca of the large ramifying prolongations of the digestive sac contained in the several rays. Among the annulosa, the earthworm presents an arrangement of the elements of the hepatic organ, corresponding in simplicity with the general configuration of the body, a single layer of large biliary cells being applied as a kind of coating over the greater part of the intestinal canal. In another member of the same class, the leech, in which the digestive cavity is much less simple, and presents a number of sacculi on each side, these elements have a very different disposition; and the secreting cells, although some remain isolated, for the most part coalesce to form tubes, having a succession of dilatations and constrictions, and finally uniting and opening into the intestine. In insects the usual arrangement is that of long curved filamentary tubes, which wind about the intestine; these, in the meat-fly, are sacculated throughout the greater part of their course, till they arrive quite close to the pylorus, where they open; near their origin they appear to consist of separate vesicles, which become gradually fixed together, but occasionally they are seen quite separate. The basement membrane of the tubes is strongly marked, and incloses a large quantity of granular matter, of a yellowish tinge, with secreting cells; another portion of the liver consists of separate cells, lying in a granular blastema, which cells, in a later stage of development, are seen to be included in vesicles or short tubes of homogeneous membrane, often coalescing and exhibiting a more or less manifestly plexiform arrangement. The author has termed this the *parenchymatous portion* of the liver, on account of its general appearance and mode of development, though he has not been able to determine whether the tubes always originate from it. Among the arachnida, the follicular type of arrangement prevails; and the same is the case with the crustacea, the follicles in these last being distinctly visible to the naked eye. In mollusca also we find the follicular arrangement universally to obtain; yet in certain cases the limiting membrane of the follicles cannot be shewn to exist, and the author therefore thinks that its importance is probably not great, but that it serves chiefly to fulfil the mechanical function which its synonym *basement* indicates. The quantity of

retained secretion in the liver of mollusca seems clearly to imply that the bile in them is not an excrementitious fluid; it is used slowly on account of the imperfect character of the respiration.

In passing from the invertebrata of the vertebrate division of the animal kingdom, and beginning with the class of fishes, a great change is immediately manifest in the form and character of the biliary organ; it is now a gland of solid texture, to which the term *parenchymal* is justly applied. Two portions may be distinguished in it,—namely, the secreting parenchyma, consisting of delicate cells, or very often of nuclei, granules and elaborated matters in great part, and the excreting ducts, which, though completely obscured by the surrounding bulky parenchyma, may yet be satisfactorily demonstrated, and traced often to their terminal extremities in the following manner:—If a branch of the hepatic duct be taken up in the forceps, it may be dissected out without much difficulty from the surrounding substance, which is very soft and yields readily to gentle manipulation. When a trunk is in this way removed and placed under the microscope, a multitude of minute ramifications are seen adhering to it; among these, not a few may be discovered, which do not appear to have suffered injury; some are occasionally seen terminating by distinctly closed extremities. More usually the duct becomes very minute, and gradually loses all definite structure; appearing at last like a mere tract of granular matter. In either case there is no communication by continuity with the surrounding parenchyma. Large yellow corpuscles, peculiar cells, and a considerable quantity of free oily matter usually existing in the liver of various fishes, seem generally to indicate a great superiority in the amount of secretory over that of excretory action, and to betoken clearly the feeble intensity of the aerating function.

In reptiles, there is the same arrangement of liver, namely, a secreting parenchyma of cells and an apparatus of excretory ducts, which have the same essential characters as those of fishes; but there exists very frequently in the parenchyma remarkably dark corpuscles, which appear to be masses of retained biliary matter, the import of which, in the situation they occupy, is doubtless the same as that of the similar masses existing in fishes.

In birds, the parenchyma of the liver is remarkably free from oily or retained biliary matters; it often consists almost wholly of free nuclei and granular matter, with scarcely a single perfect cell. The excretory ducts often greatly resemble those of reptiles, sometimes rather those of mammalia; the essential character is, however, always the same, namely, that they terminate without forming any important connection with the parenchyma.

In mammalia, the parenchyma of the liver consists usually of perfect cells, which are arranged often in linear series of considerable length, radiating from the axis of each lobule; these unite at various points with each other, so as to present a more or less plexiform appearance. Each lobule, as described by M. Kiernan, is separated from the adjacent ones by the terminal twigs of the portal vein, and to a greater or less extent by a fissure, though in most animals the lobules are continuous with each other both above and below the fissure. The elaboration of the secreted product seems to be most completely effected in the cells adjoining the margin of the lobules, which are often seen to contain a larger quantity of biliary matter than those in the interior, and to be apparently in the act of discharging it into the fissure; the margin of the lobule then presents an irregular surface with large globules of the secretion clustering together all over it. The capsule of Glisson surrounding the vessels in the portal canals, gives a fibrous investment to those surfaces of the lobules which are towards the canal; but when it has arrived in the fissures, it forms a continuous membrane lining the surface of opposite lobules. This membrane is often truly homogeneous, and closely resembles the basement tissue; there appears occasionally to be a delicate epithelium on its surface, but this, as well as the membrane itself, is often absent when the margin of the lobules is in the condition which has just been described, and which may be termed *active*. The minute branches of the hepatic duct, as they approach their termination, undergo a remarkable alteration in their structure; they lose their fibrous coat, which blends itself with the membranous expansions of the capsule of Glisson; their basement membrane becomes gradually indistinct, and at last ceases to exist, and the epithelial particles no longer retain their individuality, but appear to be reduced to mere nuclei, set very closely together in a faintly-granular basis substance. The mode of their termination is not uniformly the same; frequently they present distinctly closed rounded extremities, between one and two thousandths of an inch in diameter; at other times they seem to cease gradually in the midst of the fibrous tissue, the nuclei alone being disposed for some little way in such a manner as to convey the idea of a continuation of a duct.

These ducts can seldom be discerned in the fissures, but they have several times been seen in the spaces where several fissures unite; they do not form anything like a plexus between the lobules. From the anatomical relation of the ducts to the parenchyma, and from the circumstance that a distinct vessel conveying a different kind of blood is distributed to the hepatic duct, as soon as the liver assumes the parenchymal form, it seems probable that the mode in which the secreted bile is conveyed out of the organ, is by permeating the coats of the minute ducts, in obedience to an endosmotic attraction which takes place between the bile, in which the ducts may be said to be bathed, and a denser (perhaps mucous,) fluid formed in their interior. The large quantity of oily matter frequently existing in a free state in the secreting parenchyma of the liver, which must be regarded as a product of secreting action, seems to suggest the idea that a certain quantity of the biliary secretion may be directly absorbed into the blood, and in this manner conveyed away from the organ, just as occurs in the thyroid body, supra-renal capsules, and other glands unprovided with afferent ducts.

With respect to the development of the liver, the author considers the opinion of Reischert to be decidedly the correct one,—namely, that its formation commences by a cellular growth from the germinal membrane, independently of any protrusion of the intestinal canal. On the morning of the fifth day, the œsophagus and stomach are clearly discernible, the liver lying between the heart, which is in front, and the stomach, which is behind; it is manifestly a parenchymal mass, and its border is quite distinct and separate from the digestive canal. At this period the vitelline duct is wide; it does not open into the abdominal cavity, but its canal is continued into an interior and posterior division, which are tubes of homogeneous membrane, filled like the duct, with opaque oily contents; the anterior one runs forwards, and forms behind the liver a terminal expanded cavity, from which there passes one offset, which, gradually dilating, opens into the stomach; a second, which runs in a direction upwards and backwards, and forms apparently a cœcal prolongation, and a third and fourth, which are of smaller size, arise from the anterior part of the cavity, and run to the liver, though they cannot be seen to ramify in its substance. At a somewhat later period, these offsets waste away, excepting the one which is continued in the stomach, and then the mass of the liver is completely free and unconnected with any part of the intestine. As the vitelline duct contracts, the anterior and posterior prolongations of it become fairly continuous, and form a loop of intestine, the posterior division being evidently destined to form the cloaca and lower part of the canal. The final development of the hepatic duct takes place about the ninth day, by a growth proceeding from the liver ltself, and consisting of exactly similar material. This growth extends towards the lower part of the loop of the duodenum, which is now distinct, and appears to blend with the coats of the intestine. Around it, at its lower part, the structure of the pancreas is seen to be in process of formation. The further progress of the development of the hepatic duct, will (the author thinks,) require to be carefully examined, but the details he has given in this paper have satisfied him of the correctness of the statement, that the structure of the liver is essentially parenchymal.—*Proceedings of the RoyalSociety*, 1847. —*British and Foreign Medico-Chirurgical Review*, April.

NEW MUSCLE OF THE LARYNX.

M. Crouzel has discovered a new internal laryngeal muscle, which he calls the *crico-thyroideus posterior*. This muscle is not constantly present, but it is often so, and offers some considerations of interest to physiologists. It must not be confounded with the external portion of the *crico-thyroideus anterior*. The description by the discoverer is as follows:—

The new muscle is situated above and outside the corresponding crico-arytenoideus posterior; it extends from the posterior aspect of the cricoid cartilage to the inferior border of the thyroid, near its smaller cornu. Its posterior surface is covered by the pharyngeal mucous membrane; the anterior surface is applied to the above-mentioned cartilages. The inferior extremity is inserted into the posterior face of the cricoid cartilage; the superior and external into the lesser cornu of the thyroid. Its action is to draw the thyroid downwards and backwards.—*Archives Générales*, Fevr., 1848

SURGERY.

SIMPLE METHOD OF EXTRACTING A FISH-HOOK FROM THE ŒSOPHAGUS.

Two children amused themselves by playing at angling, the younger taking the part of the fish. After several endeavours to catch the hook in his mouth, the poor child succeeded too well, and determining, it appeared, to play his part to perfection, swallowed the hook. The consequence was, that his brother drew the line, and fixed it at once in the œsophagus. All attempts to extract it proved futile, till the surgeon took a pistol bullet, and having pierced it, put it on the line, and allowed it to slip down to the impacted hook. The weight removed the latter, the point of which sticking into the lead, it was safely returned.—*Revue Medico-Chirurgicale*, Janv., 1848.

NEW SHIELD FOR SORE NIPPLES.

Mr. Lucas, of Louth, makes the following statement:—In the treatment of sore nipples I have found great advantage from the use of a very simple shield. It is made of tissue or silver paper, three and a half or four inches square, rubbed over on one side with some unctuous substance. This is placed over the nipple, and readily adheres to the breast; the few folds are then flattened, and laid in any direction so as to avoid the sorest parts.

I generally use the fat of the deer or calf, which in this part of the country is called "trundle." The fat should be well rubbed in with the finger; it is not necessary that the paper should be more than thinly coated over.

After the infant has been suckled, a fresh paper is usually required; but the cheapness of the application, and the rapidity with which the papers can be made by the attendant nurse, remove any obstacle this might seem to present to their adoption. The paper not only protects the nipple from being rubbed by the linen or clothes, but is so light as scarcely to be felt; it adheres sufficiently to be retained without any kind of support, is easily applied, and costs a mere trifle.

It is occasionally desirable to medicate the papers: in many cases, the use of Arnica montana (in the proportion of ten minims of the tincture to the ounce of fat,) has been attended with the best results.—*Lancet*, April 14, 1848.

POOR-LAW MEDICAL COMMITTEE.

INTERVIEW WITH MR. BULLER.

A deputation from the Committee of Poor-Law Medical Officers waited, on Tuesday, the 18th instant, by appointment, on Mr. Buller, the president of the Poor-Law Commission. The deputation consisted of Dr. Burton, of Walsall, Dr. Barnett, Mr. Bottomley, Mr. Liddle, Mr. Lobb, Mr. Vallance, Mr. Lord, Mr. Ross, and Mr. T. P. Healey, the honorary secretary.

Dr. Burton, after introducing the deputation, read the resolutions agreed on by the committee, as suggestions for the remedy of the grievances now complained of by poor-law medical officers. They are as follows:—

"1. That, in the opinion of the committee, it is essential that the payment of medical officers should be by a fixed salary, exclusive of fees for midwifery and important surgical cases.

"2. That the amount of salary might justly be fixed, either by an estimate of the average of cases attended during a series of past years, considered in connection with the area of the medical district, or by the payment of a certain sum per head on the population, corrected by the consideration of the relative density and poverty of the district.

"3. That, making every allowance for the difference which must exist in the remuneration of private and public practice, it would not be just that the salary should be based on a less amount than 6s. 6d. per case, with the charge varying with the area.

"4. That medical officers of workhouses should be paid a separate salary, based on the average number of inmates, at not less than 7s. to 10s. per head.

"5. That it is just and proper, and conducive to the interests of the poor, that an extra payment should be made, as at present, for midwifery and for important surgical cases; and that it appears to the committee advisable that the fees should be paid for cases occurring in workhouses, as well as in out-door cases.

"6. That to the cases of surgery requiring payment enumerated in the general order of the poor-law commissioners should be added—

Fractures of the clavicle;
Fractures of the skull;
Retention of urine, when requiring repeated introduction of the catheter;
Severe burns and scalds;
And that £3 be paid for compound fracture of the arm.

"7. That the payments allowed for midwifery and surgical cases under the general order of the poor-law commissioners are satisfactory in amount.

"8. That in order to remove difficulties in the way of a more equitable payment of medical officers, and considering that half the union medical expenses are already paid from the Consolidated Fund, it is highly desirable that the whole expenses of the medical attendance on the poor should be removed from unions to the Consolidated Fund.

"9. That it is expedient that there be a director-general of the poor-law medical department appointed by Government, and exercising supervision over poor-law medical practice, in the manner of the other public services.

"10. That it is expedient that there should be inspectors-general of poor-law medical practice appointed by Government, and acting under the orders of the director-general.

"11. That the inspectors-general, acting each in a district assigned to them should examine the infirmaries of workhouses, inspect the reports of the medical officers, inquire into cases of alleged negligence, &c. &c., and that matters of disputed payment should be referred to them.

"12. That the medical officers of unions should be appointed by boards of guardians as at present, subject to the approval of the director-general; that their qualification should be as at present ordered, but that all future modifications of the qualifications should be made by the director-general.

"13. That the appointments of all medical officers should be permanent, that is, to endure until they die, resign, or are dismissed for some valid cause.

"14. That the forms of books or reports should be approved by the director-general, and should be as short and simple as is consistent with the requirements of the public service.

"15. That the access of the paupers to the medical officers should be made as ready as a due distinction between those who require parochial attendance, and those who do not, will admit. That in doubtful cases where illness exists, and there appears to be temporary destitution only, the board may grant medical relief by way of loan; that in such cases a fee of —— be paid by the board of guardians to the medical officer."

Dr. Burton then impressed on the president, that the grievances thus proposed to be remedied must be both numerous and oppressive, or the board would never have heard of so important a meeting as the Convention, or of so established an organization as that represented by the committee. The boards of guardians were potent, and medical men (for many reasons,) wished to stand well with them. In so many gentlemen thus coming forward, therefore, publicly to perform a disagreeable and unpopular duty, there was proof evident that the cause impelling them was no ordinary one. The workhouse attended by Dr. Burton afforded no bad exemplification: though he was better paid and treated than most persons similarly situated, his yearly stipend barely covered the expenses of the drugs and other medical appliances, and the last year it had even failed to do this; and he suggested the mischief that might arise where, from the pecuniary circumstances of the surgeon, or other causes, it would appear to him a less hardship to place the loss on the paupers, or indirectly on the rate-payers, rather than bear it longer himself.

Mr. Buller admitted that the higher cost of good medicines might act as an inducement, with some, to use them as little as possible; and he was directing his attention to that point as a great difficulty in the question.

Mr. Vallance showed that any system of drug depôts under the commission would be too expensive to succeed—a fact proved by recent unsuccessful attempts. He then enlarged on the general question of medical relief, and its hardships, especially on the non-permanency of appointments, and pointed out particularly the absurd and harrassing way in which union surgeons, as exemplified in his own case, were obliged to keep their books; he had himself ten sheets of close-ruled columns, containing each nearly thirty names, to fill up every week—work enough for a copying clerk, and deserving to be paid at the rate of the surgeon's entire salary.

Mr. Buller suggested that if so, and the committee would favour him with matured recommendations for a change, he would gladly consider them, and, if he approved of them, would adopt them. As to what had been said on the permanency of officers and the appointment of inspectors, he had already in Parliament expressed his opinion, though he confessed that the frequent change of guardians was a point worthy of further attention, in connection with permanent appointments of medical officers.

Mr. Vallance then called Mr. Buller's attention to an advertisement which appeared in one of the provincial papers, requiring a medical officer for the Cleobury Mortimer Union, who would be required to undertake the entire duties of the office, under the prohibition of not engaging in private practice, for a salary of £180 per annum, which would include payments for midwifery cases, whether common or difficult; all fractures, amputations, and vaccination, the union supplying drugs, leeches, trusses, and all surgical apparatus whatever.

Mr. Buller avowed that the advertisement was published with his knowledge and sanction; that the plan proposed in it was not wholly new, and that he was inclined to look at it without disfavour, at all events as an experiment. Great abuse occasionally occurred under the present system in consequence of some medical men ordering wine and brandy, instead of prescribing tonics; indeed, he was informed by one of the inspectors, that this course had in some instances been resorted to in cases of syphilis and gonorrhœa—maladies to which such treatment, he was told, was not quite suited.

Mr. Ross suggested that these were effects not unlikely under a ridiculously low system of remuneration, and that they evidenced the necessity of medical inspectors. He went at some length into these two questions, and was supported by Mr. Liddle, Mr. Lobb, and Mr. Lord, who insisted particularly that medical men should be responsible more to the commissioners, and less to the boards of guardians.

Mr. Buller feared that the deputation took the same view of the Consolidated Fund that was fashionable in the House of Commons. It was unfortunately not so inexhaustible as it was fancied, and in the present day was less so than usual. He confessed, however, that he entertained the inclination already avowed by him in the House of Commons, to consider medical relief a question distinct from the ordinary poor-law administration, and one which should be put on a separate and more comprehensive footing, securing efficient treatment to the poor on the one hand, and fair, if moderate, payment to the medical officer on the other. During the sitting of Parliament he was obliged more especially to direct his attention to those matters which more or less might be brought before it in connection with the poor-laws; but immediately after the sitting of Parliament it was his intention to take up the whole question of poor-law medical relief, with the hope of adjusting what he already felt was the most difficult part of all his responsibilities.

It was then impressed on Mr. Buller that, as there appeared on other general questions to be little difference of opinion between himself and the deputation, it was of great importance that he should reconsider the opinion he had given on permanency of appointments. The qualifications of medical officers were doubly tested—by the College of Surgeons and the Society of Apothecaries; if incompetent or negligent, coroners' juries would be too ready to publish the proofs: these were guarantees possessed by no other officers of unions, although the others were permanent officers; besides, the frequent changes of guardians, amounting to a new set of masters, ignorant of all that had been done and said and explained before, and some of them, perhaps, personal opponents, made the appointment during pleasure a source of constant annoyance and vexation to the independent officer anxious to do his duty to the poor fully.

It was further remarked that, as there was yet some time to the breaking up of Parliament, it would be most desirable that the committee should be allowed to bring before him, in the interval, any cases of peculiarly striking hardship, that some of the worse parts of the present system might be got rid of as soon as possible.

Mr. Buller replied that he should be at all times very happy to receive from the committee any such communications; that he would not fail to give them his best attention, and that he should be obliged by any information the committee would favour him with on the subject of their interview.

After some further conversation, in which Mr. Buller repeated his impression as to the policy of a distinct organization of medical relief, the deputation, through their chairman, expressed their thanks for the marked courtesy with which he had heard their representations during a very protracted interview, and withdrew.

PRINCIPLES OF MEDICAL LEGISLATION: REPLY TO MR. NUNNELEY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

A letter is published in the *Provincial Journal*, of April 19th, from Mr. Nunneley, of Leeds, in which that gentleman animadverts upon the "Principles" of Medical Legislation, recently agreed to by the conference held at the Royal College of Physicians, on the ground that they are at variance with the deliberate and frequently recorded opinions of the Provincial Association.

Not having the honour of belonging to the Association, I may be but partially acquainted with its views, and I believe I am entitled by courtesy only to appear in your pages, so that I shall feel myself particularly obliged if you will give insertion to a few remarks on the statements contained in the letter referred to, confining myself, as respects your Association, to such of its opinions as are therein set forth.

Mr. Nunneley quotes three principles of the Provincial Association, with which he states the principles of the Conference are at variance:—1st, uniformity of the primary qualification—more generally understood as the "one portal" scheme; 2nd, equal right in every member of the profession to practise throughout Her Majesty's dominions; 3, the representative system in the formation of the governing bodies. For convenience, I will take these in the inverse order in which they are enunciated.

Firstly.—As respects representation, the principles now at length agreed upon by the College of Physicians, the College of Surgeons, and the general practitioners, as represented by the Society of Apothecaries, and the National Institute, embrace the resignation of the professional powers and privileges of the Society of

Apothecaries, and the substitution of a new college, in which every member will equally and alike be possessed of the right of representation; in other words, the institution of a representative College of General Practitioners in medicine, surgery, and midwifery, in place of the existing Society of Apothecaries, the licentiates of which have no electoral or corporate rights or privileges whatever.

Mr. Nunneley is a *Fellow* of the College of Surgeons, and as such, is possessed of the right of representation; he knows well that nine-tenths of the general practitioners are not fellows; that they cannot become fellows; that the attainment of the right of representation in that College by the *members* is totally impracticable, and that, accordingly, this large body, numbering thousands, are at present deprived of all right of representation. If representation in the governing councils is an admitted principle of medical reform, how can Mr. Nunneley repudiate a representative collegiate establishment, which will embrace by far the greater part of the profession, hitherto, from time immemorial, and at this moment, totally unrepresented?

Secondly.—Equal right of practice is also a principle of the Association. The principles of the Conference state, (Art. 5,) "That the members of each class of the profession registered in each of the three kingdoms respectively, should be entitled to be registered and to practise reciprocally in either of the three kingdoms as physicians, surgeons, or general practitioners, as the case may be, *provided the education and examination of each class respectively be assimilated and regulated by a certain standard common to each class.*

How can Mr. Nunneley assert in face of this that the principles of the Conference contemplate "no uniformity of education," and are thereby at variance with the principles of the Association? Why, sir, they contemplate the nearest approach to uniformity practicable, for at least nine-tenths of the profession, together with absolute uniformity of privileges in every part of the kingdom. If Mr. Nunneley means to say that the Conference has not provided that the education of the physicians shall be uniform with that of the general practitioners, he is so far correct; but it should be borne in mind that the representatives of the physicians in the Conference could not be expected to be parties to any measure, the direct object and the immediate effect of which must be to "strand" that College, to sever its University connection, and to destroy it as an Institution.

Thirdly.—As respects the "one portal" scheme, the principle of the Association is "uniformity of the primary qualification, to be tested by sufficient examination." The principles of the Conference embrace, as I have already shewn, uniformity of qualification for nine-tenths of the profession over the whole united kingdom. The one is not *at variance* with the other—it is the identical principle. All that can be said is, that the principle is not made to apply to the remaining tenth part of the profession. I have no hesitation in saying, that if Mr. Nunneley, as a Fellow of the College of Surgeons, can persuade the Council of that College to make every candidate educated to obtain the Fellowship at 25 years of age, pass the examination for the Membership at 22 years of age, for my own part, I think it would be an improvement upon the principles; but I do not believe this to be a point of so much consequence that we are to sacrifice everything for it. As respects physicians, there are real, if not insurmountable, difficulties connected with the course of education which the College feels it incumbent to lay down, and I do not believe Mr. Nunneley would confer any boon on the profession if he were to succeed in persuading the College of Physicians to forego, on the part of their candidates, a University standard of education in languages, mathematics, and literature, in order to give physicians the legal title to practise at 22 years of age.

Thus much respecting the appeal of Mr. Nunneley to the principles advocated by the Association. The writer, in common with many other gentlemen, is under a great misapprehension respecting the powers of the proposed new College. I am glad of the opportunity to state that the evidence given by my excellent colleague before the Parliamentary Committee is literally correct, notwithstanding an apparent discrepancy between his evidence and that given by the President of the College of Surgeons. The Conference unanimously agreed, both before and since Mr. Bird's evidence was taken, that the new College is to have the unfettered right of examining in medicine, surgery, and midwifery, and on any and every subject which the Council may deem essential to test the qualification of the candidates to practise as general practitioners of medicine, surgery, and midwifery.

The operation of the Act, if it should be obtained, will be as I take it, that a uniform curriculum for the education of the general practitioners in the three kingdoms must be laid down, under the sanction and approval of the Council of Health, that the examinations will be made to assimilate as nearly as possible, and that reciprocity of practice will be secured.

Mr. Nunneley is one of the *Honorary* Fellows of the College of Surgeons, selected by an arbitrary rule from the members at large, and he states in his letter that the new College "must inevitably be of the lowest grade." By this assertion he imputes inferiority to those members of the College who were not selected for the Fellowship, and to the great body of the general practitioners of the country. I have seen a similar imputation in editorial articles, and in many anonymous letters, bearing the most heterogeneous signatures, but affording internal evidence of a common parentage, and have never deemed such productions worthy of the slightest attention. The imputation coming, however, from a gentleman of Mr. Nunneley's respectable standing, induces me, to state fearlessly, that the general practitioners of this country, in their individual capacities, are as truly respectable, possessed of as high talents and acquirements, as zealous promoters of science, as sound practitioners, and have as great and as just a hold upon the public confidence, as any other class of the profession. Who, then, shall say that in their associated character they are less respectable, less competent, or less zealous, or that when incorporated into one body politic, they must necessarily be an *inferior incorporation*? I willingly acquit Mr. Nunneley of a deliberate intention to offer a direct insult to the majority of his professional brethren; but let us hear no more the *cuckoo cry* of *inferiority*,—it is especially ungracious as coming from an *Honorary* Fellow of the College of Surgeons.

On the subject of an effectual penal enactment:—Some years ago, an article was written in the *Quarterly Review*, by an eminent surgeon, and a pamphlet was published about the same time by an eminent physician, in which it was attempted to be shewn by the one, that "protection," is *inexpedient*; by the other, that it is *impracticable*. The influence exercised by the authors of these productions over successive Governments, and the effect of the articles themselves on the members of the Legislature and the literary classes of society, and even in the medical Corporations, have no doubt thrown great impediments in the way of such an enactment. Mr. Nunneley appears also to have imbibed the doctrine that it ("protection,") would be neither practicable nor expedient; but I believe him to be at direct issue with the majority of his professional brethren on this point, who deem an efficient penal enactment *practicable, just,* and *necessary*. I feel convinced that the profession at large will consider that a great step has been made towards the attainment of this object by the corporate bodies of this country having admitted the necessity of such an enactment in the principles which they have unanimously agreed to and promulgated. The profession is aware of the difficulties which surround the question, but so far from viewing it in the light that Mr. Nunneley does, "that protection is more and more growing into disrepute," and so far from taking his advice, "to depend upon its not being carried," I see several Acts of Parliament just completed for the protection of life and property; I know that others are contemplated by the present Government for the protection of the health, limbs, and lives of Her Majesty's subjects; and I believe that if the profession cordially support the principles of the Conference, very effectual checks to illegal and unqualified practice may be secured.

I agree with Mr. Nunneley that a principle cannot be *compromised*, and that it ought not to be *abandoned*. I trust I have shewn that the Association will neither compromise nor abandon either of the principles set forth in this gentleman's letter by adopting the principles of the Conference; and I may be permitted here again to say, representation either is, or is not, a highly desirable thing; if not, the question might be asked, why does the Provincial Association put it prominently forward as one of the first principles for a measure of medical reform, or why does Mr. Nunneley quote it as such? If it is really what we have ever been taught to believe, the only means by which any very numerous body of individuals can carry into effect their legitimate objects of amelioration and improvement, why should Mr. Nunneley, being in possession of it himself, seek by his appeal to the Association, to prevent the enjoyment of it by the majority of his professional brethren?

I unhesitatingly affirm, in conclusion, that a College founded on the representative principle, which shall comprise the general practitioners of this country, and possess the powers contemplated by the proposed Charter, will be inferior to no institution of a similar nature in this or any other country.

I have the honour to be, Sir, your obedient Servant,

HENRY ANCELL.

3, Norfolk Crescent, Hyde Park,
April 28, 1848.

Medical Intelligence.

ASIATIC CHOLERA.

The Registrar-General, in this week's return, narrates a death occurring from this formidable malady in the East-end of London, after five days' illness. There will, probably, on further investigation, be found some mistake in this statement; but, coming from such high authority, there is enough in it to justify this brief notice, in order that the attention of practitioners may be awakened in this direction, if the report should, unfortunately, prove correct.—*Medical Times*, April 29th.

APPOINTMENT.

James Miller, M.D., Professor of Surgery in the University of Edinburgh, has been appointed Surgeon in Ordinary to Her Majesty the Queen in Scotland, in the room of Mr. Syme.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, April 14, 1848:—R. Woodman; F. F. Ladd; W. Hoggan; F. E. Goldsmith; J. S. Leeson; T. W. P. Jago; F. F. Barkway; G. W. Mackenzie; W. Webb.

Gentlemen admitted Members, April 28th:—C. King; R. Stewart; J. F. Smith; H. P. Leech; S. T. Fearon; J. H. Brownfield; S. F. Statham; J. W. Parry; R. Mc'Nicoll; A. B. Sharp; J. B. Hayes.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, April 13, 1848:—Thomas Jeston, Henley-on-Thames; Benjamin Buck, East Dereham; Charles Worth Pearce, Leeds; Henry Tineman, York; Thomas Alcock, Cheshire; Charles Martin, Stockton; William Thomas Holme Burrow, Settle; Joseph Gustavus Symes, Crewkerne; William Birds Wall, Liscard, Cheshire.

Thursday, April 20th:—Thomas Alderton, Shotley, Suffolk; Richard Colthurst, Bristol; James Kidd Dow, Islington; Charles Hanlen Gamble, Barnstaple; Thos. Brideoak Knott, Lees, near Manchester; Henry Thos. Spratt, Bermondsey.

OBITUARY.

Died, April 5th, at Finglas, aged 37, of fever, Charles Le Grange, Esq., L.R.C.S.I., Medical Attendant of the Finglas and Glasnevin Dispensary.

April 7th, at Brixton Hill, Streatham, aged 26, Henry Edward Cullen, Esq., Surgeon.

April 7th, at Ballyshannon, aged 30, of fever, — Stephens, M.D., Medical Superintendent of the Kinlough Dispensary.

April 14th, at Teignmouth, John Spens, M.D.

TO CORRESPONDENTS.

Communications have been received from Dr. Bullar; a Midland Counties' Surgeon; Mr. Ancell; Mr. J. S. Bartrum; Dr. Carey; Mr. H. Williams; Dr. Oke; Dr. Wardell; Mr. W. Collyns.

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

REMARKS ON THE PRESENT ASPECT OF MEDICINE.*

By W. Newnham, Esq., Farnham.

It is perfectly true that medical persons often gain credit for cures which nature has performed, and which they have been too indolent to attempt; and it is equally true that they suffer oftentimes a great deal of discredit, for cases in which nature, seconded by art, has failed, and upon which they have bestowed the utmost energy of their powers, their research, their experience, their full thought, their deep anxiety;—and that simply because the malady was in itself incurable, or had been negligently allowed to obtain such a hold upon the constitution as to render it impossible to be overtaken; and while we bear the one without murmuring, it is scarcely to be expected that we should have moral courage sufficient to disclaim the apparent compensation afforded by the other. In medical practice there is not such a preponderance of pleasing circumstances, as to enable us willingly to quench even the fitful sunshine of an April day.

It is equally the fact that medical men, as they grow older, become more distrustful of results; the enthusiasm of their early years is abated, and they become less "heroic" in their prescriptions, more trustful of nature, less confident in themselves. In proportion, too, as they shall have been imbued with the practice of our continental neighbours, they will see abundant reasons for diminished activity in the use of the lancet, and mercurials, and other violent means. The effect of this natural process may be good or evil. If parties shall have been enthusiastic students,—almost believers in the omnipotence of medicine, the effect will be good; their enthusiasm will be exchanged for zeal, and their practice, without abating of its energy, will lose somewhat of its temerity; their expectations will have been reasonably sobered; and they will become admirable practitioners. But if they shall have commenced life in the spirit of business, with less benevolence, and less enthusiasm, and less interest, the moderating influence of time will act injuriously; the little interest of first love cannot suffer abatement without irreparable injury; and they will become sceptics in the power, and inert in the practice of medicine. They will shelter their natural love of ease and indolence, under the pretext that nature must be allowed to have her own way; that she is the only real physician; and that we only disturb her agencies by interference; and thus become criminally careless of human life, always flattering themselves that they are consulting the good of mankind by doing nothing. And yet, it is manifest that they pursue the *post hoc propter hoc* argument in its most erroneous possible form. Certain individuals have been affected by certain maladies; nothing has been done for them, and they have recovered; therefore, they have recovered *because* nothing was done for them. Thus, the advocates of natural cure have no other ground to stand upon than that which they attribute to their less passive brethren, but which judicious medical persons abjure. It is freely allowed that the specific diseases are not to be interfered with; that they must run their course; that fever also is not to be strangled at once; and probably, that many other maladies may have their course; and that in such cases, the department of medicine consists in carefully watching any organ or function of the body which may especially suffer, and in applying a remedy corrective or palliative for such disorder. Yet, this by no means justifies a reliance upon nature exclusively; it is only that her own curative processes are not to be violently and carelessly interfered with, and that wherever these are excessive, or defective, or erroneous, or threatening, there is the dominion of art to be called up.

It is curious that in his zeal against the influence of the *post hoc propter hoc* treatment, Dr. Forbes should have adduced in illustration, a case which has no other ground to rest upon than this very *post hoc*. The case of a little girl, admirably described for effect, who had been under his care in a dispensary, and for whom he had prescribed according to the most approved rules of art, with "its basis, its adjuvans, its dirigens, its corrigens, and its constituens;" and who, at his visit, reported that she had been well since *Friday*, and that because her "medicine was done" on that day. Now, we verily believe that Dr. Forbes never wrote a prescription with a view to these especial *ingredients*, and, therefore, while we fully admit the bare fact narrated, we cannot be blind to the truth, that it has been dressed up to serve the particular occasion. But, supposing the whole to be a true, and faithful, and unadorned representation, what is the fair inference? Is it that the girl was well *because* she had left off her medicine since Friday? This would be simply *post hoc propter hoc*. Is it that nature had effected the cure in spite of the medicine? This would not be borne out

(* Continued from page 229.)

by the circumstances. Or is it that nature, aided by the medicine, had completed the cure a little earlier than the doctor's prescience had anticipated? This again would be *post hoc propter hoc;* and, at any rate, the case adduced to throw ridicule upon this very absurd mode of reasoning, is itself an instance of that same reasoning.

Fully admitting the absurdity of the *post hoc propter hoc* argumentation, we yet think that more has been made of its absurdity than it deserves, and we wish clearly to point out that the converse of the proposition is equally absurd and untrue; the inference drawn *may* be just, but as a general rule it is unspeakably absurd, however useful as a weapon of sophistical warfare, *post hoc, ergo non propter hoc.* Here there is no reasoning at all, whereas the man of science who, from his previous knowledge of the laws of healthy function, and morbid action, and of the agency of medicine upon these respectively under given circumstances, selects a remedy which he believes calculated to produce a certain effect upon the present disorder of the system. When he perceives that this effect is produced, and when after repeated trials he finds similar results, he does rationally arrive at the conclusion that the latter is the consequent of the antecedent. It is upon evidence of this kind that rational medicine is founded, and Dr. Forbes must have been singularly unhappy in his cases, in his selection of remedies, or in his judgment of the disease to which they were supposed to be applicable, if he have not for ever and for ever found exactly the effect he calculated upon. And if this so calculated effect be not produced, it is because the remedy has been badly chosen,—or sufficient discrimination has not been employed with regard to the disease,—or there has been *too great simplicity* in the prescription,—or there has been some other error, which may prove the fallaciousness of our judgment,—or our indolence,—or our want of tact,—or the necessity for more attention and study, but by no means shews the inefficacy of medicine.

We have mentioned the *too great simplicity* of the prescription, because Dr. Forbes seems to lay great stress upon this simplicity. Now, cordially averse as we are from the system of prescribing for symptoms, and of putting into our remedies a little of everything, in order that each apparent disturbance may get something for its peculiar phenomena, yet we do think, and are sure, that the efficiency of medicine depends greatly upon judicious combination. For so long as there is no simplicity in morbid action,—so long as the body is composed of a set of mutually dependent organs and functions, the disturbance of one of which involves the disturbance of the whole,—and so long as we possess classes of medicine capable of acting especially upon one or other of these organs and functions, so long will the efficacy of means, and the success of treatment, be dependent upon the judicious combination of medicine. Everybody in much practice is aware of this circumstance: give a single remedy, and you produce no effect, or a part only of what you wish,—combine it, and you not only obtain the peculiar action you require more efficiently, and at less cost to the system, but you further act upon other organs and functions, the restitution of which to their normal condition is necessary to health. Examples of these facts cannot be required; they must be familiar to every observer, and it would seem that the great art in medicine is a deep study of this judicious combination,—not a throwing together of many heterogeneous materials, but a selection of several, all bearing upon certain great scientific indications.

It is perfectly true that as practitioners grow older, they become less confident in heroic measures, but they become more confident in the means they do employ, and they do not lapse into that inertness which leaves the patient to the unaided efforts of nature. We have before stated the common reasons for this inertness as arising out of mental constitution, natural indolence, defective judgment, or moody disappointment. This class of expectant practitioners will stand by and witness nature's own unassisted efforts, and from day to day will sooth their consciousness with the hope that the patient is not worse, and with their oracular apothegm, "Non regredi est progredi," forgetting that this is but a *post hoc propter hoc* argumentation, and that it is met at once by its crushing converse "Non progredi est regredi."

One word on the desirableness of the natural history of disease. Alas! that we have already too much of this natural history. How perpetually are we consulted by patients, who have allowed disorder to run on unchecked in their constitutions, till it has passed the reach of art to overtake! How perpetually are we grieved by being asked to prescribe for patients whom we know full well we should in all probability have restored to health by an early application of remedies, but to whom attention is now hopeless! How perpetually do we see disorder, unchecked, run its *natural* course to the extinction of life on the one hand, or checked by science, and life and health restored on the other! We may be told that we have no good ground for this assertion, for that what is *post hoc* is not *propter hoc.* At any rate there is the same reasoning for medical treatment as for natural agency: both stand on the same footing; and since in serious malady the one very frequently terminates in the destruction of life, and the other very frequently in recovery, it is cruel, it is unjnst, and a grievous dereliction of duty, to allow morbid action to go on where it *can* be arrested, for the sake of *obtaining a natural history of disease,* which is at all times sufficiently obtained by watching its progress, notwithstanding the means judiciously employed to avert its disastrous consequences. This of course supposes that the means have been *judiciously* chosen: we are not prepared to say that they always have been so chosen; we are not prepared to say that they may not have been ill-chosen in a great majority of instances: but this, if granted, is not an argument against the employment of medicine, though it is an argument for the improvement of professional character, and above all, of that preliminary education which has the principal influence in teaching to think clearly,—to discriminate justly,—to compare accurately,—to combine with discretion,—to judge rightly,—to decide fairly,—and to act *fearlessly*, though not *rashly.*

We have said enough of the *post hoc propter hoc principle*, but we must notice a little further its practical application. Our author has argued that homœopathy and allopathy rest on the same ground, and appeal to the same success, as the consequence of their means; and since homœopathy is not true, and allopathy is only partially true, we must explain both upon a third power common to each,—viz., the power of nature, which in these instances effects the cure. Grievously as such views must paralyse exertion, and close up the avenues for inquiry,—and stunt the human intellect,—and wither investigation,—and blast every object for advancing pursuit,—we are particularly anxious to show, that while we would invite and watch the powers of nature, we dare not leave her to her own resources; for perpetually does nature overact her part, or fail in its due performance; and in either case she requires to be controlled or aided. Besides, it is not true that homœopathy and allopathy stand upon the same ground, or that they possess only similar claims to attention with Parr's life pills, and other similar remedies. It is easy to understand how a succession of new patients may be found for these novel and unknown and mysterious remedies;—it is easy to understand how the slightly indisposed, or the fanciful patient, may recover; and how the really serious invalid may conceal the memory of his injuries in the grave, thus leaving the recovered to sing the praises of the remedy, and the destructive agency of "trusting things to nature," to be concealed by the art of the undertaker. But such cannot be the case with legitimate medicine; there is no mystery-loving agency here,—there are no high-sounding pretensions, nor alluring advertisements, but results stand on their fair basis. With regard to homœopathy itself, there is a great deal of this mysterious agency at work, and before its statistics of a few years can be placed in comparison with the experience of medicine of 2000 years, there must at least have been time for the subsidence of that prestige in its favour, which enthusiasm in support of its mysteries, and the general self-love engendered by the individual power of every body equally to cure diseases shall have subsided;—and then might a comparison be instituted,—and then might it be inquired, if there be any power or principle common to both which might be adduced to explain the results. It is obvious that none such now exists, and therefore all attempts must fail to convince that homœopathy cures by the powers of nature,—that allopathy obtains the same results with homœopathy,—and therefore that both *cure* by a common power, even the power of nature. All bounteous Nature! from this time forward are we to trust to thy powers? Then no more let us plough our grounds,—or sow our seeds,—or plant our gardens,—or prune our trees,—or manure our soil;—but let us trust to thine unassisted powers;—let us first of all obtain a natural history of thy rude growths, and not till then dare to interfere with thy productions!

We are fully disposed to admit that the treatment of disorder by medicine is oftentimes *inefficacious*, and sometimes *injurious*;—nay, we can believe with Dr. Forbes, that the rapid cure of some patients under hydropathic or analogous treatment, may depend upon their abandonment of injurious medicine. But we place on the opposite side of the question, the awful ravages of uncontrolled disease, and the deaths, and frightful disorders mental and bodily, produced by hydropathy. We will take our disputant into the cottages and hovels of our land, where he shall see disease and destitution; we will take him among the wealthier classes of society, yet still among those who, from some circumstances have not had recourse to medical aid; where disease shall have pursued its unchecked course, and where his sympathies shall be called into exercise, over maladies which in their origin might have been averted, but which now too surely convey the sufferers to a premature death: and admitting in its fullest force, that some *mischief* is effected by injudicious medical treatment, yet this is nothing when compared with the irremediable evils presented to the mind, of uncontrolled malady constantly pursuing its relentless course, because it has not been *early* arrested. "Obsta principiis,—sero minus medicina paratur." Place the two evils in opposite scales, and the one instantly kicks the beam. But even without this comparison, what is the value of the argument to be drawn from the evils induced by injudicious medical treatment, and the good arising from its abandonment? Why surely *not* that *medicine* is an evil, or its disuse an advantage! But simply that the study of medicine requires more attention,—and that the practice of medicine demands further improvement,—and should be placed under the control of minds adequately prepared, and properly constituted for this great object. We shall notice in the sequel, some of the more prominent evils which require abatement.

Surely it is not extraordinary, that the inmates of hydropathic establishments, after having had their prejudices against medicine loudly and largely excited, should retain those prejudices in after life,—should cherish the horror of drugs thus imbibed, and should if possible avoid them for ever! Who, that is conversant with the human mind, and with the strength of its prejudices, can be surprised at such effect on persons incapable of forming a correct judgment upon the subject? Who, that is acquainted with the history of mental obliquity, and is not thoroughly aware that it is useless to argue against prejudice, because it has no ear for reason,—no eye for demonstration,—no taste for truth,—no perception for right, but remains unapproachable within its own self-created narrow circle, and most religiously believes that beyond its magic influence, there is *nothing to be known, because it knows nothing!*

With regard to those older physicians, who have abated much of the energy of their early practice in after life, and who could boast that they had been curing their patients with "nothing at all," we can certainly conceive of such a result in certain indolent minds,—or in in those who, disappointed in their too sanguine expectations, have naturally enough rebounded to the conclusion that there was *nothing in medicine*—a revulsion of feeling very common with the human mind, enthusiastic to extreme in its first love, gradually abating in that love till it has passed through

indifference to aversion; and now the zealous devotee has become the bigotted persecutor, and the purblind admirer has lost his senses in the intoxicating charms of another seducer. But the evil does not rest here; for not only has the faithful enthusiast become a sceptic and a bigot, but alas! for his moral standing, he has become a *hypocrite;* for with his belief that medicine is useless,—with the fact that he is doing nothing for his patients,—that nothing is required to be done,—and that the veriest old woman in the world will prescribe as successfully as himself, he has still gone on to prescribe, and to receive his patients's fees,—a depth of delinquency, which throws the air of doubt over his whole conduct! To physicians entertaining such views, nobody would send a patient if they could avoid it; and they are called upon to abjure and renounce all connection with medicine, or its study, or its literature, for of what avail is it, if it be useless?

Our author thinks that we shall by-and-bye obtain a true natural history of disease by means of homœopathy. We think *not;* because, first, in patients who submit themselves to homœopathic plans, a very great effect is produced upon their nervous system,—a very large proportion of faith is developed; hope is cherished in an extraordinary manner, and the attention is so rivetted upon the strictness of the method of treatment, that it is impossible but that the nerves of intellectual and organic life should be largely impressed and excited, and that this impression and excitement should be all on the cheerful side,—all tending to restore health to the body, and therefore exerting a large and extensive influence upon all the functions of life. Moreover, a direct medicinal effect is produced by an altered and peculiar diet and regimen,—an effect analogous with that produced by medicine in a different way. In fact, regimen is another form of medicine; it need not be called physic, but it is so, and exhibited, if wisely given, to fulfil the same indications. If then, through homœopathy, a large impression is exerted upon all the functions of life primarily, and, secondly, by the regimen inculcated in lieu of other medicine, it is clear that a disturbing agency is effected upon the morbid actions of the body, and that it is useless to look for a natural history of disease through the vista of homœopathy, however long the experiment may be conducted. The only *natural* history of disease which we can obtain, is that fatally instructive one, so frequently placed before our vision, of malady, pursuing its destructive course, till shrouded from our sight by the night of the grave. Well indeed for our own peace, if we have not been accessary to this grievous conclusion, by our own criminal negligence, and apathy, and listlessness.

It is freely allowed that the history of medicine is one of perpetual change, and the fact is *partially*, but not *entirely*, to be regretted. This change is dependent sometimes upon the increase of knowledge, and juster and sounder views of disease and its treatment; it is sometimes dependent upon the introduction of new and valuable remedies, or upon the supersession of long cherished errors and prejudices; it is sometimes dependent upon the altered character of disease, a fact probably arising from the epidemic constitution, of the atmosphere, and which has been noticed by that great master of our art, Sydenham; and it is sometimes dependent upon closer research, and novel discovery. In all these cases change is beneficial; but even here the benefit is much alloyed, by the change becoming fashionable; it is taken up by everybody, and carried out in its extreme bearing, losing every feature of its original constitution, and then becoming injurious. At other times this change shall have been effected by prejudice, arising from a very narrowed sphere of observation; yet ushered into notice by the authority of some great name, it is supported and carried out till it is found to be useless and injurious. So the present extension of homœopathy, and the undue exaltation of the curative powers of nature, is only another change,—another wild offset, from the wild stock upon which medicine has been grafted, but which will never tend to produce good fruit, because its tendencies are all the other way,—to exalt ignorance upon the same pedestal with science,—to repress investigation,—to stunt the human mind,—to convert practitioners of medicine into exhibitors of globules,—and to transmute the man of science into a meek helpmate of the culinary and murky denizens. The whole world is one perpetual scene of *change*; the charge of mutability is not confined to medicine; in all but the fixed sciences, who can reckon upon the doctrines of to-day surviving the discoveries of to-morrow? Who can find fault with the changes which have taken place during our own life, (almost a sexagenarian,) in chemistry, botany, natural history, geology,—changes so great as to make these sciences new sciences, and requiring to be re-studied by those who have not kept their knowledge up to the advancement of the hour? Change is not essentially an evil in itself; it ought to be an improvement; and we have no right to complain of change in medicine; all we have to care for is, that the change should be in the right direction, and not retrograde,—not in a line which will finally terminate in the gloom of the darkest ignorance, and in the aberration of asserting that it is *perfect light*.

We have lived to see the high reputation of antimony, blood-letting, and mercury, for the cure of fever, pneumonia, and syphilis;—we have lived to see epidemics of fever which must be variously treated according to their peculiar constitution;—we have lived to witness doctrines and practices change;—we have lived to change our own, and, we venture to hope, to discriminate better when to give and when to withhold our more active agencies; but amidst all the turmoils of these conflicting elements, we venture to say, that we in common with all other observers, have also lived to see the time when bleeding, and antimony, and mercury, can be judiciously given, and to reap decided good from their employment to-day, and equally decided advantage from withholding them to-morrow, according to the circumstances.

But with regard to *mercury*, there are perhaps few, very few, who have witnessed its surprising influence over disease, and who have not been at the outset of their career enthusiastic in their employment of this

medicine. It is only after they have discovered that it does not always do good,—nay, more, that it sometimes does harm,—that they become discriminative as to the time and the dose, and the manner in which it ought to be exhibited. It is then only they will have discovered that it is not every case of inflammation which requires mercury for its cure, and that they cannot in every instance rely even upon it;—it is then only they will have discovered the importance of mercury, judiciously, boldly, yet prudently administered, when inflammatory action has to a certain extent been controlled by other means, and when by the establishment of a new mercurial action in the system they will thoroughly supersede the morbid action, or control and remove its morbid sequelæ;—it is then only they will have discovered those cases and those stages of disease in which they can pronounce the patient safe so soon as they can trace the smallest influence upon the gums;—and it is then they will have discovered the lamentable consequences of leaving these cases to their *natural* terminations. The influence of age and experience upon the exhibition of this remedy is not that we become averse from giving it, but that we know better when to give it, that we become more cautious in its mode of administration, and that we give it perhaps in one case out of ten of our early exhibitions; but that whenever we do give it, we give it fearlessly though prudently, and in perfect confidence of its beneficial influence. These are the observations of an old man, of one who has abated nothing of his early enthusiastic love of his profession, and one over whom 35 years of active practice have not diminished his confidence in medicine judiciously employed, have not lapsed him into the inertness of dozing expectancy, but have, as he hopes, extended his means of usefulness, and enabled him to become acquainted with the spirit of the motto adopted as an armorial ensign by one of his progenitors—"*miseris succurrere disco.*" In saying this, he would strongly deprecate the egotistical phrasiology, too common in the professional world, of saying, "I have cured this and that malady by this and that treatment;" and while he has frequently seen the results he was endeavouring to obtain, he would always hope to feel that he was an agent in the hands of Providence for bringing out His merciful designs; that he was eminently responsible for the active and intelligent employment of every portion of the talent entrusted to his care; and that while thus truthfully, zealously, and honestly devoting his powers to the welfare of his patients, he was not answerable for results, but might confidently expect that the general issue of his labours would be in some portion of the blessings diffused by Infinite Goodness and Mercy.

(To be continued.)

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Eczema continued.—Eczema, although produced, is not always aggravated by mercury, and there are some few cases in which there has been a recurrence of the eruption without any more mercury having been employed, coming on five or six weeks after a mercurial course.

When a patient has returned to the use of mercury, after perhaps a week's intermission, there will occasionally be a slight redness of the skin over the whole body, unattended by vesications, yet terminating by desquamation.

Eczema mercuriale does not resemble any other eruption produced by mercury on the skin, and, therefore, there is no difficulty in the diagnosis. Mr. Pearson never knew the disease to prove fatal, nor has he ever seen it in any patient above 50 years of age. He became first acquainted with this disease in the year 1781.

[*Vide* "Observations on the effects of various articles of the Materia-Medica, in the cure of Lues Venerea." Second edition. Page 167.]

Treatment of Eczema Mercuriale.—When the eczema has affected the skin partially, it is not always exasperated by persisting in the use of mercury; nevertheless, there are reasons sufficiently obvious to render the continuance of this medicine improper when the whole surface is infested with it; as a general rule, therefore, the administration of mercury must be discontinued on the first appearance of the eruption. At an early period, small doses of antimonial powder may be taken, with saline medicine; a gentle purgative should be given every three or four days, and opium may be administered to allay irritation and procure sleep.

When the discharge is no longer ichorous, and the tumefaction is subsiding, sarsaparilla and bark may be given liberally; the dilute sulphuric acid also will sometimes be found beneficial. The diet is to be light and nutritious; but it is not generally advisable to allow of fermented liquor, till the desquamation of the cuticle is somewhat advanced.

The misery arising from the irritation of the skin may be greatly alleviated by strict attention to cleanliness, the warm bath, and changes of linen. Where the warm bath cannot be conveniently used, the body may be washed with warm water-gruel once or twice a-day.

Those parts of the surface where a separation of the cuticle has taken place, may be covered twice a-day with linen rollers of different lengths, thickly spread with a soft mild cerate, consisting of litharge plaster, yellow wax and olive oil.

* Continued from page 232.

[As the *treatment* of eczema, and the whole account of erethismus are omitted in the MS. from which these notes are taken, I have thought it right to supply the deficiency from Mr. Pearson's work above quoted. It is satisfactory to know that the brief description of eczema, taken from the MS., so completely accords with Mr. Pearson's published account of the disease, as to leave no doubt of its authority.]

*Erethismus Mercurialis.**—This kind of erethismus is to be ascribed to mercury acting as a poison on the system, quite unconnected with its agency as a remedy; and its deleterious powers are neither in proportion to the inflammation of the mouth, nor to the actual quantity of the mineral absorbed into the system.

It is characterized by a great depression of strength, a sense of anxiety about the præcordia, irregular action of the heart, frequent sighing, trembling, a small quick pulse, pale contracted countenance, and a sense of coldness. The tongue is seldom furred, nor are the vital or natural functions much disordered.

When symptoms such as these are present, a sudden exertion of the body will sometimes prove at once fatal.

To prevent the dangerous consequences of this diseased state, mercury ought to be discontinued, whatever may be the stage, or extent, or violence of the venereal symptoms. The impending destruction of the patient forms an argument paramount to all others. The patient must be exposed freely to a dry cool air, in such a manner as shall be attended with the least fatigue. It will not be sufficient to sit with the windows open, he must be taken out into the open air, and remain there as much as possible until the fore-mentioned symptoms shall be abated.

The good effects of this mode of treatment, conjoined with a generous diet, will soon be manifested; the patient will be so far recovered in the space of from ten to fourteen days, that he could safely resume the use of mercury; and what may appear remarkable, he can very often employ that same specific efficiently afterwards without suffering any inconvenience.

In the early stage, indicated by paleness of the countenance, inquietude, frequent sighing, short respiration, constriction across the thorax, a sense of fluttering at the præcordia, and a small, quick, and often intermitting pulse, the further progress of the mercurial erethismus may be frequently prevented by large doses of volatile alkali in camphor mixture; and the patient will be subsequently benefitted by the free use of sarsaparilla, given either in powder or decoction.

[The following case of mercurial erethism occurred in my own practice:—A gentleman, of middle age, and captain of an hussar regiment, consulted me for an obstruction of the bowels, derived apparently from a torpid and disordered condition of the hepatic function. Three grains of calomel, conjoined with five grains of the compound extract of colocynth, were ordered every two hours, till the bowels should be freely moved. After he had taken about four doses without any satisfactory alvine evacuation, I was sent for in great haste, as he appeared to be sinking. On my arrival I found him greatly depressed, pale, pulseless, and sighing, with remarkable inquietude, and pain of the feet—in short, it was evident that the mercury had brought him into an alarming state of erethism. The windows were thrown open, and warm brandy and water and the volatile alkali were freely given. From this treatment he speedily recovered from the erethismal depression, and with the use of other aperients got well.]

Management of Patients under Salivation.—It sometimes happens that mercury is determined to the mouth in a degree beyond what is wished or expected, and that when only a small quantity of mercury has been used. One drachm of mercurial ointment has brought on a salivation which lasted four or six weeks; and a single dose of calomel in children will sometimes produce a ptyalism, which threatens life. [Such a result in children I believe to be extremely rare; but I have seen three cases of salivation in adults, all at an advanced age, which terminated fatally from gangrene.]

Patients under salivation should breathe a free, warm, and dry atmosphere: a moist atmosphere should be studiously avoided. They need not to be confined to the house, but should be exposed freely to the open air.

When the tumefaction of the throat and cheeks is considerable, the mercury should be immediately laid aside, and the ointment washed from off the body.

It happens occasionally, when mercury has been taken or used for a few days without any visible effect, that both the mouth and bowels become suddenly and violently affected. The patient has frequent stools, with much pain in his bowels, and a remarkable depression of strength; or there may be distressing tenesmus, or copious stools, without much griping. Under these circumstances it is also necessary to suspend the mercury at once.

Accumulations in the bowels is the most common cause of these symptoms, and should be guarded against; when, therefore, there is tenesmus without dysentery, it will be right to purge the patient smartly once or twice: unless this is done, opiates and astringents will only be unsuccessful and injurious. If, however, there are copious stools, which threaten exhaustion, opium may be given with advantage.

There will sometimes be a premonition of the coming on of a ptyalism a day or two before it appears, by a fulness and tenderness of the throat, fauces, or cheeks, or perhaps of only one cheek, and then the patient should be purged, put into the warm bath, and exposed to the open air.

There is no specific mode of treatment in salivation.

* A morbid state of the system, named and described first by Mr. Pearson in his "Principles of Surgery." Chap. I.

A strong solution of alum is perhaps the best gargle that can be used; or a piece of the sulphate of alum may be held in the mouth. Sulphur has also been found useful as an aperient.

Ulceration of the tongue from salivation generally lasts longer than that of the cheeks; the oxymel æruginis may be applied to ulcers on this part, taking care that it is not swallowed. The mouth should be kept as clean as possible, and the little white sloughs which form upon the gums carefully separated.

Some persons have a continual hæmorrhage from the gums during a course of mercury. It has been known to continue for three weeks without any possibility of restraining it. If the gums in such a case are too tender for the use of alum, a decoction of oak bark, with laudanum, may be employed. Exposure to the air should be adopted; and as soon as the bowels will permit, bark, with mineral acids, should be given internally. Should the hæmorrhage be only partial, arising from the separation of a slough, the application of lint, dipped in laudanum, may be sufficient.

It is of great importance to resume the mercury as soon as it can be borne; for if suspended for only a week, the prior quantity must not be reckoned, but it must be again employed without any regard to the quantity used before.

Where there is a great tendency to ptyalism, the patient ought to be freely exposed to the air during the whole course. There are some cases in which it might be thought impossible for a patient to bear a proper course of mercury, but which may be cured by using one drachm of the mercurial ointment every night, and by allowing the patient to go into the open air every day. The cure may take four months.

Whatever may be said by many able men to the contrary, it is certain that exposure to the air does counteract the effects of mercury; and therefore, when such exposure is indispensable on account of its tendency to affect the mouth, a longer time will be necessary for the cure of the disease.

Patients liable to ptyalism should not be allowed to lie long in bed, nor to wrap the head and face in flannel; nor should they be permitted to swallow the saliva, as it is apt to cause sickness, dyspepsia, &c.

In a few instances there has been a recurrence of the ptyalism after mercury has been discontinued several weeks, either from high living or from getting cold.

A ptyalism suddenly suppressed, will sometimes produce pain resembling rheumatism, or affections of the stomach, or even convulsions. In such cases the salivation should be brought back by the free use of mercury, by the warm bath, and by keeping the patient warm. In a case of convulsions from such a cause, an ounce may be rubbed in at a time.

When mercury produces giddiness and a violent pain of the head, a little blood may be taken from the system, unless counter-indicated by great debility.

Mercury sometimes leaves behind it a trembling, not unlike that of palsy; this wears off in time, but if not, a free exposure to the air will be attended with the best effect. Should there be a tendency to diarrhœa large doses of bark will be found most beneficial.

Gonorrhœa.—The term gonorrhœa is applied to an infectious purulent discharge from the urethra in men, and from the secreting surface of the labia, nymphæ, urethra, and vagina in women.

When the discharge is recent, it is called simply gonorrhœa; when of long standing and not infectious, blennorrhœa or gleet. [Gonorrhœa is evidently a most incorrect term for this disease, as from its derivation it signifies a seminal discharge. A more correct term would be "urethritis venerea" for the male; and "vaginitis venerea" for the female.]

In the early stage the lips of the meatus urinarius are red and somewhat tumefied, and the inflammation extends about an inch up the canal. The disease seldom extends beyond the fossa navicularis at first, where a large lacuna is situated. In the beginning the discharge is of a straw colour; and is usually attended with pain in expelling the urine, called "ardor urinæ."

If a drop of the discharge be suffered to remain on white linen, it will appear darker at its circumference than in the centre, and sometimes it has a greenish or brownish hue.

The discharge and ardor urinæ increase till the fourth or fifth day, and generally remain stationary during the next seven days, unless the patient is guilty of some irregularity. Sometimes pain will be felt in the thighs and groins; and delicate persons will complain of pain in the back.

The disease may continue in this state during five or six weeks, or even for as many months, when no remedies have been used to subdue it; on the other hand, there are many instances where the disease has gradually subsided, and finally disappeared, without any means being used at all.

When only one end of the urethra is affected, and the symptoms are mild, it may be called the first species of gonorrhœa; when the whole surface of the canal is involved, it may be termed the second species of gonorrhœa.

In the second species of the disease, the patient, complains of ardent pain above the bulb of the urethra, and of soreness along the whole length of the canal,—*i.e.*, from the bulb to the glans, so that he cannot walk nor cross the legs without causing pain in the perinæum. The discharge is thinner and more profuse than in the first species; and the pain and smarting are not confined to the extremity, but extend all along the canal. The discharge also differs in quality, and it occasions a smarting as it passes down the course of the urethra.

In this species priapism comes on early, attended

with a painful sensation and stricture about the frænum. These symptoms usually take place when in bed. Some persons rarely have the second species without chordee.

Gonorrhœa generally makes its appearance on the third or fourth day after infection. It has been known to take place twelve hours after; and on the other hand it may not appear in some instances till a fortnight or even a month after the application of the matter.

In general the complaint is more severe where the interval is long; this, however, is not an invariable rule; the degree of the disease, and the interval between the infection and its development, very much depend upon the nature of the constitution, and in some measure also upon the particular state in which the patient happened to be at the time of contracting the disease.

Anomalous Appearances of the first and second Species.—Œdema of the prepuce sometimes appears early, especially where the disease is severe, and where the penis is suffered to hang down. The prepuce will have a red and transparent appearance, and in several instances, where there has been considerable hardness and subsequent suppuration in that part of the prepuce attached to the frænum, a small aperture has been found passing through the glans into the urethra.

When the discharge has been suppressed, there has been occasionally observed a particular hardness about the meatus urinarius, attended with a large irregular ulceration of that part, (not chancre,) which, after some time, renders the exit of the urine very difficult to the patient.

Phymosis and paraphymosis are not so frequently the result of gonorrhœa as of chancre; and if they do occur in this disease, they are seldom of so much inconvenience as when produced by the latter. Phymosis is generally occasioned by an œdematous condition of the prepuce, or excoriation of the glans; paraphymosis may be produced also by œdema preputii, when the prepuce is retracted, whilst in that state, beyond the corona glandis.

When gonorrhœa is attended with chordee or priapism, there is increased irritability of the parts, and sometimes inflammation of the frænum and corpus spongiosum; acute pain is referred to the former, and the patient is tormented with frequent contractions or tensions all the night long.

The discharge from the urethra is often thin and tinged with blood, or pure blood may follow the expulsion of the urine. Considerable hæmorrhage has been known to take place, and entirely to remove these distressing symptoms.

Priapism sometimes disappears by the coming on of phlegmon testis, and has not returned on the subsidence of the latter symptom.

The neighbouring absorbent glands, when the inflammatory symptoms have been severe, will inflame and suppurate, especially if the discharge has been suppressed; and even when it ceases, as it sometimes does, without any astringent being used, it might occasion uneasiness about the groins, thighs, and loins. If suppuration of the inguinal glands take place, it will be best to consider it as the result of common inflammation; no ill consequence will follow.

Strangury.—If a patient, who is affected with gonorrhœa, lives irregularly, rides on horseback, or again exposes himself to the exciting causes of the disease, the primary inflammation will very probably be extended to the mucous coat of the bladder.

In such cases soreness is generally felt along the perinæum; and should the bladder be much inflamed, there will be pain in the kidneys and loins, attended with painful and frequent inclination to pass the urine, which is voided in small quantities, either turbid, or mixed with a little blood.

At other times, without any assignable cause, in irritable subjects, and even when the symptoms seem to have gone on well, and no acute pain has been felt at first, the patient will complain of a painful constriction in the region of the bladder, or frequent effort to discharge the urine, without anything coming away, except a small quantity of blood, and there will be great uneasiness felt in the lower part of the rectum, the prostate gland, and neck of the bladder; the pulse will be quick, and there will be great inquietude and distressing micturition.

The symptoms coming on, as they sometimes do, unexpectedly, cannot be prevented, and they make the character of gonorrhœa, both to the patient and surgeon, very vexatious.

Suppuration of the Perinæum is an affection to which some persons are subject in almost every attack of gonorrhœa. Suppression of the discharge takes place in the early stage of the disease, and is followed by violent pain in voiding the urine; the perinæum becomes hard and painful, and suppuration takes place probably about the eighth or tenth day.

Nothing has been found to relieve the severe torture which the patient suffers till the abscess bursts, when he finds immediate ease, and gradually recovers. At this time the discharge from the urethra generally returns, but not always, and it occasionally happens that a sinus is left which communicates with the urethra.

(*To be continued.*)

OBSERVATIONS ON THE EMPLOYMENT OF THE ALCOHOLIC EXTRACT OF NUX VOMICA.

By Edmund Boult, Esq., F.R.C.S.E., Assistant Surgeon to the Bath Eye Infirmary.

Strychnos Nux Vomica (included by Lindley among the Apocynaceae,) has held a place in the Materia Medica since the time of the early Arabian physicians.

It has been exhibited in many forms, but latterly its alkaloid, (strychnine,) has been chiefly employed in this country, and this is the only preparation of the drug given in the "London Pharmacopœia." It cannot be doubted that the most active principles of the medicine are contained in the alkaloid, but from its highly poisonous character, its great activity and liability to adulteration, it is not surprising that many practitioners object to employing it. The pharmacopœias of Edinburgh and Dublin give forms for the preparation of a tincture and spirituous extract of the nux vomica, which are not open to the same objections. The action of this virulent poison has been supposed to be exerted primarily upon the spinal system of nerves, and specially upon the medulla oblongata, as manifested by muscular twitchings, which may be augmented to tetanic spasms; hence its employment in some forms of paralysis. Its effects upon the brain are said, if they exist at all, to be only secondary. I think it highly probable that it exerts a very powerful tonic influence over the ganglionic system, and thus in minute doses it has been found useful in some cases of active dyspepsia, pyrosis, dysentery, and the vomiting of pregnancy.

Some time during the last year I observed in one of the medical periodicals, a recommendation (by a physician whose name I regret I am unable to remember or to verify,) of the extract of nux vomica in habitual costiveness. It was asserted, that if the medicine be continued for some time, the muscular fibres of the intestine respond to the stimulus, and the bowels gradually overcome their accustomed sluggishness. I was induced to make trial of this plan, and was disappointed with the result. I gave half a grain of the alcoholic extract every night at bed-time, to several patients of a costive habit, without any perceptible effect; I afterwards gave the same dose thrice a-day, and found that the bowels responded *very slightly*.

I was then led to add the same quantity of the extract (half a grain,) to a pill containing aloes, rhubarb, and scammony, and was surprised at the result. I found that this drug has the power of increasing very sensibly the activity of purgative medicines. I ascertained that an aperient scarcely sufficient by itself to produce a single evacuation, when combined with this extract, caused active purgation. The dose must be varied according to the patient's idiosyncracy, but, generally speaking, a pill, containing three quarters of a grain of Barbadoes aloes, three quarters of a grain of the extract of rhubarb, and half a grain of the extract of nux vomica, (Pharmacopœia, Edinensis,) if taken at bed-time, will produce one, or, perhaps, two, full evacuations the following morning. The addition of a single grain of calomel to this pill will cause two or three *bilious* motions, thus shewing that the drug possesses not only the property of stimulating the muscular fibres of the bowel, but also the power of increasing the activity of medicines that affect the secretions.

Dr. Christison says, (*vide* "Dispensatory,") speaking of strychnine, that "it is not a cumulative poison, like mercury or digitalis; on the other hand, its activity does not diminish, like that of opium, under the influence of habit." The first of these assertions may be questioned; the second would appear to be true. I have prescribed the pills already mentioned nightly for months together, and at the end of the time the effect has been produced as certainly as at first, and no bad consequences have arisen, no disposition to hæmorrhoids has been set up, and all tendency to cumulation has been carried off with the evacuations; they are indeed remarkably comfortable in their mode of operation, and so far from injuring the tone of the digestive apparatus, I think it will be found that when the medicine is discontinued, the disposition to costiveness will be found lessened. It would be interesting to ascertain how far the exhibition of nux vomica can modify the effect of medicines of a different kind; I have occasionally employed it in combination with quinine, but I am not prepared to say what extent of modification or increased activity has resulted.

There is nothing novel in the combination of tonics with purgatives, which is especially indicated for children of atonic habits. By this means the operation of the purgative is rendered more active, and more persistent if the medicine be continued. Mastich we know has the property of increasing the powers of aloes, when given in combination; this is said by Pereira and others to be the result of a more minute subdivision of the aloetic particles, which the mastich favours; but I have seen no combination produce anything like those marked effects which have been mentioned as resulting from the employment of the nux vomica.

There is an observation to be made with regard to the employment of this medicine, in order to prevent disappointment to those using it. It is essential that the extract should be *good*. Alcoholic extracts are troublesome and expensive to make: this preparation is particularly so, and consequently the common article of commerce is not always to be depended upon.*

I place these observations before the profession, believing that an aperient (such as I have found in this combination,) which will produce a comfortable and persistent effect, may prove a desideratum for many who are troubled with habitual costiveness.

Since the above remarks were written, I have observed that Dr. Copland, (Dict. Pract. Med. Art. "Constipation.") recommends the employment of the spirituous extract of nux vomica, or strychnine, in

* That which I have employed has been prepared for me by Mr. Tyler, chemist, of this city, and has never failed to produce the desired effect.

combination with purgatives, in cases of constipation, depending upon atony of the muscular fibres of the large intestines, or want of propelling power at the upper part of the rectum; but as he makes no allusion to the *very small quantity of the purgative* required, nor to the influence of the medicine upon the other organs supplied by the sympathetic system, &c., I do not think I need withhold the forgoing observations.

Bath, April 26, 1848.

CASES FROM PRIVATE PRACTICE.*

By John Richard Wardell, M.D., Edin.;

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

Case VII.

Fits during Labour.

Ann Shaffell, aged 24, single, low stature, broad-set frame, and muscular system fully developed, hair dark, nervo-phlegmatic temperament, looks healthy.

January 18th, 1848. At three o'clock this morning was awakened from her sleep by incipient pains of labour, which continued at intervals, and increased in power up to eleven o'clock, the time at which I first saw her. On making an examination, the head was tolerably low down in the pelvis, and the os uteri was dilated to not more than the size of a shilling-piece; parts quite cool, and well lubricated. Patient stated the waters had broken early in the morning; this, however, was manifestly incorrect, as the membranes could be distinctly felt entire. Deeming it of little utility to wait, as it was very probable her delivery would not soon take place, as judged from the extent of dilatation, and the degree of force and frequency of the pains, I left her, with strict injunctions to be summoned if any sudden change supervened. At half-past twelve I was sent for in great haste, it being reported that the pains had now become very frequent and much stronger. On my arrival the os uteri was almost entirely dilated, pains, however, now abated, and for some time she remained in *statu quo*. She had three or four pains, which were not very severe, after I had entered the room, and to all appearance everything was progressing in the most satisfactory manner, and she was partially reclined on the bed; at this moment my attention was quickly directed to the patient, by the nurse who was standing by her bed side, and who in her alarm shouted "Doctor, she is in a fit." The eyes were everted, the hands firmly clenched, and the entire muscular system in a state of considerable rigidity. There was no foaming at the mouth, little, if any, tossing about of the head on the pillow, no stertor, and the paroxysm was of short duration. Cold was applied to the head, though this did not seem particularly indicated, as the surface generally was not above the normal degree of temperature, nor was the os frontis, but as we frequently, during such paroxysms, observe it. Whilst the fit continued, the countenance was much congested, and assumed a dark rose-red; the eyes were suffused, and seemed fierce and glassy; the pulse slow, and though of small volume, of tolerable strength. I should have bled her, but unfortunately I had forgot my lancet case, and thus some delay was unavoidable, the place being at a short distance out of the town. Considering it desirable that the child should be born as soon as possible, I dispatched a messenger for my friend Mr. Cole, and desired him to bring the short forceps without delay. The head had descended too low down to turn, and the forceps seemed to be the most desirable mode of procedure. Immediately after the fit had subsided, I ordered a sinapism to be placed along the whole course of the spine, also others to the legs and feet, hot bottles were applied to the extremities, and additional coverlets thrown over her, to induce, if possible, more heat on the surface. In less than half an hour Mr. Cole arrived with the instruments, which I at once applied, and the child was readily extracted. She had not had another fit during this interval. The placenta was removed in about eight minutes afterwards, with scarcely any loss of blood. She remained from the time of the fit insensible, and spoke with vehement incoherence. The eyes were wandering, and gave a vacant expression to the countenance, and she constantly stared about as if in bewilderment. Pupils both fully dilated. Child born about a quarter-past one, p.m.

In the first half hour after delivery she had five fits, each characterized by the same phenomena as the one described, but of a milder description. Conceiving that a moderate degree of depletion might, by relieving the general congestion, be of service, although the pulse was slow and small, Mr. Cole agreed to this opinion, and we consequently, with caution, resolved to bleed her into a tea-cup, watching at the same time the effect which it produced on the heart's action. On opening a vein in the arm, not half an ounce could be obtained. The pulse became slower, of less volume, and weaker, its beats not being more than 44 per minute. The skin, in despite of every endeavour, grew colder, and the countenance looked livid and congested. The compound camphor liniment, with the strong liquor of ammonia, was freely rubbed on the chest, and an enema administered, with a drachm each of laudanum, and the compound spirit of ammonia, and an ounce of turpentine, in half a cupful of oatmeal gruel, which was retained. Symptoms of amendment not becoming manifest, it was very properly suggested by Mr. Cole that voltaic electricity should be tried, with a view if possible to rouse the central organs of the nervous system. Mr. Cole, who has long used galvanism as a medicinal agent, and often with marked success, had by him three or four descriptions of apparatus; that of Bichoffners was selected, and readily rendered available. I carefully noticed the pulse, which was now 58, and Mr. Cole then placed one wire behind the neck, the other over the last lumbar vertebra. In ten minutes the pulse rose to 100, and remained at that degree of frequency so long as the electric fluid was employed. She soon expressed herself as being

* Continued from page 96.

"better," and seemed more collected. In a quarter of an hour after the wires were discontinued, the pulse fell to 80, but was of improved strength and volume; the skin generally grew warmer, the looks were more natural, and she now answered questions rationally.

Eight o'clock. (*Vespere.*) No return of fits; surface warm and moist; pulse 64, of good volume and strength. Ordered a little gruel, and hot bottles to the feet.

19th. (*Mane.*) Slept but little during the night, and until three o'clock was loquacious and wandering; had no fit since yesterday afternoon; pulse 66, of better strength; is quite sensible, and expresses herself as improved. Upon enquiry states that she has had considerable headaches during the first two months of her pregnancy; never had any fits before, at any period of her life; always enjoyed good health; urine, up to the time of her delivery, had always appeared natural, and voided in proper quantity; bowels have often been confined during the last two or three months, and says that last week were a good deal constipated; yesterday morning diarrhœa came on, and she was purged three or four times; says she had headache yesterday morning, (chiefly over os frontis,) and that at times she fancied every thing turned round. Does not remember her delivery. Urine voided normally, of specific gravity 1.010, does not coagulate by heat; nitric acid produces no effect; litmus paper is unaltered.

Half-past one p.m. Summoned in great haste, it being reported she has had in quick succession three fits, which were pretty similar to those yesterday. No foaming at the mouth. On my arrival was sensible; countenance red and flushed; skin hot; pulse of better volume and strength; tongue rather dry; eyes a good deal injected; head hot; some lachrymation; pupils normal.

Venesectio ad oz. xi., (which was carried so far as to produce a slight impression upon the pulse.) R. Calomelanos, gr. iv.; Pulv. Opii, gr. iss.; Extr. Hyoscymi, gr. iv. Misce. Fiat pil. ij. statim sumendæ. Empl. Lyttæ nuchæ. A bladder of ice to be applied to the head.

Eight o'clock, (*vespere.*) No return of fits. Since she took the pills she has had a tranquil and continuous sleep; says her head feels "comfortable" since the application of the ice; pulse 76, full and soft; skin moist; tongue not at all dry, and tolerably clean. Countenance natural, and expresses herself as much better.

January 20th. (*Mane.*) In every respect favourable. No return of fits.

Vespere. Is still going on favourably. Bowels not moved.

R. Sol. Morph. Mur., gtt. x.; Ol. Ricini, dr. iv.; Aquæ Menth. Pip., dr. iv. Sit haustus statim sumendus.

January 21st. Progresses favourably.

Vespere. After having been up at stool she had a slight fit. Nurse did not send at the time but applied a bladder of ice, and she is now comfortable; nor does she complain of pain in the head. Bowels regular; pulse natural; tongue clean.

22nd. Favourable.

25th. Up to this date in every respect went on well. Reported that about ten o'clock this morning had a return of fits; pulse most particularly full and of not more than natural frequency. Complains of considerable pain in the head; bowels regular; skin warm.

Venesectio ad deliquium animi. R. Pulv. Opii, gr. ij.; Pulv. Sodæ Carb., dr. ss. Sit pulvis statim sumendus.

26th. Had another fit last night, which from the description, was of an hysterical character; no foaming, but some convulsive agitation. Blood drawn, natural. Bowels open; pulse of good volume and strength; had a tolerable night; countenance clear and natural; complains of some tenderness over the inferior part of the abdomen; no lochial discharge.

27th. Improves.

From this time the case progresssed in the most satisfactory manner, and in the course of a few days was pronounced convalescent.

27, Acacia Road, Regent's Park, London.

(To be continued.)

CLINICAL NOTES FROM PRIVATE PRACTICE.*

By W. H. Ranking, M.D., (Cantab.,) Norwich.

3. *Double Pneumonia; Hepatization of the Posterior Portions of the Lower and Middle Lobes of both Lungs: Recovery.*

A young gentleman, aged 17, of delicate frame, subject in infancy and childhood to repeated attacks of inflammatory croup, after exposure to cold was attacked March 22nd with symptoms which were considered to indicate a common "bilious attack." It appears that he had some cough from the first, but this symptom was not so severe as to cause any anxiety on the part of his medical attendant until the 27th, when a sudden aggravation of the pulmonary symptoms induced him to seek my co-operation.

When seen by me on the morning of the 28th, the patient was in the following condition:—Decubitus on the back, raised by pillows; countenance sunken, pale, and anxious; alæ nasi in rapid motion; whole surface bathed in perspiration; respiration 60 in the minute, abrupt and superficial; pulse 130 to 140, feeble; cough slight; expectoration scanty, tenacious, and rusty. On raising him into a sitting posture, it was found that all the auxiliary muscles of respiration were in full play, and it was evident from the short and rapid breathing that a small portion only of the lungs was pervious to air.

Physical signs.—Dulness on percussion of the posterior portions of both lungs, extending from an inch above the angles of the scapula on the left side, and about half an inch on the right; above these points, and over the anterior regions of the chest, the stroke-sound was normal, or nearly so; over the entire space indicated by dulness on percussion, the vesicular murmur was extinct, and in its place loud bronchial or tubular breathing was heard, the expiratory "whiff" being peculiarly well marked. These signs were developed in their greatest intensity on the left side.

* Continued from page 233.

In the upper lobes, posteriorly and in front, the respiration was puerile, but no crepitus could be discovered by the most attentive examination. The lower ribs behind were motionless.

The above combination of physical signs, pointing out distinctly the existence of double pneumonia in the stage of hepatization, treatment to the best of my judgment, suitable to the emergency, was at once adopted. Six leeches were ordered between the angles of the scapulæ as the only depletory measure admissible, and these were to be followed by a blister. The subjoined pill was also exhibited every two hours:—

R. Hydr. Chlorid., gr. ij.; Ant. Potass. Tart., gr. $\frac{1}{8}$; Pulv. Opii, gr. $\frac{1}{4}$. Fiat Pilula. And eight grains of sesqui-carbonate of ammonia were given every four hours, in Decoct. Senekæ. Beef tea *ad libitum*.

29th. The leeches had bled well, and the patient expressed himself as relieved at first by them, but at the time of our visit he was apparently all but asphyxiated by the sudden accumulation of bronchial secretions, which he was unable to expectorate. Suffocation appearing imminent from this cause, he was raised into the semi-erect posture, and brandy and water administered several times during the day.

30th. Has expectorated a considerable quantity of frothy phlegm, under the stimulus of the brandy, and the immediate danger of suffocation has passed. The mucous rhonchi have also subsided as suddenly as they appeared.

For the next two days there was no very obvious change, but it was evident that the patient did not lose ground, a matter, under the circumtsances, sufficiently encouraging. Pergat.

April 2nd. General aspect improved; respiration sank to 40, and the pulse to 100; skin cool; tubular breathing less distinct, and vesicular breathing beginning to appear, especially on the right side. *No "crepitus redux" heard*, though carefully listened for. As the bowels had been several times purged, and the motions were green, the calomel was replaced by mercurial dressing to the blister, and he had Mist. Cretæ.

4th. Expresses himself as considerably better; scarcely any cough, and expectoration scanty, but less tenacious, containing a small quantity of pus, and occasionally streaked with blood; gums becoming tender; purging suspended. Both lungs "clearing up;" tubular respiration almost gone on the right side; *still no crepitus*.

5th. Mercurial fœtor well pronounced. The blister to be dressed less frequently. Ordered Pulv. Ipecac., gr. j; Extr. Conii., gr. iv., in pill, every six hours. To continue the mixture.

7th. Pulse 90; respiratory murmur heard fully to the base of the right lung; the left less permeable to air.

12th. Has continued steadily to improve; there has been but little cough or expectoration, but the respirations and pulse have gradually come down to the natural standard. Sits up and takes food with appetite. On examination of the chest, the left side is observed to be flatter than the right, and measures less by nearly an inch; it has a less extent of motion in breathing, but air may be heard to penetrate to the base, by causing the patient to take forced inspirations. Ordered Potass. Iodidi, scr. j.; Vin. Ferri, oz. j.; Infus. Gent., oz. vj. Sumat cochl. magn. ter in die.

From this period no regular reports have been taken, but occasional examination has satisfied me that the left lung is gradually recovering itself, and the side expanding in proportion. He has now returned to his usual food and habits.

The above case offers instructive evidence of what energetic medical treatment is able to accomplish, under apparently the most hopeless circumstances, and affords as triumphant an answer as could well be wished to those who would depreciate the efficacy of medicine, in order to magnify the restorative powers of unassisted nature. At the time of my first seeing the patient his vital energies were so much sunk, and the extent of lung rendered useless for the purposes of respiration so great, that I did not entertain the smallest hope of saving him, but, on the contrary, his death appeared all but inevitable—certain, if he remained many hours longer unrelieved. Pneumonia advanced to the stage of hepatization, and occupying a large portion of even *one* lung, is a disease of very considerable danger, and medical efforts are often baffled, although the patient possesses one sound lung for the maintenance of respiration. Here the major portion of both organs was rendered impermeable by air, and recovery must be looked upon as a rare and fortunate event. Andral states that he has never known a patient recover from pneumonia, whose respirations reached fifty in the minute. In the present instance this number was exceeded, and they remained as high as forty for a space of two days.

Two points especially worthy of notice are the trifling amount of cough and expectoration, and the restoration of the lungs, without the re-appearance of the "crepitous rale." It is the not uncommon absence or trifling amount of cough, which causes pneumonia to be so often overlooked in its early stage by those who are not conversant with the practice of auscultation. An instance has occurred to me within the past year of one lung becoming almost universally solidified from pneumonia, which the medical attendant, an elderly practitioner, quite unacquanted with auscultation, and occupied by a co-existing jaundice, had entirely failed to recognize; nor could I convince him of the fact, *because there had been but little pain and cough* in the earlier period of the attack. I saved this lady's life by at once commencing a vigorous mercurial treatment, but to this day I have reason to know the gentleman in question considers that the solidified lung was the offspring of my imagination.

The second point to be noticed, (the restoration of the hepatized lung without the reproduction of "crepitus,") is one of particular interest. From the time of Laennec till now it has been known, that when a portion of lung which has been solidified by inflammation begins to be restored, the crepitous rale which had disappeared as bronchial breathing becomes developed, again re-appears as the "crepitus redux."

That this is the ordinary course of events is beyond dispute, and is alluded to by Watson, Williams, and, in fact, by every recent writer and lecturer on diseases of the chest. It may, therefore, be readily imagined, that I was not a little surprised to find that, though there was indisputable proof of amendment in the condition of the lungs of our patient, I yet could not on the most minute and repeated examination discover any "crepitus redux." The character of the breath-sound passed at once from the bronchial to the vesicular, the latter gradually gaining upon, and eventually displacing, the latter. I could not at the time account for this, and was content to note it down as a *fact*, that "crepitus redux" is not an invariable accompaniment of the resolution of pneumonia; when, upon turning to that admirable example of bed-side teaching, Graves' "Clinical Medicine," I found the same fact had been observed by its author, and under precisely the same circumstances as were offered in the present case—viz., recovery, with trifling cough, and little or no expectoration. Dr. Graves remarks, that in ordinary cases resolution of pneumonia takes place by increased secretion, together with interstitial absorption, but the latter alone is sufficient in certain instances. When such is the case, and no secretion takes place into the bronchial ramifications, there can be no "crepitus redux."

This case offers still another feature of interest, in the sudden occurrence of imminent suffocation from effusion into the larger bronchial tubes on the 29th. This effusion was evidently asthenic, resembling that which occurs towards the close of many other diseases. It might not have been of so much importance under some conditions of disease, but here it was a most formidable complication, obstructing what little portion of pulmonary tissue had been spared by the original malady. It was promptly met by the free exhibition of brandy, a few doses of which enabled the patient to discharge a quantity of frothy mucus. The urgent debility being thus obviated, the symptom did not re-appear.

The treatment was conducted on general principles. Depletion to any extent was inadmissable, and it is questionable if free blood-letting is of use after hepatization has taken place, even if the patient's strength would tolerate it. All that is necessary in this stage, is by removing a small quantity of blood, to induce something like a balance between the bulk of the circulating fluid, and the diminished capacity of the lungs. I regretted even the application of a few leeches, in the present instance, and am not sure that they were not the cause of the sudden bronchial effusion above mentioned. It will be seen that mercury was looked to as the sheet anchor. Such I regard it to be in the stage of hepatization. The time is then gone by when good is to be expected from the use of large doses of antimony. The air-cells are clogged by fibrinous deposit; and the best absorbent of lymph, whether in the pulmonary tissue or between the layers of the cornea, is mercury. The iodide of potassium also did good service in completing the resolution of the obstructed lung.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, MAY 17, 1848.

We insert this week a letter from a Midland Counties' surgeon, in reference to the recent actions against the Midland Railway Company, for remuneration for professional services rendered, in the case of a poor man, who had suffered a severe accident on the railway. A report of these trials will be found in the *Provincial Journal* of April 19th, together with some brief comments, which we deemed it right to append. The author of the letter thinks, that in these comments, our "zeal for the interests of the profession, has to a certain extent outrun our discretion." Individually we might be well content to underlie this imputation, seeing that we are not alone in the views which we have taken of the conduct of the Company on this occasion,—that the sentiments which we ventured to express were, "to a certain extent," partaken in by the counsel, the Court, and the jury, and would seem to be justified even by the defendants themselves. The counsel, we are informed, "remarked rather strongly on what he characterized as the shabby, mean, and most ungenerous nature of the Company's procedure, in refusing to liquidate the claim. The Judge "suggested that as it was contended for the Company that no servant of theirs had authority to order medical attendance in cases of accident (the plea set up on the part of the Company,) they ought to make it publicly known. The jury, under the direction of the Judge, returned a verdict for the plaintiffs, and even the defendants "did not dispute the justice of the charge, but merely pleaded that they were not indebted," on the ground that their officer had no authority to make a contract with the medical men.

Seeing therefore that such is the recorded opinion of the parties concerned, and that the presiding Judge held the responsibility of the officers of the Company, we do not think that either in any of the observations which we made, or in the conclusion on the conduct of the Company at which we arrived, we can with any justice, be said to have allowed "zeal to outrun discretion;" and further we are still of opinion, notwithstanding the observations of the author of the letter, that the attempt of the

Company to deprive the surgeons (the justice of whose charge was not disputed,) of the remuneration to which they were entitled, was "pitiful in the extreme."

Still, as we have intimated, we should not under the circumstances have been disposed to notice the imputation brought against ourselves; there is, however, an important principle concerned, established by the result of the trials, which it is most desirable should be cleared from any fallacy or misconception in which the observations of the author of the letter might tend to involve it—the liability of railway companies to make all possible reparation for the injuries committed by them.

The author of the letter would seem to be of opinion, that the sufferer from the accident, being a person in humble circumstances, was entitled only to such relief as his circumstances might have enabled him to obtain for himself; that the charges of the surgeons in attendance should have been made in accordance therewith; and that the extra-assistance of Mr. Sands Cox was uncalled for. This it will be observed is not the ground of defence set up by the Company: they disputed not the *justice* of the charge, but forgetting, or endeavouring to shelve, the legal axiom, *qui facit per alium facit per se*, pleaded that they were not liable for contracts made by their own agents. The objection of the author of the letter, then, is not to the liability of the Company, but partly to the amount and quality of the assistance rendered, and partly to the sum charged for such assistance, on the plea of the humble station of the sufferer. Now, for ourselves, we must say that we differ altogether with the writer of the letter on this point, and we will do the Company the justice to think that, were the question put to them, they would at once say, as their agents did say, let every thing possible be done to save the man's life.

With regard to the supposed instance of an innkeeper, acting under orders from a nobleman, to take care of a poor man, accidentally injured by one of his servants, we are not aware that it would be either necessary for, or advantageous to, a poor man so circumstanced, that he should be placed in "the best apartment" in the house, "at two or three guineas a day;" nor is it in accordance with our experience, that "turtle and champaign" is the form of diet best suited to a person under the circumstances supposed. But the innkeeper would have an undoubted right, and it would indeed be his duty, to place the patient in one of the most airy and comfortable rooms in the house, and to supply him with such nourishing food and good sound wine, or other stimulus, as the circumstances of the case might call for, and be entitled also to make his full and customary charge for the same.

We are not now considering whether it was necessary that so many surgeons should have been in attendance, but we can readily conceive, that in so severe an accident as the crushing of both thighs, attended with great hæmorrhage, and rendering amputation inevitable, involving also a probable charge of manslaughter should the patient die, few surgeons would be found to act singly on their own responsibility. On the contrary, most surgeons would be glad to summon any of their brethren to their immediate aid, and in the event of an important operation being required under circumstances of such moment and danger, would be desirous further of obtaining the most eminent assistance within reach. And surely such being the case, the Company being well able to bear the expense, the claim of the surgeons to a remuneration for the skill, and care, and attention requisite for its management throughout, and for the responsibility entailed upon them, is just and eqitable.

Review.

A Treatise on Diet and Regimen. By WILLIAM HENRY ROBERTSON, M.D., Physician to the Buxton Bath Charity. Fourth edition, re-written, and much enlarged, in Two Volumes. Volume I. London: post 8vo., pp. 355.

It would be difficult to over-estimate the importance of the great hygienic subjects comprehended in the title of the work before us. Every advance in chemical investigation,—every development of statistical facts, shows, more and more clearly, how much more powerfully disease and mortality are to be antagonised by the means of prevention, than those of cure. When we think of the large proportion of the deaths in this country that is made up of epidemic diseases, and that a more efficient ventilation, and a better drainage and sewerage, might well nigh sweep away such diseases from the causes of death, widowhood, and orphanage;—when we think of the prevalence of pulmonary disease, and think how a large proportion of these cases is fairly referable to deficient ventilation, and a neglect of the great organic laws, on the part of those attacked;—when we regard scrofula in all its forms, as being but the accumulated result of inattention to the great means of hygiene—the consequence

of disobedience to the organic laws,—we feel that the subjects of diet and regimen are at least as important, at least as deserving of patient study and anxious investigation, as the pathology and treatment of disease.

In the present edition of the work before us, Dr. Robertson has brought down the several subjects to the present time, to the advanced state of chemical and statistical science, and he has availed himself of the researches of Dr. Prout, Professor Liebig, Dr. William Gregory, &c. &c., adding thereto a digest of the results of parliamentary inquiries into the several great questions embraced in his work. The first volume, now under review, opens with a statement of the several causes and classes of disease, and a demonstration of the awful ravages of the removable causes of disease, urging these as great facts, which demand the fullest attention,—an attention which can only spring from general enlightenment of the people, and the co-operation and supervision of an active and well informed executive. Our author justly urges, that an indirect result of such increased knowledge of the great hygienic laws would be a death-blow to quackery in all its forms. The second chapter or section, which occupies the remainder of the first volume, embraces the vast subject of dietetics. The processes of digestion are considered briefly but analytically, and the vital character of all the assimilating functions, overruling and determining the chemical action, and its results, is prominently advanced. The several articles of food in ordinary use are noticed *seriatim*,—their chemical constitution, relations, and dependencies,—their relative digestibility,—their effects on the nutrition of the system, and on the respiratory wants of the economy, are duly dealt with, and it would be difficult to look for an article of food that is not particularized; at the same time, the relative effects of animal and vegetable food,—of azotized and of non-azotized articles of diet,—of the oily, the saccharine, the amylaceous, and the albuminous foods, and of the more aqueous aliments, &c., are stated. The important question of the use and abuse of alcoholic compounds is examined on its intrinsic merits; and the tee-total quackery on the one hand, and the indiscriminate use of any of the products of the vinous fermentation on the other, are equally avoided.

The followers of hydropathy might possibly read the subjoined passage, as to the emulging effects of water, with some benefit:—

"As to the ultimate action of water on the system,—its effect as a solvent for the effete matters, and a direct means of their elimination,—the influence of the great solvent may be made useful in many disordered conditions of the body, and on the other hand, may be carried much too far, and with injurious consequences to the system. It seems to be a simple enough fact, that however pure may be the state in which water is taken into the system, it is never pure when discharged from it, but always carries off, in solution, saline and azotized matters, and is, to the same degree, an emulging and expending agent. This may be most useful in maintaining health, in warding off disease, or in correcting or removing morbid action. It may promote needful secretion; it may carry off redundant matters; it may relieve local irritation; it may equalize the general circulation, or remove the slighter degrees of congestion; and act beneficially upon the plethoric, the sluggish, or the excited conditions of the system, which may or may not be sufficient in degree to amount to disease. The good effects of water, as a diluent and emulgent, in the human body, whether in health or disease, can hardly be exaggerated in importance. But, in the same degree, it is possible to make too much use of so energetic an agent;—to the same degree, it is possible to make it a means of inducing debility, whether local or general, and an unwise means of expending the powers of the system. Water is by no means a weak and unimportant agent in the animal economy, and is as capable as most other powerful agents, of subserving the well-being, or of deranging the tone and healthiness, of the system. It has been, of late years,—thanks to an extension of one of the forms of modern quackery to the habits of the people!—too much the custom to drink water more largely than the system requires its diluent and emulgent action, in the delusive hope of its acting, in some mysterious way, as a tonic and remedial agent. However taken, when used in larger quantity than the wants of the system imperatively require, water must always act as an emulgent, and, to the same extent, as an expending and debilitating agent,—and should by so much be made use of cautiously in any excessive degree, and only according to the evident requirements of the system, whether it be healthy or diseased, and with a view to, and due consideration of, its emulgent effects."

Dr. Robertson continues his dietetic section with an elaborate inquiry into the quantity of food required for the maintenance of health and strength under different circumstances, illustrating and founding his observations and deductions on the dietaries of hospitals, gaols, the departments of the public service, &c., &c., which are given *seriatim*. We have reason to know that these several dietaries have been obtained at the expense of considerable trouble, and that this department of Dr. Robertson's work has been ministered to by many medical friends. "It seems from the tabular estimate derived from the different dietaries quoted, that from thirteen to twenty ounces of dry nutriment, and from four to six ounces of azotized aliment, is a needful daily ration for people who have to undergo regular and active exertion; and that less than the lowest of these quotations would be an unjustifiable allowance to adults in health, who are called upon to work. Such an estimate is easily made, and should be considered a necessary step previous to the adoption of any plan of diet for the inmates of public institutions, or the dependants on public charity." Dr. Robertson is no advocate for a low dietary,—for such an amount

of sustenance as will barely serve to support existence. He claims (and most justly,) for all classes, whether the inmates of our union-houses or the felons in our gaols, the pauperized or the criminal, such a scale of diet as will do more than barely maintain the expenditure of the system, on the ground of policy as well as that of justice and of humanity, for the sake of the common-weal as well as for that of the individual advantage; lest, as perhaps always happens under such circumstances of defective nutrition, fever step in, with its gigantic powers, and destroying with its pestilential breath the victims of the so-called economy, extend its ravages to the classes of people above and around them, and multiply the consequences of the sickness and the deaths by the pauperizing influences of widowhood and orphanage.

In concluding this first volume, Dr. Robertson says,—"The question as to the feeding of the indigent, the sick, the aged, and the labourer, brings the subject of dietaries within the direct influence of the legislature, and renders its details and facts of inappreciable value. There can be no question that, by dietaries which have been unequal to the wants of the system, or have not been adapted in character to the attendant circumstances of life, disease in its worst and most fatal forms, has been many times induced, in places of punishment, of well-intentioned charity, of manufacture, and of education; or that, without constant recurrence to the principles of dietetics, such occurrences may be reasonably expected to occur again. It is only a knowledge of the ordinary and the extraordinary expenditure of the system, of the varying expenditure dependent on age, season, climate, toil, &c., and of the nutrimentary qualities of different kinds of food, that can afford a secure basis for the establishment of useful dietaries, and adjust their modifications to suit the various requirements of the economy under different circumstances."

We shall resume our notice of Dr. Robertson's work when we are in possession of the second volume, which is promised in the course of a few weeks. In the mean time we have great pleasure in recommending this edition to general attention, as giving a rational view of many questions of vital interest and importance to the community, and to the medical practitioner especially, as enabling him to obtain ready access to much valuable information, both on subjects connected with public health, and on the dietetic management of the dyspeptic.

INQUIRY INTO THE MEDICINAL ACTION OF ARSENIC.

NOTICE TO MEMBERS.

Mr. Hunt, of Herne Bay, being anxious to prepare for the annual meeting of the Association a digest of the experience of its members on the medicinal action of arsenic, earnestly requests that those members who have not yet favoured him with replies to the questions printed in the Journal for December 1st, 1847, will evince their zeal for medical science by forwarding their reports to him before the end of the present month, (May.) Mr. Hunt begs to acknowledge the receipt of very numerons communications, containing records of many thousand cases, embodying facts and observations which, when presented in a tabular form, will be read with great interest. To save the trouble of reference, we reprint the questions alluded to, and trust that those members who are in possession of valuable facts will not fail to respond promptly.

Questions.

1. In how many cases have you had an opportunity of watching the internal administration of arsenic in medicinal doses?

2. Did you ever see a case in which arsenic so administered, proved fatal; and if so, what are the proofs that the death of the patient was caused by arsenic; and what dose was administered, and how often?

3. Have you any proofs, that under your own observation, arsenic has ever, in medicinal doses, proved seriously or permanently detrimental to the health? If so, state the symptoms, and mention the facts which prove that arsenic was the injurious agent.

4. Did you ever see it administered without producing any apparent effect on the system, and if so, in what dose, and how long was it persisted in?

5. In what disease or diseases have you seen arsenic useful, and to what extent? What proofs can you give of its efficiency?

6. Irrespective of its therapeutic efficacy, what effects have you observed to result from the medicinal use of arsenic? And what proofs can you adduce that these effects were real—not imaginary?

7. Is there any one symptom (or more) which you have found *invariably* resulting from its exhibition; and what symptom or symptoms?

8. Have you noticed much variableness in its action in different cases, or the contrary? Have you observed its effects modified by age, sex, or idiosyncrasy; and to what extent?

9. State generally the *conditions* which have guided you in the administration of arsenic; what you have regarded as the sign or signs of an overdose; and what the circumstances are, which in your experience have seemed to contra-indicate its use.

10. State particularly what preparation you have used; what doses; whether administered on a full stomach or fasting; whether in increasing, decreasing, or uniform doses; whether alone, or in combination; whether in hospital or private practice.

11. What proof can you offer that the preparation you have used was pure?

12. Have you used arsenic externally? In how many cases, and in what diseases; and with what effect, local and constitutional?

13. Can you refer to any valuable papers or treatises on the medicinal use of arsenic, which may assist in the prosecution of this enquiry?

14. Can you mention any facts of interest occurring under your own eye, connected with the subject, not referred to in these questions?

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I forward to you a collection of facts, extracted from the depositions made at the inquests, held before the coroner of Manchester. I beg publicly to acknowledge my sense of Mr. Chapman's courtesy and kindness, in permitting me to go through the depositions, and make such extracts as seemed likely to promote the object I have in view.

As it requires a good deal of labour to go through the depositions, I send you a rather full analysis of them. I think they will be of considerable value to me in the preparation of the report for the annual meeting, and I hope that some philanthropist may hereafter be led to refer to your pages for the appalling facts embodied in these depositions. The sacrifice of life by burns and scalds is very great.

I have retained the phraseology of the depositions; to have departed from it would have been to endanger the accuracy of the digest.

I have the honour to be, Sir,

Your very obedient servant.

SAMUEL CROMPTON.

Manchester, May 6, 1848.

Digest of Depositions before the Coroner of Manchester.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death.	Parts which were burnt.	How the accident occurred.	Remarks.
1	M.	2 yrs.	1839 Mch. 30	17 days	Left arm, fore-arm, shoulder. Left breast and left cheek slightly	Clothes caught fire during the mother's absence	Under a quack, who deposed that his remedy was elder ointment and *white-lead*, made into a plaster. Linseed oil and lime-water in the first instance.
2	F.	22 yrs.	April 17	8 days	All over the body: the *back* chiefly	Sitting upon the kitchen fender with her back to the fire. A cinder supposed to have fallen upon her dress. Her fellow-servant tried to extinguish the flames. The deceased ran out of the kitchen, and into different rooms, enveloped in flames	Taken to the Royal Infirmary. Linseed oil and lime-water having previously been applied to the burnt parts.
3	F.	12 yrs.	Mch. 26	31 days	Breast, arms, & part of neck	Whilst putting something into a pan upon the fire, she turned round to speak to a female, when her pinafore caught fire	Was carried to the Infirmary immediately.
4	F.	9 yrs.	April 28	6½ hrs.	Thighs, stomach, arms, & a little on the back	During the absence of the mother, her clothing caught fire, but *how*, it does not appear	Taken to the Infirmary.
5	M.	4 yrs.	April 27	—	Dreadfully burnt over all the body.	Pinafore caught fire in making a bonfire	Taken to the Infirmary
6	M.	2⅔ yrs.	April 14	15 days	Right arm breast and chin	Was passing a table on which was a dish, containing two or three quarts of soup, which he upset upon himself	Taken to the Infirmary.
7	M.	8 yrs.	April 23	21 days	All the body, from the chin to the knees.	Fell head-foremost into a tub of hot size. When he was undressed the skin came off his body	Taken to the Infirmary.
8	F.	Adult	——	——	——	Unknown woman, who was found burnt to death near a brickkiln. It is supposed that she had been sleeping there, and that her clothes caught fire	——
9	M.	4 yrs.	June 11	5 hours.	Much burnt all over both arms, chest, belly, back and face	In mother's absence supposed to have been taking a potato out of the pan upon the fire	——
10	F.	3 yrs.	July 15	2 days	Legs, arms, neck and throat, severely	Fell into a canful of boiling water	Taken to the Infirmary, after the application of linseed oil and lime-water.
11	M.	34 yrs.	Aug. 22	11 days	Chest, belly, and left arm	A farrier. Fell into the fire of the forge when in a fit	Taken to the Infirmary.
12	F.	79 yrs.	——	——	Face, breast, right arm, & shoulder	Was reaching over a table, upon which there was a lighted candle, when her clothes took fire	Taken to the Infirmary.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death.	Parts which were burnt.	How the Accident occurred.	Remarks.
13	F.	5½ yrs.	Sept. 23	11 hours	———	Child's clothing caught fire in the absence of the mother. Supposed to have been playing near to the fire	Taken to the Infirmary.
14	F.	13 yrs.	Oct. 9	5½ hrs.	All over her body, both legs down to the ankles	Sitting by the fire, asleep, when a cinder fell upon her frock. No mother.	———
15	M.	1 year	Oct. 6	4 days	Right arm, right side of head	Left in the house with a little girl, eight years old. He fell under the grate and hot ashes fell upon him and set fire to his clothes	No regular medical advice. Was dressed by a neighbour with linseed oil and lime-water.
16	F.	4 yrs.	Oct. 18	3½ hrs.	Both thighs, the belly, and the arms	Went down stairs in her night clothes whilst her mother was in bed, and is supposed to have gone too close to the fire	Taken to the Infirmary.
17	F.	yrs.	Oct. 9	12 days	Left breast severely scalded.	Pulled over a cupful of hot tea from the table into her breast	Linseed oil & lime-water. Afterwards under Mrs. Thorpe. No regular practitioner called in.
18	F.	3 yrs.	——	Oct. 30	Right arm, face and head	Clothes caught fire: no one in the room with her	Linseed oil & lime-water.
19	M.	2½ yrs.	Oct. 30	24 hrs.	Both arms, chin, right ear, and right thigh	Mother "out" washing. Clothes caught fire accidentally	Infirmary.
20	F.	3 yrs.	Oct. 31	10 hrs.	Stomach, right side, right arm, face, & head	Grandmother had gone out for water; whilst away the child's clothing caught fire. No one in the house besides the child	Linseed oil & lime-water were applied; then she was taken to the Infirmary.
21	F.	5 yrs.	Nov. 5	3 hours	All over, except feet and hands	Mother in a neighbour's house, leaving this, and another child two years' and a half old, alone	Infirmary.
22	M.	6 yrs.	Oct. 30	7 days	Bottom, thighs and belly	Was seen in the street in flames by a man, who ran up to it and tried to extinguish them. No one in the cellar from which the child had come. Mother did not return for four hours.	———
23	F.	6 yrs.	Nov. 3	4 days	Right arm, right side, chest, face, chin & neck	Clothes caught fire in trying to get some soot out of the chimney to clean her shoes with. Her sister, aged 10 years, in bed in the same room	Infirmary.
24	F.	4 yrs.	Oct. 4	57 days	Thighs, hands, & lower part of face severely	Was thrusting shavings into the fire with the poker, when her dress caught fire. No one in the room, grandmother up-stairs	———
25	F.	76 yrs.	Dec. 5	4½ hrs.	All over except one foot	Her clothes caught fire in lifting the kettle off the fire	Taken to Infirmary. She was of weak intellect.
26	F.	14 yrs.	Oct. 6	9 weeks	Both arms, neck, throat, right thigh, chest, & both hands	Her clothes caught fire in blowing the fire with the bellows	———
27	F.	37 yrs.	Dec. 2	13 days	Arms, chest, back, right ear, face, forehead, &c.	Bed curtains caught fire from leaving a candle burning near her bed, whilst she slept a short time before proceeding with her work	At the Infirmary. A very industrious woman.
28	F.	5 yrs.	Dec. 14	1 day	Both arms, head, face, and whole of the body, except the legs and feet	Went up stairs with some shavings in her pinafore, into a room where there was a fire. In five minutes came down again in flames	At the Infirmary.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death	Parts which were burnt.	How the Accident occurred.	Remarks.
29	M.	5 yrs.	Dec. 15	1 day	All over, except feet, legs, back, and face	The mother had gone out to beg, the child having had no meat that day. No one was in the cellar where the child lived	At the Infirmary.
30	F.	1½ yrs.	Dec. 12	46 hrs.	Breast & chin	Pulled over upon herself a small pan, containing boiling water. Many persons were in the room at the time	———
31	F.	17 yrs.	Dec. 27	7½ hrs.	All over the body	Clothes took fire. Not known how	Infirmary.
32	M.	5 yrs.	Dec. 28	7 hours	Stomach, arms, face & neck	Mother and father out at work. Three or four children in the room with this child, the eldest of whom was 12 years. Clothes took fire	———
33	F.	7 yrs.	Dec. 21	8 days	Right arm, chest, right side, neck, and belly. Left arm slightly.	Had been left in charge of a woman who went out for a qr. of an hour, and on returning found that the child had been burnt, & taken to the Infirmary	Infirmary.
34	F.	8½ yrs.	Dec. 27	2 days	From ankles up to the waist was one sore	On a dark morning she stepped into a pail of boiling water, and upset it.	Flour was applied immediately, and then treacle over the flour.
35	F.	87 yrs.	1840 Jan. 6	7 hours	Both arms, back, chest, neck, face, &c.	Whilst cooking sausages, and examining them with a candle, her cap took fire	Infirmary.
36	F.	5 yrs.	Jan. 4	——	———	Mother out at work. Child left in charge of a woman living in another room, who ran down on hearing the screams. The child had been trying to put the kettle further on the fire, when a cotton handkerchief round her neck caught fire	———
37	M.	5 yrs.	Jan. 7	3½ hrs.	All over the body, except feet and legs	Mother out on an errand at a neighbour's house, leaving this boy and another of the same age together. The other little boy said "*that William went up to the fire and lighted the end of his pinafore*"	Infirmary.
38	F.	4½ yrs.	Jan. 8	15 hrs.	Both arms & all over the body, face, neck, & thighs	Woman in charge of her had gone out for a few minutes for water. The child said that she had been warming herself, when her bedgown caught fire	Infirmary.
39	F.	4 yrs.	1839 Dec. 28	10 days	Right arm, right side, neck & shoulder	Left in a cellar with a baby in the cradle. Mother had gone out for a short time. Child supposed to have been lighting shavings. A man passing by heard its screams, and went in and extinguished the flames, and then took the child to the infirmary	Infirmary.
40	F.	8 yrs.	1840 Jan. 7	2 days	Face, hands, & thighs	Was left alone in the cabin of a boat, when his pinafore took fire. A man passing by heard the screams, and put him into the canal to put out the flames	Infirmary on the 8th of January.

Foreign Department.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS

ACTION OF ERGOT OF RYE.

M. Piorry read reports on two subjects—one a work by M. Marchal, relative to "Tuberculization of the Bronchial Glands;" the other on a memoir by M. Arnal, "On the Action of Ergot of Rye, and its Employment in Internal Hæmorrhages."

In the latter memoir M. Arnal affirms that ergot contains a poisonous principle capable of destroying small animals. This principle is not soluble in oil or æther. He considers the powder to be the most potent preparation, and recommends it, therefore, whenever the extreme action of the medicine is required. The first toxic action of ergot is exercised upon the intestinal canal, in which it gives rise to an inflammation *sui generis*, with lesions not unlike those seen in typhoid fever. Ergot exercises also a notable alteration in the composition of the blood, rendering it more diffluent. When taken for a length of time it induces a condition resembling scurvy. It diminishes the force and frequency of the cardiac pulsations, to which action he attributes its hæmostatic powers in active hæmorrhages. The watery extract has also diuretic properties. He recommends its use in pneumonia, especially where active depletory measures are inadmissible.

CORRODING ULCER OF THE ANO-VULVAR REGION.

M. Huguier described an *esthiomenic* or *corroding ulcer* of the ano-vulvar region. He stated that this form of ulcer was sufficiently familiar in the face under the name of lupus, but had been confounded with other diseases when it appeared in the female genital organs.

In this region, as elsewhere, M. Huguier attributes the origin of the ulcer to the scrofulous habit, or to the combined effects of this habit and syphilitic taint. He has generally seen it in young women, and admits the three forms of ulceration described by Biett, viz.,—1. Superficial lupus. 2. Corroding lupus. 3. Lupus with hypertrophy. The diseases with which it may be confounded are stated to be—syphilitic ulceration, elephantiasis, and simple hypertrophy of the tissues.

M. Chassaignac, readan essay on the "Employment of Ice in Hæmorrhage from Mucous Membranes," which is destitute of interest.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DES SCIENCES, PARIS.

ÆTHER AND CHLOROFORM.

The Academy has received several communications relative to chloroform. The first, by MM. Dumeril and Demarquay, is an exceedingly elaborate production, entitled "Researches on the Modifications of Animal Temperature by Æther and Chloroform." The summary of this memoir will be found in our Retrospect.

M. Gruby also read an essay on the "Modifications of the Blood by Chloroform." According to him chloroform, so far from rendering arterial blood of a venous hue, actually increases its arterial tint.

M. Bouisson's essay on the "Comparative Merits of Æther and Chloroform" is an important contribution. He commences by stating his conviction that chloroform will not replace æther, but that both have their drawbacks as well as advantages. He does not think chloroform suitable to prolonged operations, but prefers it in those of short duration. In lengthened operations he places great confidence in æther. M. Velpeau disputed these opinions, affirming that chloroform ought in all cases to be preferred, on account of the rapidity of its action, and the freedom from excitement generally exhibited by patients under its influence.

COMPOSITION OF BLOOD IN SCURVY.

MM. Chatin and Bouvier gave some further experiments on the "Composition of the Blood in Scurvy." They determine—1. That the fibrin is increased in quantity as has already been shewn. 2. That the plasticity of the fibrin is diminished. 3. That the globules are diminished. 4. That the albumen loses its coagulable properties. 5. That the alkalinity of the blood is increased.

ON THE VOICE.

M. Segond addressed a second memoir on the *voice*, more particularly the *inspiratory voice*. The memoir may be thus recapitulated:—1. The production of voice is not necessarily connected with expiration; man possesses the power of speaking during inspiration. 2. Ventriloquism is the management of the inspiratory voice. 3. Singing birds exercise both kinds of voice, which accounts for the variety of their notes. 4. The voice of some batrachians is exclusively inspiratory.

BATHS IN ACUTE MANIA.

M. Brierre de Boismont read some observations on "Prolonged Baths and Douches, in the treatment of Acute Mania." The results are thus stated:—1. Acute mania may be cured by the above means in one or two weeks. 2. The duration of the bath should be in general from ten to twelve hours. 3. The douches should be equally prolonged, and suspended only when the patient is quiet. 4. If no benefit is derived after eight or ten of these baths, they should be abandoned. 5. Acute mania is the form most amenable to this treatment; next simple acute delirium, delirium tremens, &c. 6. When acute mania is associated with ataxic symptoms, or refusal of food, the treatment will not succeed.

The author maintains that in general no ill effects follow the prolonged bathing, and that it is applicable to certain forms of hysteria.

ROYAL COLLEGE OF PHYSICIANS: PROPOSED NEW CHARTER.

[We are now enabled to lay before our readers officially, the clauses of the proposed new Charter, as they at present stand. The preamble and conclusion are the same as in the draft which was published in the last number of the *Journal*.]

1. That the said corporation shall henceforth be styled —"The Royal College of Physicians of England."

2. That the said corporation shall consist of fellows and members, including a president and council, four vice-presidents, four censors, a treasurer, and a registrar.

3. That all the present licentiates of the said corporation shall be members of the said corporation.

4. That each of the present extra-licentiates of the said corporation may be admitted a member of the said corporation on the production to the said censors of the said corporation of testimonials of character which shall be satisfactory to the said censors, and on his assuring the said censors that he is not engaged in the practice of pharmacy, and on his paying to the said corporation a fee of fifteen pounds fifteen shillings, exclusive of the stamp duty.

5. That every person practising as a physician in England or Wales, and who shall have taken the degree of doctor in medicine at any university in the United Kingdom of Great Britain and Ireland, after regular examination at least three calendar months previously to the date of these our letters patent, and also every person who shall have received a licence to practise physic from either of the Universities of Oxford or Cambridge, and also every person practising as a physician in England or Wales, who shall have taken the degree of doctor in medicine at any foreign university at least three months previously to the date of these our letters patent, after regular examination, and after having resided during a period of not less than two years in an university, and also every person practising as a physician in England or Wales, who shall have been for a period of not less than three months previously to the date of these our letters patent a fellow of the Royal College of Physicians of Edinburgh, or a fellow of the Royal College of Physicians of Dublin, who not having taken the degree of doctor in medicine in any British or foreign university, shall have resided during a period of not less than two years in an university, and who shall have been admitted as a fellow of such Royal College of Edinburgh or Dublin, as the case may be, after regular examination, provided such person shall have attained the age of twenty-six years, and shall not be engaged in the practice of pharmacy, shall, at any time within twelve calendar months from the acceptance of these our letters patent by the said corporation, in the manner mentioned in the act of parliament hereinbefore stated to have been passed in the present year of our reign, be admitted a member of the said corporation, without any examination, on the production to the censors of the said corporation of his diploma, and of such testimonials of character and professional qualifications as shall be satisfactory to such censors, and on his proving himself to be of the said age, and on his assuring such censors that he is not engaged in pharmacy, and on his paying to the said corporation a fee of fifteen pounds fifteen shillings, exclusive of the stamp duty.

6. That any person who, after regular examination, shall have taken a degree in medicine at any university in the United Kingdom of Great Britain and Ireland, or at any foreign university to be from time to time recognized by the said corporation, and who shall have attained the age of twenty-six years, and shall not be engaged in the practice of pharmacy, and shall have gone through such course of studies, and who shall have passed such examination before the censors of the said corporation, touching his knowledge of medical and general science and literature, and complied with such other regulations as are or shall be required by the by-laws of the said corporation, shall be entitled to become a member of the said corporation without being subject to any other election.

7. That the present fellows of the said corporation shall continue to be fellows of the said corporation.

8. That every member who shall be admitted a member of the said corporation, as hereinbefore mentioned, who shall be desirous of becoming a fellow of the said corporation, shall, after the expiration of one year from the time of his having been examined for his licence to practise medicine, be capable of being elected a fellow thereof, provided he shall, in addition to the examination hereinbefore mentioned, at any time after the expiration of one year from that examination, have passed such further examination before the censor of the said college, touching his knowledge of medical and general science and literature, and complied with such other regulations as are or shall be required by the by-laws of the said corporation; provided, nevertheless, that such member shall not be capable of being actually elected a fellow as aforesaid, unless or until he shall have attained the age of thirty years.

9. That during the period of five years, to be computed from the date of these our letters patent, every person, who, according to the present regulations of the said corporation, might be elected a fellow thereof, shall be capable of being elected a fellow thereof on the terms on which he would have been entitled to be elected a fellow thereof if this charter had not been granted.

10. That after the expiration of the period of five years, to be computed from the date of these our letters patent, the council of the said college shall have the power to nominate yearly two members thereof, who, in the opinion of the council, shall have distinguished themselves in the pursuit of science or literature, to be proposed to the fellows for election as fellows, provided the members so to be nominated shall have been members of the said corporation for a period of not less than four years.

11. That the fellows of the said corporation shall be elected at a meeting of the fellows, and such meeting shall be held yearly, on the 25th day of June, unless the same shall fall on a Sunday, and then on the 26th day of June, and the first of such meetings shall be held on the 25th day of June, (or 26th day of June,) 18 .

12. That if it shall at any time hereafter appear, that any present or future fellow or member of the said corporation shall have obtained admission to the said corporation by any fraud, false statement, or imposition, or that he shall have violated any by-law, rule, or regulation, of the said corporation, then, and in every such case, and after such previous notice to, and such hearing of, such fellow or member, as, under the circumstances, the president and censors of the said corporation shall think proper, it shall be lawful for a majority of the fellows present, at a meeting of the fellows, to declare such fellow or member to be expelled from the said corporation, and thereupon every such fellow or member shall cease to be a member or a member and fellow of the said corporation, as the case may be accordingly, and all the privileges granted to such member or member and fellow, as the case may be, shall cease and be extinguished.

13. That the present president of the corporation shall continue to be president of the said corporation until a new president shall be actually appointed in his place,

and that upon the day next after Palm Sunday, in the year 18 , and on the same day in every subsequent year, a new president of the said corporation shall be elected at a meeting of the fellows of the said corporation, but the retiring president shall always be capable of being re-elected, and every president shall remain in office until the actual election of the new president.

14. That at the meeting of the fellows held for the election of the new president, the council of the said corporation shall, out of the first fifty fellows in the list of fellows of the said corporation, nominate some one of such fifty fellows to be proposed to the fellows of the said corporation, to be by them elected president; but if the fellow so nominated shall not be elected president by a majority of the fellows present at such meeting, another fellow shall in like manner be nominated by the council, out of the first fifty fellows in the list of fellows, to be proposed as aforesaid, and so on, until a president shall have been elected. The election of president shall be taken by ballot, and in case of any difference in the council concerning their selection of a president, the president nominated by the majority shall be proposed to the fellows, and in case of an equality of votes in the council, the senior fellow so nominated shall be so proposed.

15. That in case of the death, or resignation of the president for the time being, a new president shall with all convenient speed be elected in his place, such election to be made in all respects in the same manner as is provided by the last preceding regulation.

16. That at any time before or at the meeting of the fellows of the said corporation, after the meeting of the fellows at which the president of the said corporation shall have been elected, the president so elected shall appoint four fellows out of the first fifty on the list of fellows, which shall be called vice-presidents, any one of whom may act as president in the temporary absence of the president, upon such president expressing his desire to such effect to any such vice-president, in writing, or to the registrar; and in case of the death of the president, the first vice-president, for the time being, in the list of vice presidents, shall act as president until a president shall have been appointed, and the present president of the said corporation shall, at the meeting of the fellows of the said corporation next after the granting of these our letters patent, appoint four vice-presidents for the purposes aforesaid.

17. That the vice-presidents shall cease to be vice-presidents when a new president shall have been appointed in the place of the president by whom they were nominated.

18. That there shall be sixteen fellows on the council of the said corporation.

19. That the present council of the said corporation shall continue to be the council of the said corporation until a new council shall have been actually elected in their place, and that, on the twenty-second day of December next, four fellows shall be elected to make up the number of the council to sixteen, and that, on the twenty-second day of December, 18 , and on the same day in every year, (except when the same shall fall on a Sunday, and then on the twenty-third day of December,) four of the council shall go out of office and four fellows shall be elected of the council, but the fellows going out of office shall not be re-eligible until they have been one year out of office, and the fellows to be elected as aforesaid, shall remain in office until others shall have been actually elected in their place, and that on the same day other fellows shall be elected to the council to fill up vacancies occasioned by death or resignation since the last election.

20. That the council shall be elected by the fellows out of their own body, by ballot, either by list or otherwise, as the said corporation shall from time determine by the by-laws.

21. That in addition to the sixteen fellows so elected, the president, censors, and treasurer of the said corporation shall *ex officio* be of the council of the said corporation.

22. That the present censors of the corporation shall continue to be the censors thereof until new censors shall have been actually elected in their place; and that on the day after Palm Sunday, in the year one thousand eight hundred and , and on the same day in every subsequent year, four new censors shall be elected; and censors going out of office shall be re-eligible and the censors to be elected as aforesaid shall remain in office until other censors shall actually have been elected in their place.

23. That on the day for electing censors the council shall nominate four of the fellows of the said corporation to be proposed to the fellows, to be by them elected censors; but if any fellow or fellows so nominated shall not be elected a censor or censors by a majority of the fellows present at the meeting, another fellow or fellows shall be nominated at such meeting by the council, to be proposed to the fellows, and so on until four censors shall have been elected. The election of censors shall be taken by ballot. In case of a difference in the council, concerning the nomination of censors, the censors nominated by the majority shall be proposed to the fellows; and in case of an equality of votes in the council, the president shall have a casting vote.

24. That in case of the death or resignation of any of the censors for the time being, a new censor shall, with all convenient speed, be elected in his place, such election to be made in the same manner as is provided by the last regulation.

25. That the present treasurer of the corporation shall continue to be treasurer of the said corporation until a new treasurer shall be actually elected in his place; and that on the day after Palm Sunday, in the year one thousand eight hundred and , and on the same day in every subsequent year, the president shall nominate one of the fellows to be elected by the fellows as treasurer, in the same manner, in all respects, as is before appointed for the election of censors by the fellows, and the treasurer shall be re-eligible, and every treasurer shall remain in office until a new treasurer shall be actually elected in his place.

26. That in case of the death or resignation of the treasurer for the time being, a new treasurer shall with all convenient speed be elected in his place, such election to be made, in all respects, in the same manner as is provided by the last preceding regulation.

27. That the present registrar of the said corporation shall continue to be the registrar of the said corporation until a new registrar shall be actually elected in his place; and that on the day after Palm Sunday, in the year 18 , and on the same day in every subsequent year, the president shall nominate one of the fellows to be elected by the fellows as registrar, in the same manner, in all respects, as is before appointed for the election of censors by the fellows, and the registrar shall be re-eligible, and

every registrar shall remain in office until a new registrar shall be actually elected in his place.

28. That in case of the death or resignation of the registrar for the time being, a new registrar shall with all convenient speed be elected in his place, such election to be made in all respects in the same manner as is provided by the last preceding regulation.

29. That the president, council, censors, treasurer, and registrar, shall be considered as remaining in office during the whole of the day on which their successors shall be elected.

30. That the said corporation may, from time to time, by a by-law, change the day hereby appointed for any election to take place, and if, from any cause whatsoever, any election shall not take place on the day hereby or by any by-law appointed for that purpose, the same shall take place on some other day appointed for that purpose by the said corporation.

31. That proxies shall not be allowed at any election.

General Retrospect.

PATHOLOGY.

ON THE URINE IN TYPHOID FEVER.

M. Martin Solon recently (Nov., 1847,) read at the Académie an interesting paper upon the condition of the urine in typhoid fever, the principal points of which are thus summed up—1. The urine in typhoid fever is less abundant, higher coloured, and generally more dense, than in health. 2. It is as acid as in the normal state, and sometimes more so. 3. It is rarely alkaline, but in consequence of its large proportion of urea, it readily passes into the condition of alkalescence. So abundant is the urea, that sometimes a nitrate may be at once formed by the addition of nitric acid without any preliminary evaporation,—a density of from 1.030 to 1.036 indicating this condition. 4. Generally transparent, the urine is sometimes clouded with mucus, (the *enœorema* of the ancients,) or by an excess of too-sparingly soluble salts, which give it a *tomenteux* appearance, and which give rise to sediments, formed especially of uric acid and the urates with colouring matter. 5. That critical signs deduced from these appearances are not to be depended upon. 6. That in transparent urine, nitric acid sometimes gives rise to no re-action, but in other cases produces a *cloudiness* immediately. 7. The same thing is observed in "tomentous" urine, when rendered clear by filtering. 8. That this cloud, of a peculiar tomentose aspect, formed by a bi-urate of ammonia, but the nature of which is perhaps not yet entirely known, is seen especially at the period of the resolution of typhoid fever and acute diseases, which it precedes and announces; and according to our clinical observations (in fifty-four cases,) possesses a *critical* value which deserves attention. 9. That the bile undergoes a notable alteration during typhoid fever, which is doubtless the cause of the appearance of *biliverdin* in the urine. 10. That the urine sometimes becomes temporarily albuminous during the course of acute diseases; but that the congestion of various organs, especially the kidneys, and the especial tenuity of the blood in typhoid fever, render such temporary albuminuria far more common in this than in other affections. 11. Temporary albuminuria is especially seen in severe cases of typhoid, and generally gives rise to the most unfavourable prognosis. 12. Temporary albuminuria may sometimes become continuous, and the kidneys then exhibit the usual pathological characteristics of confirmed albuminuria. 13. The inspection of the urine throws light upon the progress of a case of typhoid fever, and may serve as a means for the direction of its treatment.—*Bulletin de l'Académie*, tom. 13, p. 398.

CONDITION OF THE GUMS IN PHTHISIS.

Dr. Frederick mentions a brick-red line on the gums of phthisical patients near the teeth. It is most marked over the incisor and canine teeth. Since his attention was turned to the symptom, he has observed it in numerous cases, but cannot say at what period of the disease it first shews itself. He has not met with it in other diseases.—*Union Médicale*, 1848. No. 5.

CARCINOMATOUS AFFECTIONS OF THE SPINE.

Dr. Bühler has lately described three cases of this incurable but interesting and very important disease, of which there are few records, and of those which have been recorded are all doubtful, except the four cases by Mr. Cæsar Hawkins, in the "Medico-Chirurgical Transactions" of 1841. Dr. Bühler's cases are remarkable, insomuch that the affection presented itself apparently as a primary disease of the vertebræ, as in one of Mr. Hawkins's, in whose three other cases carcimona had already been developed in the mammæ or testes. Dr. Bühler's first case occurred in an actor, a remarkably fine and well-built young man of 27 years of age. The second was that of a man of 69, who from his youth had been scoliotic, or humpbacked, in consequence of a fall. The third was a woman of 42, who asserted she had had no previous illness. The first case was admitted to the hospital for paraplegia of the legs; the two other cases were sent in from the country as chronic rheumatism, for which they were at first, and unsuccessfully, treated. All three exhibited in the progress of the disease the greatest similarity of symptoms, the most prominent of which were excessive pains which yielded to no remedy; these were at first confined to the back, but soon they extended to other parts of the body, and never ceased. At times they were most severe, particularly during the night, depriving the patient of all sleep. Pressure upon the spinous processes and neighbouring soft parts, and any motion of the body, materially increased the sufferings; the most easy posture was half recumbent, in which the patients generally remained. There were frequent spasmodic twitches, sometimes in one group of muscles, sometimes in another; clonic spasm of the legs and starting of the whole body, accompanied with severe pain, but without any disturbance of the sensorium. The respiration was generally quickened, and sometimes genuine asthmatic dyspnœa, with great constriction of the chest, took place. Other groups of muscles were at times attacked with tonic spasms; thus, the thighs were drawn up upon the abdomen, the muscles of which were frequently violently contracted. Constipation and retention of urine existed; at last,

however, the sphincters became paralysed, and then both fæces and urine passed involuntarily. According to the higher or lower seat of the disease, the upper or lower extremities were paralysed, and sensibility partly or wholly extinguished. Occasionally formication and numbness were complained of; and motion, either voluntary or otherwise, always occasioned great pain. No scoliotic change in the form of the spine was observed, except in the young man, in whom the curvature became greater than natural; nor was the usual carcinomatous expression of countenance present, until near the end, when general cachexia was developed, and other organs participated in the disease. The progress was slow, death ensuing from the sixth to the ninth month. On dissection, the vertebræ were found softened, infiltrated by carcinoma, or wholly destroyed, and the whole spine more or less affected. The bones of the pelvis, femur, and sternum were also involved, and evidences of disease were found in the brain, lungs, pleuræ, liver, kidneys, and several lymphatic glands. ("Ueber Wirbeltuberkulose in einer bisher noch nicht beachteten form, und über den Krebs der Wirbelsäule von Dr. Heinrich Bühler." 1847.)—*Medical Times.*

SURGERY.

EXTIRPATION OF CAPILLARY ANEURISM BY LIGATURE.

Mr. Luke advises that the nævus should be intersected with a larger number of threads than is commonly done, so that smaller sections of the tumour can be strangulated. His plan is to thread a sufficient number of needles upon the same thread, leaving an interval of twelve or fourteen inches between each. The needles are then introduced one after another at a distance of half an inch, the first and last needle being inserted at a point beyond the morbid structure; the needles are then cut off, and the contiguous ends are tied each way.

[We do not see that any advantage is thus obtained more than would be afforded by the same number of needles, with separate double threads.]—*Med. Gazette*, April 7, 1848.

TREATMENT OF STRUMOUS OPHTHALMIA BY CAUTERIZING THE NOSTRIL OF THE AFFECTED SIDE.

Dr. Edwards writes in favour of the method of treating strumous ophthalmia, first advocated by M. Morand. The latter having observed that a swollen and inflammatory condition of the nasal mucous membrane often preceded or accompanied the eye affection, was led to treat it by the application of lunar caustic, either in substance, or strong solution, to the part.

Alluding to this treatment, Dr. Edwards remarks that he had not observed the inflammatory redness to the extent mentioned by M. Morand, in most cases that came under his care, but that he had done so in some which came to him early. He mentions a tumid upper lip as a very frequent concomitant of strumous ophthalmia, and states that cauterizing the nostril removes this complication sooner than any other treatment. He is not able to say whether this treatment prevents relapses; five cases are adduced in illustration. It must be mentioned that the usual internal medicines are given at the same time.—*Lancet*, Apri 18th.

THE ACTIONS AGAINST THE MIDLAND RAILWAY COMPANY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I cannot but think that in the comments appended to your report of the recent trials at Warwick against the Midland Railway Company, your zeal for the interests of our profession has, to a certain extent, outrun your discretion; at all events, I am not by any means disposed to apply the terms "*mean*," and "*pitiful in the extreme*," to the conduct of the Company on that occasion. I quite agree with you that a fair and reasonable recompense was due to the practitioner who was called in to take charge of the man Higgins, after the receipt of his accident, and I by no means desire to make any comment on the amount of Mr. Sands Cox's demand, which, for the services performed by a surgeon of his eminence, seems moderate enough. It does, nevertheless, strike me, that in this, as in many other instances I have read of, with pain and regret, there is a palpable deviation on the part of our profession from the course which is required and expected at their hands, in cases of this nature; so much so indeed, that it would almost seem as if the moment a medical man got hold of a public company as his paymaster, he considered himself entitled to put them to whatever amount of expense he pleased. That such is an exception to the rule which ought to prevail, I am willing to hope and believe; but as far as the published reports of trials of this kind throughout the kingdom are evidence, I must say that the sums claimed for professional services are frequently out of all proportion to the service rendered, and almost always at utter variance with the station in life of the party attended, and the probable amount which would have been charged in the event of the patient himself being the person liable to pay.

Let us now see how these observations bear on the case in question. From the report of the trials, we find that the man Higgins, a person in humble circumstances, met with an injury on the Midland Railway, on the 9th February, 1847, by which one of his legs was so much crushed, as to render amputation of the limb necessary, and that he was placed by the station master, Mr. Bladen, under charge of Dr. Davies, of Coleshill; we further find, that in the course of the same evening he was attended by three other surgeons of the same place, making four, together in consultation, but that the whole united body were unable to decide whether it was proper to cut off the man's leg or not! They therefore sent for Mr. Sands Cox, from Birmingham, who not only decided the point in the affirmative, but was also so obliging as to relieve them from the trouble of the operation. The man it appears got well, but the result of all this vacillation and want of self-confidence in the Colesbill surgeons is, that for the amputation of a leg, and the subsequent attendance, a claim is made against the company but little short of seventy pounds!! Now, I cannot conceive, that this is a fair position in which to place a public company any more than a private individual. *Why* could not

Messrs. Davies and Son, Mr. Barker, and Dr. Bourne, have come to a conclusion without the aid of Mr. Cox?—and even if they could not, why should Mr. Cox have performed the operation, or have received more than one single consultation fee for his opinion, which would probably have been five or six guineas? I confess myself at a loss for an answer. Ten guineas to Dr. Davies for the amputation; ten guineas for the subsequent attendance; and, if you will, six guineas to Mr. Cox, would have been a fair remuneration to the medical men for a person in the circumstances of life of Higgins; and yet you do not hesitate to charge the Railway Company with "*mean*" and "*pitiful conduct*," because, stung by the enormous amount of the demand upon them, an attempt is made to lessen, or to escape from it, entirely.

Now, Sir, it has been my lot to serve the Midland Railway Company frequently in my professional capacity, and I have attended on several severe accidents on that portion of their line adjoining my residence. On every occasion they have acted in the most honourable manner, neither questioning the amount, nor deducting a shilling from my accounts, and I have always been amply paid for my time and trouble; and yet, if I was called this night to one of their third-class passengers with a crushed limb, requiring immediate amputation, and for myself and another surgeon called in at my suggestion to assist my own wavering judgment, I put them to an expense of nearly seventy pounds, I question very much whether I should get my money without litigation, or should receive or deserve to obtain their confidence on any future occasion. I am willing to admit that for the most part medical men are underpaid for their services, but I cannot allow that this is any reason why a public company, or a private individual, against whom a legal liability for payment exists, should be fleeced or imposed upon; and I affirm it as my opinion, that the only honourable or even honest course for a medical man to pursue in making his professional charge, is to look at the station in life of his patient, as well as the capability of his employer to pay. What, for instance, would be thought of an innkeeper, who, receiving orders from a nobleman to take care of a poor man accidentally injured by one of his servants, placed him in the best apartment of his house, at two or three guineas a-day, or fed him with turtle and champaign, when mutton and beer would answer the purpose equally well? My belief is, and it is the result of very many years of experience and observation, that the remedy for these complaints on the part of the medical profession lies very much in their own hands, and that to their own recklessness and rapacity most of these disputes are owing. Railway companies in particular I am confident are more sinned against than sinning.

I have at this moment a patient with injury of the spine, arising out of a collision of trains on the London and North Western Railway, and I will undertake to say that Company will pass my account when they receive it without comment; and why? because it would not enter into my mind to charge them at a higher rate than I should charge the same patient if the accident had happened in his own farm-yard. Let the medical profession, then, follow this rule; let their charges be remunerative, but not extravagant: above all, let them be fairly proportioned to the station in life in which the sufferer is placed, and it will much surprise me, from the experience I have of public companies, if they do not generally meet us in the same spirit of fairness and liberality. I regret the length at which I have troubled you, but the subject is one on which I have thought much, and felt strongly, and in my judgment is one in which the honour and welfare of our profession are deeply involved. I enclose my name,

And am, Sir,

Your obedient servant,

A MIDLAND COUNTIES' SURGEON.

PRINCIPLES OF MEDICAL LEGISLATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Inasmuch as it does not appear Mr. Ancell has succeeded in shewing that the proposed "Principles of Medical Legislation," are not in direct opposition to the principles advocated by the Provincial Association during so many years and on such repeated occasions, I should hardly have thought it necessary to claim any space in the Journal for a reply to the comments which he has made in this week's number upon my communication in the previous number, had it not been that his remarks appear rather to depart from a fair reply to the objections urged against the proposed new incorporation, for the purpose of attacking the Fellows of the College of Surgeons, and imputing unworthy and selfish motives to myself.

1st. Mr. Ancell is pleased to assert that I "repudiate a representative collegiate establishment," merely because I happen to be a Fellow of the College of Surgeons, and that I wish to deny to the greater part of the profession a right or privilege which I possess myself. I am not aware that in my letter, or on any other occasion, I have said a word which would justify such an inference. It is a gratuitous assumption which it might have been as well to have had some evidence in support of, before venturing to hazard. It so happens that I have both publicly and privately maintained precisely the contrary. Soon after the granting of the Charter to the College of Surgeons, I wrote to the Council and remonstrated with that body upon the exclusive character of several parts of the Charter, and in some observations upon the state of the medical profession, published at the time Sir James Graham introduced his first bill into the House of Commons, I distinctly stated, that in my opinion, the representative system in the various Colleges is the only fair and equitable one. Should Mr. Ancell do me the honour to read the copy of these observations which I have taken the liberty to send him, he must admit his erroneous assumption. In my letter in the Journal I did not especially allude to the subject of representation, simply because it appeared to be unnecessary; I thought there was comparatively little difference of opinion upon it; and I must confess that I do not even now comprehend

how a disapproval of Mr. Ancell's favourite scheme can with any fairness be construed into a disapproval of fair representative government. It is quite within the bounds of possibility, that other Colleges than the proposed one may possess this advantage. Indeed I fancy the charge made by Mr. Ancell, would, to those who know my opinions, appear to border upon the ludicrous. By many I should rather labour under the supposition of looking with too great a favour and trust to representative government than of repudiating it as Mr. Ancell imagines. His inference is about as logical as the connection, in the old story, of Godwin Sands and Tenterden steeple.

2nd. I stated that I objected to the proposed "principles" because I believed them to be at total variance with that principle which our Association has for so many years uniformly declared to constitute the *only satisfactory, safe, and just basis*, for medical legislation to rest upon,—viz., one uniform primary qualification, as tested by one common examination, compulsatory upon all, and affording common privileges to all; and I must still crave Mr. Ancell's pardon in being so dull, as either not to understand, or, understanding, not believing, how three distinct grades, with three totally distinct and very dissimilar examinations, conferring as different privileges, can constitute uniformity of qualification in any shape or form, or even afford a much better approximation to it than now exists in this country. The new institution may have another name, and new managers may make their *debut*, but in my opinion essentially it will be but a modified Apothecaries' Company. Now, I must confess, that I feel so much gratitude to this body for the good it has effected, that if any analogous institution is to exist, my suffrages would be rather in favour of the prolongation of the old, than the usurpation of a new body.

3rd. Mr. Ancell says he does not believe that I should confer any boon upon the profession, if I were to succeed in persuading the College of Physicians to lower their standard of qualification. I am not conscious of having in my letter, or at any other time, said a word from which an inference could be drawn that I wished either the College of Physicians or any other college to lower their standard. Upon this point Mr. Ancell need not be apprehensive. If the wish, however, to make every member of the profession prove that he possesses a competent knowledge of its various branches, by undergoing a searching and practical examination upon it generally, be likely to lower the standard of qualification, I must plead guilty to the charge, not otherwise.

4th. Mr. Ancell says, that the proposed new college is to examine and license to practise in surgery. This is denied by the authorities of the College of Surgeons, and the fact of a candidate being compelled to undergo an examination at the College of Surgeons, supports the denial, but the parties most interested must settle this matter among themselves.

5th. I must express my surprise that Mr. Ancell should have permitted himself to state that I have directly or indirectly imputed inferiority to the members of the College: such an idea never entered my head. I did not say a word about the members of the College. In stating that a new institution, organized as the proposed principles shew the new college, if it be chartered, will be, must necessarily in the very nature of things be not equal in public or professional estimation to the Colleges of Physicians and Surgeons, I only gave utterance to the opinion of every medical man with whom I have spoken upon the matter, and what every impartial observer believes and knows will be the case, and which I cannot but think Mr. Ancell himself, were he not influenced by parental fondness, would also perceive. Indeed, if he will read what he has said respecting the requirements of the College of Physicians, it appears doubtful if he does not unconsciously even now mentally admit this.

Mr. Ancell has been pleased to impute motives, not the most honourable or impartial, for my opinions. I will not retort upon him; otherwise the emphasis with which the words Honorary Fellow, and the frequency of the term Fellow of the College of Surgeons are introduced in his letter, as well as the whole tone of his remarks, would fully justify me in imputing his great zeal in favour of a new college to the circumstance of his not being a Fellow of the old; but I will not do so. Doubtless he thinks he is acting for the best interests of the profession. But I will venture to suggest for his candid consideration whether, in differing in opinion from him, especially seeing that I have the advantage of being altogether in agreement with the convictions of the Provincial Association, it be not very possible that I may in fairness claim to be actuated by as much honesty and uprightness of opinion as himself. Nay, that I may possess an equal respect for my professional brethren. The Charter of the College of Surgeons was not under discussion, I therefore did not drag it in, but if it affords any consolation to Mr. Ancell, I may inform him, that with him, I think that in the first instance, the selection of fellows was arbitrarily made,—that doubtless many omitted were more deserving than several admitted to the fellowship. That I should be glad to see gentlemen like himself, (and it is only by referring to the *Medical Directory*, induced by the tone of his letter, that to my surprise, I find he is not one,) among the Fellows of the College of Surgeons, and farther, that although I think the new Charter in many respects a great improvement upon the old, I am clearly of opinion that a general measure for the regulation of the whole profession ought to have preceded the granting of new charters to the Colleges of any section of the profession.

I am, Sir, faithfully yours,

THOMAS NUNNELEY.

Leeds, May 6, 1848.

PRINCIPLES OF MEDICAL LEGISLATION.

MEMORIAL FROM BRIGHTON.

To the Right Honourable Sir George Grey, Baronet, Her Majesty's Principal Secretary of State for the Home Department,

Sheweth,—

That your memorialists being legally qualified members of the medical profession, have read with approbation a paper entitled, "Principles" for a general measure of medical reform, which has been agreed upon by the joint Committee of the Royal Colleges of Physicians and Surgeons, the Society of Apothecaries, and the National Institute of Medicine Surgery and

Midwifery, and which your memorialists believe has been submitted to the head of the Home Department.

The undersigned are of opinion that a legislative measure founded on those principles will conduce to the welfare of the public, and will be generally satisfactory to the medical profession.

Your memorialists therefore pray, that for an act of the legislature, Her Majesty's Government will adopt those principles of medical reform.

George Drummond, M.R.C.S., L.S.A., Brighton; Thomas Allen, M.D., Brighton; John Dill, M.R.C.S., Brighton; Thomas Blair, M.D., Brighton; George Hall, M.D., Oxon., Brighton; Andrew Plummer, M.D., Brighton; John Lawrence, F.R.C.S.E., Brighton; James Arnott, M.D., Brighton; Edward Dix, M.R.C.S.E., Brighton; Jas. Turner, M.R.C.S., L.S.A., Brighton; Jas. W. Wilson, M.D., Brighton; George Royde, M.R.C.S.E., L.A.H., Brighton; Augustus Franz, M.D., M.R.C.S., Brighton; John Cordy Burrows, M.R.C.S.L., and L.A.C., Brighton; William Kibbell, M.D., Brighton; J. R. Simonds, M.R.C.S., Eng; Edmund J. Furner, Surgeon; Richard Newnham, Surgeon; Robert Taylor, F.R.C.S., and A.C.L; E. Wildman Whitehouse, M.R.C.S., and L.A.H., Brighton; T. B. Winter, M.R.C.S., and L.S.A.; William King, M.D., Cantab., 23, Montpellier Road; Thomas Andrews, Surgeon, Montpellier Road.; Thomas Yates, M.D.; James Oldham, Norfolk Square; M. D. Nugent, M.D., F.R.C.S., Lond. and Dubl., Brighton; William Scott Watson, M.R.C.S., L.S.A.; George S. Jenks, M.D., Brighton; Jenkin Jones, M.D., Brighton; George Lowdell, M.R.C.S., L.A.C., Brighton; Gavin Eliott Pocock, M.R.C.S., L.A.C., Cannon Place; Richard Rugg, M.R.C.S., L.A.C., Brighton; T. Paine, Surgeon, Brighton; George Tatham, M.R.C.S., L.A.C.; W. B. Rowe, M.R.C.S., L.A.C., Brighton; J. King Dingle, M.R.C.S., L.A.C.; Thomas Barker, M.D., Brighton; W. R. Mott, Surgeon, formerly Surgeon 47th Regiment, Foot; W. Adam Maiben, M.R.C.S., L.A.C.; J. T. Gardner, M.R.C.S., L.A.C., St. James's Street; W. H. Fry, L.A.C., Dorset Gardens; William Wilton, M.R.C.S.L., L.A.C., St. James's Street; Thomas B. Horne, M.R.C.S., L.A.C.; Hampton Weekes, M.D.; Robert Caudle, Surgeon, Brighton; William Verrall, Surgeon, Brighton; R. M. Philpott, Brighton; S. K. Scott, M.R.C.S., L.A.C.; Geo. Battock, Surgeon, Brighton; John Lawrence, jun., Brighton; B. Thos. Seabrook; Robert Dix, Surgeon, Brighton; Henry Sutton, Surgeon Accoucheur, Brighton; E. D. W. Mitchell, M.R.C.S., L.A.C.E., Brighton; James Ansley Hingeston, M.R.C.S.L.

Medical Intelligence.

THE FRENCH NATIONAL ASSEMBLY.

Several members of the medical profession have been returned to the National Assembly, among others MM. Buchez, Recurt, Trelat, Gerdy, and Trousseau. M. Buchez has been elected President of the Assembly, and M. Recurt one of the Vice-Presidents.

NEW TREATMENT OF SCARLET FEVER.

Dr. Schneemann, Physician Royal, and Member of the Medical Council at Hanover, has, in his recent work on scarlet fever, proved the inefficacy of all the remedies hitherto employed against this malady. His new and simple mode of treatment, tested by experience, consists in *not* allowing the patient, who continues his usual diet, to go to bed, in having the sick-room frequently ventilated; and chiefly in rubbing the body with bacon several times a day. This is the whole system, which is said to have worked astonishing cures!!!—*Hamburgh Beobachter*, Febr. 1848.—From *Aris's Birmingham Gazette.*

ST. GEORGE'S SCHOOL OF MEDICINE.

May 1st, 1848.

Distribution of prizes and presentation of a portrait and lithograph to Dr. W. Vesalius Pettigrew. Sir James Clark, Bart., F.R.S., in the chair.

The report showed the increasing prosperity of the school, also the greater amount than usual of diligence and emulation amongst the students, many more subjects having been dissected during the past session than for the eight or nine previous sessions. Allusion was made to the death, in August last, of Mr. T. A Elliott, a former Assistant-Demonstrator at the school; and also to the decease of Mr. Liston, who lectured at this school for two sessions. It was proposed by Mr. R. D. Grainger, and seconded by Admiral Sykes, that the report be adopted.

The prizes were then awarded as follows, the sealed envelopes being broken open as the mottos were called, and the successful candidates thus for the first time known either to lecturers or students:—

Senior Anatomy.—*Silver Medals*—Mr. R. E Price, Mr. Herbert Brown. *Certificates*—Mr. Finnimore, Mr. Turner.

Junior Anatomy.—*Bronze Medal*—Mr. T. Ball. *Certificates*—Mr. Bullock, Mr. Goodall, Mr. Jones.

Medicine.—*Prize*—Mr. Allen. *Certificate*—Mr. G. Fast.

Chemistry.—*Prize*—Mr. T. Ball. *Certificates*—Mr. Bullock, Mr. Warden, Mr. V. Jones.

Materia Medica.—*Prize*—Mr. T. Ball. *Certificates*—Mr. Brown, Mr. Bullock.

Surgery.—*Prize*—Mr. R. E. Price. *Certificate*—Mr. Finnimore.

Midwifery.—*Prize*—Mr. R. E. Price. *Certificate*—Mr. V. Jones.

Practical Midwifery.—*Prize*, (for a report of 700 cases attended,) Mr. T. S. Gundry. *Certificate*—Mr. Gatliffe.

Summer Session.

Medical Jurisprudence.—*Prize*—Mr. R. E. Price, *Certificate*—Mr. Turner.

Botany.—*Prize*—Mr. R. E. Price. *Certificates*—Mr. Bullock, Mr. Turner.

Practical Chemistry.—*Prize*—Mr. H. Brown. *Certificates*—Mr. W. Bloxam, Mr. Price.

Clinical Surgery.—*Prize*—Mr. Allen. *Certificate*—Mr. Finnimore. This prize is offered by the Lecturers of this school and is open to competition to all Students entering to the hospital practice.

Mr. Lane then, in behalf of his colleagues and the students, in a very neat and highly eulogistic speech, requested Dr. Pettigrew's acceptance of a portrait and lithograph, in testimony of their respect

and attachment to him as a friend, and one of the Lecturers upon anatomy and physiology. Mr. T. B. Phillips, a student, at the request of his fellow pupils, also made an address upon the occasion. Sir James Clark then presented the portrait, and Dr. Pettigrew, who was highly gratified, replied in an appropriate manner. Votes of thanks were then given to Professor Fergusson and the Chairman, and the proceedings terminated highly to the satisfaction of all parties.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on the 5th instant:—G. J. Thurston; J. W. Davidson; L. T. Cumberbatch; J. H. Boughton; A. C. Sydenham; G. Withered; W. Benham; A. R. Benson; H. R. D. Marratt; J. J. Parrish.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, April 27th, 1848:—William Cox, Bridgend, Glamorganshire; Andrew M'Lellan, Liverpool; Edward Andrews, Rainham; William Fuller, Piccadilly; James White Money, Fareham; Thomas Veem, Payhembury, Devon; Charles Drew, Okehampton; Joseph Alfred Bean, Reldon, Essex.

Thursday, May 4th, 1848:—Francis Yeates Jones; Robert Twemlow Spark, Newcastle-under-Lyne; Joseph King, Lewes; Henry Coleman, Dover; Wm. Edward Jeffereys, Guernsey; Alexander Somers, Thame; Thomas Thrush Frankland, Northallerton; William Hyde Cooke, Stockton, Worcestershire.

OBITUARY.

Died, April 15th, at Sorel, aged 28, Leon Gauthier, M.D.

April 23rd, at Girvan, of fever, Andrew Robertson, M.D.

April 24th, suddenly, at Bewdley, in the 80th year of his age, Edmund Whitcombe, Esq., of Hollyfast, near Cleobury Mortimer, in which town he had been for upwards of forty-two years in practice as a surgeon, prior to which he was ten years surgeon in the Honourable East India Company's service.

April 27th, at Philipsburg, Canada, aged 46, H. N. May, M.D.

April 29th, of fever, Mr. Richard Stephenson, Apothecary to the Cork Street Fever Hospital, Dublin.

April 30th, at St. Servan, France, aged 84, John Hayne Newton, Esq., M.R.C.S., and of H.M. forces.

April 30th, aged 42, Edward Duncan, Esq., Surgeon, Leadenhall Street.

May 3rd, in Upper Portland Place, Wandsworth Road, aged 38, William Squin, Esq., Surgeon.

Lately, at Hollymount, of fever, H. Gardiner, Esq., Medical Attendant of the Kilmaine Dispensary.

BOOKS RECEIVED.

The Microscopic Anatomy of the Human Body in Health and Disease. By Arthur Hill Hassall, F.L.S., &c. &c. Part XIII. London: Highley. 1848.

Cholera, Dysentery, and Fever, pathologically and practically considered, &c. By Charles Searle, M.D., M.R.C.S.E., &c. London: Churchill. 1847. pp. 128.

On the Nature and Treatment of Stomach and Renal Diseases, &c. &c. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London: Churchill. 1848. 8vo., pp. 595

Physician's Annual Report to the Managers of the Royal Edinburgh Asylum, for the year 1847. 8vo., pp. 25.

Report of the Committee of Visitors of the Bedford Lunatic Asylum, to 31st December, 1847. Bedford. 1848. 8vo., pp. 42.

Notes on Feigned Insanity. By C. Lockhart Robertson, M.D., Medical Staff, attached to the Military Lunatic Asylum at Yarmouth, &c. (From the Journal of Psychological Medicine.) 8vo., pp. 8.

Observations on the Cultivation of Organic Science, being the Hunterian Oration, delivered February 14th, 1848, before the Royal College of Surgeons of England. By Richard Dugard Grainger, F.R.S., Lecturer on General Anatomy and Physiology at St. Thomas's Hospital. London: Highley. 1848. 8vo., pp. 60.

An Appeal Supplementary to "Hospital Elections and Medical Reform." By Edwin Lee, &c. &c. London: Churchill. 1848. 8vo., pp. 12.

Return of the Mortality in 117 Districts in England, for the Quarter ending March 31st, 1848. Published by the authority of the Registrar General.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The time for holding the Anniversary at Taunton is not yet finally fixed; but the meeting will probably be appointed for Wednesday, August 9th, and Thursday, August 10th, should these days suit the convenience of the Taunton Members.

NOTICE TO MEMBERS.

Gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due, either to the Secretary of the District in which they reside, or to the Treasurer or Secretary of the Association.

ROBERT J. N. STREETEN, Secretary.

TO CORRESPONDENTS.

Communications have been received from Mr. T. Hunt; Mr. Crompton; Mr. Nunneley; Dr. Cotton; Mr. Martin; Mr. E. W. Day.

Mr. Boult will perceive that his request has been attended to.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels and books for review may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

REMARKS ON THE PRESENT ASPECT OF MEDICINE.*

By W. Newnham, Esq., Farnham.

We are not prepared to say that much of the practice in the present day is not mere guess-work, especially with those who see their patients perhaps but once, or at all events, at very distant intervals; who have no opportunity of watching the influence of their medicines, and modifying that influence according to the peculiar state of the constitution, and rectifying the mistakes or imperfect knowledge of to-day, by the enlarged knowledge of to-morrow, and by the close observation of disease. We believe that a physician, in order to be a successful practitioner, and to carry out his plans, and to develope the agencies of medicine, should be a close attendant upon his patient; and where he is not so, we are not surprised at his hesitating to employ active measures, and at his trusting more to the *do-nothing* system of regimen (because it will do no harm,) rather than to the *do-something* system of medicine, over the influence of which he bears no regulating control; but this again is an error of the system of administration, and detracts not from the power of medicine.

Now, as to the influence of "Young Physic" in correcting these errors, and in working out the projected reformation, we have no means of judging of his powers. So far as parentage is concerned, since *fortes creantur fortibus*, we ought to expect much good from his future Herculean labours; but since we do find sometimes that children differ essentially from the direct parent stock, and are influenced by some previous bend sinister in the family escutcheon, we cannot yet rely upon what may be his developed powers. We cannot but recollect that he has not yet passed through the disorders and the trials of infancy; and we cannot yet predicate that his system will not receive so severe a shock from some of these trials as to enfeeble his progress towards maturity,—to stunt his powers,—to destroy his fair proportions,—and finally, to make him a puny man instead of a giant. Neither can we be assured that his associations will always be of the purest description, and that he will not be tempted in some evil day by some of the alluring provocations of society, to spend his strength upon unworthy objects, and to exhaust his powers upon very inferior pursuits, instead of upon that great and high destiny which the early breathings of parental vows would have placed before him. Therefore, we must indulge in hope, and cherish the heroic virtue of patience, in waiting for the development of the young champion's powers; and in the meantime, while we entirely concur with many of the educational precepts placed before him, we shall venture an observation or two upon some of the agenda, in order, if possible, to add our mite of contribution towards the realization of this *beau idéal* of perfection.

I. (1.) The preceding observations will have already explained our views with regard to the natural history of disease. To endeavour to obtain a deeper insight into the natural course and events of disorder in all its Protean forms by more care, more zeal, more industry, more nightly study, and more daily toil in the use of every legitimate means within our reach, is good and praiseworthy; but to obtain this knowledge at the expense of our patient is exquisitely cruel, and most deeply criminal. It is at once conceded that all organic disease and functional disorder of the system may have originated from some injury antecedently sustained, often from very remote causes, and frequently from the effort of nature to restore that which was wrong, or by the want of power to produce that effort. In either case, nature generally requires assistance,—in the former, to keep within due bounds that effort, which is almost always overdone,—and in the latter, to restore and re-animate her powers, and aid her in the accomplishment of her sanatory views. Left to herself, in both cases disorganization frequently results, and the physician has the uncomfortable reflection of the destruction of life by his supineness.

II. (4.) We quite agree upon the importance of introducing a more philosophical and "accurate view of the relations of remedies to the animal economy, and to diseases," and we are quite sure that a greater amount of careful and diligent observation will have its reward; but how is this to dissociate the minds of practitioners from the *post hoc propter hoc* notion, especially when tested by the numerical method! A judicious mind sets off upon the investigation of disease and its remedies; it seeks to obtain first every possible theoretical acquaintance with the former and the latter, and thus armed with study, it seeks to verify its principles at the bed-side. Here disease and its symptoms are investigated carefully; the effect of remedies is *minutely watched*; and the result is noted. By degrees, mistakes are corrected, a better acquaintance with the actual forms of disorder is obtained, a juster

* Continued from page 257.

confidence in prescribing is acquired, and the practitioner expects that in certain forms of malady, certain effects will be produced by certain remedies, and very generally he is not disappointed in the result. Here, then, is the experienced physician; but how is this obtained by the numerical method, except by summing up the preponderating number of *post hocs*, and arriving at the identical conclusion of *propter hocs*. Not so, the injudicious practitioner who infers that a *red herring is good for a tailor, but not for a cobler*, because, when exhibited in the same form of malady, the one died, and the other recovered. The difference is this, that the one prescribes judiciously and upon sound principles, discriminates results, and finally arrives at *post hoc propter hoc* results; while the other prescribes empirically without knowledge or principle to guide him, and arrives at conclusions, not from the summing up of a large series of inductions, but from a very small number of trials; the one is rational, the other irrational; the one is principled, the other is destitute of principle; the one appeals to reason and common sense, the other is alien from both.

III. (5.) This is a dangerous position, for although the "*anceps remedium melius quam nullum*" may be a very unsafe axiom, if it be construed to mean that any remedy, however wild,—however extravagant,—however absurd,—is better than no remedy at all, then, indeed, leave nature's operations undisturbed; but the cases must be rare indeed where *no* indication to be fulfilled may be extracted from a careful perusal of the patient, and his constitutional peculiarities, and his present disturbances. And if the case be so rare as to form only an unusual exception to the general result, the adoption of the rule of doing nothing, because the issue of the remedy is doubtful, is really only taking up the old nurses' plea, of letting the patient die undisturbed, or, as they would say, "a natural death," rather than endeavour to save him,—leave him rather in the hands of nature, and of Providence, than to the tender mercies of the doctor. But, as philosophers, we may not be guided by old nurses' views; we cannot be justified in our conduct to our patient, if we see him destroying by disease, and leave him to his fate, while there remains even a remote prospect of advantage from the *anceps remedium*. We are bound to eschew the remedy chosen at hazard; we are equally bound to employ the remedy, which, under the most deplorable circumstances, offers a hope of advantage to the patient. How often has the judicious physician been blessed with a joy almost unspeakable, when he has seen patients recovering under persevering energy, from conditions in which nurses, friends, and even less sanguine medical men, had given up all for lost. How deep must be the remorse of him who feels that a life may have been sacrificed from want of energy on his part!

IV. (6, 12.) We dislike polypharmacy as much as it is possible, and we would never exhibit a remedy of any kind unless we had a scientific reason for so doing, and unless we were prepared to defend our method of treatment upon philosophical, though it may be *misapplied*, (because *mistaken*,) principles. We claim no exemption from the errors and short-sightedness of humanity, and we dislike, with intense aversion, the miserable system of *prescribing for symptoms*, and exhibiting a certain drug for this, and a certain other for that, symptom, and varying our prescription several times in the day, according to the urgency of some particular symptom; and therefore we quite agree in the importance of *simplicity*, but we do not attach the same meaning to the term as does "Young Physic." By the term simplicity of prescription, we mean that combination of medicine, which in our best and deliberate judgment, we think most suited to meet and supersede the morbid action, of which we have endeavoured to take a comprehensive view, in all its bearings, upon the organs and functions of the body,—that form of medicine which, according to its present effect upon the constitution, we are prepared to carry on or to modify, till we have obtained certain changes, which will also demand certain other remedies to be then chosen and selected; and in doing this, we should consider that we have pursued an "*intelligible*" process, and should thus have excluded all unnecessary and useless drugs. But in doing so, we confess that we should have had very little regard to what would prove agreeable to our patient; we should have first decided upon what would do him good; and then if we could have made the same palatable, without injury to our own inductions, we should have had no objection. In carrying out these views, we believe that we should have pursued a rational, scientific, and beneficial system. In effecting this too, we should have had no difficulty in rendering ourselves intelligible to friends, in explaining the malady before us, what were our indications of treatment,—indications which *we* were endeavouring to fulfil by medicine, and which *they* were to support and aid, by following out the regimenal directions which we were about to give, all of which would bear upon carrying out one great principle. All this would be really *simple*, but not according to the nomenclature of "Young Physic," which evidently intends to avoid *combination* in medicine. Nothing can be more erroneous; and it would be a mere waste of time and paper to prove that the efficacy of medicine is enhanced by judicious combination,—not by the juxta-position of incompatibles, but by throwing together agencies, which will all tend by various routes to the same result.

V. (7.) We are disposed to think the exertions of "Young Physic" in the department of hygiene far more limited than our author believes. We agree with him as to the truth of the trite proverb, that prevention is better than cure, and that he who succeeds in limiting the incursions of malady, achieves for himself a far higher honour than he who assists and directs nature in her efforts to control malady. But we are very sceptical as to the power which the medical philosopher possesses of effecting any great good in this way. Take for instance one ruthless malady, phthisis,—all our epidemical visitations,—all our specific diseases,—and what power do we possess of preventing them by any exertions of hygiene. Why are they present at one time and not at another? And how is it that when

present we seem to possess few means for preventing their extension, beyond the ordinary qualification of susceptibility and non-susceptibility? Even with ague, we may drain marshes, and we may seem to gather to ourselves the laurels of victory over disease; and yet even here I would ask, how is it that a few years ago ague was prevalent over the entire country, and in districts where it was never known before? How is it that in an undrained portion of my own neighbourhood, where formerly ague was exceedingly rife, and scarcely ever absent, not a case of ague has been known for many years? Again, what means have we of preventing fever, where famine and destitution have been the promoting causes? And finally, what power do we possess of exerting such an hygienic influence over our patients in health, as shall induce them to be careful, and attend to its preservation? We would not undervalue hygiene; let it have its proper place, let it be diligently studied, but do not suffer it to supersede its more manageable neighbour, medicine, judiciously directed to the relief of disordered function.

VI. (8 and 9.) We quite agree with our author that much good may be done by abandoning the heroic method of treatment, provided that it be not supplanted by that system of negative expectancy,—the mischievous arrangements of the "do-nothing" school, which will ever prove a refuge for the idle and the unthinking. Man will gladly do any thing rather than think, and any system which encourages his *inertia*, must be fatally injurious. Nevertheless we think, that by careful attention he will find the same effects are to be produced by milder means, as by vaunted calomel and heroics, and that by throwing his mind into their active employment, he can do much good to his patient. The promotion of this end is to be accomplished by his better acquaintance with foreign medical literature. But here again is a great difficulty: the language is not sufficiently known in general to be read and studied with comfort, and if so, every possible advantage is gone. This difficulty may indeed be obviated by a more enlarged attention to preliminary education; yet it must be confessed, that the knowledge of living languages acquired at school is generally most inadequate for practical purposes. While then we ask to abate the recklessness of fool-hardy prescriptions, let us also strive to stem the sluggish stream of equally criminal inertness, and strenuously at least attempt to steer "with steady helm, and well-bent sail," between these two great evils. So with regard to the specific diseases, we had thought that it was an established axiom, not to attempt to interrupt their progress, but merely to watch their advancement, to moderate nature's action where it was excessive, and to remedy the evils of any organ or function which may happen to become disturbed in their course. But what a wide field does this open for judicious interference, while it affords no room for negligence, or indolence, or apathy.

VII. (10 and 11.) We agree with the objects to be placed before the mental vision of "Young Physic" in so far as regards the spirit of the former *agendum*. We believe that mischief perpetually arises from administering powerful remedies in large doses; we believe that irreparable evils accrue from the *uncalled for* exhibition of purgatives; and that much injury is occasioned by this perturbing system, by this thoughtless administration of drastic poisons, which are not converted into valuable remedies by the mere Æsculapian touch; and we quite think that much reform is needed, especially in this department of medicine. But we must enter our solemn protest against the administration of feeble or powerless remedies prescribed *pro formâ*, for the satisfaction of the patient's mind. Prescribe honestly, or not at all; if there be an indication to accomplish, pursue it, and if not, give nothing; tell the patient honestly that he requires nothing, or that you are ignorant of what is good for him, or that you are too indolent to think of what might be useful; and let him then judge whether he would like to cast himself upon the tender mercies of such *vis inertiæ*, or whether he would prefer placing himself under the care of somebody less given to slumber in guilty apathy over the sorrows and the sufferings of mankind, and better disposed to adopt the motto, "*Invenium viam aut faciam.*"

VIII. We agree that a "very elegant prescriber is seldom a great physician," and for the most obvious reason—he thinks very little of the good of his patient, but simply what will please his palate and amuse his mind; therefore it is that the patron of inertness becomes the elegant prescriber, because he grasps the shadow and throws away the substance. There are great errors in the present day, and in the present style of prescription; and much as we abhor the system of being paid for medicine,—much as we think it odious and intolerable, there are advantages even in this system which are forfeited by others. The honest practitioner is only anxious for the good of his patient, and selects the best medicines careless of their cost, because (if you please,) it is his interest to do so; while should he prescribe, and send his prescription to a druggist, who lives from the profit he can make upon his drugs, and who cares not how adulterated may be the medicines, because he has no interest in their effect, why the whole thing proceeds badly. And again, it is the fashion with many physicians of the present day, to prescribe medicine in a very concentrated form, of which a few drops, or a teaspoonful is to be taken in water or some simple vehicle. No accuracy can be obtained in this way, while teaspoons and tablespoons differ exceedingly in their size,—while one patient fills his quantity by a different measure from another,—while one takes a quantity of water and another a very little,—and while one drops for himself, and another trusts this agency to a friend. From this latter I have known death produced by a blunder made in the careless exhibition of prussic acid in drops.

IX. (13.) One word upon *mercury!* We believe that the use of this remedy is often inordinate—often misplaced—often mischievous. We have been saturated *usque ad nauseam*, by the public and by medical consultants, with the reference of every form of gastric and intestinal malady to bilious derangement; and that too, as a direct consequence of some primary irritation of the liver. We have been grieved with the

eternal and mischief-making prescription of calomel, and blue pill, and grey powder, for ever and aye, upon occasions where mercury in every form should have been religiously withheld; and we believe that the occasions for its exhibition are really *rare*. But we fully believe that when these occasions present themselves, no other medicine can advantageously and thoroughly supply the place of mercury judiciously administered. The fault is not in the remedy: it consists in the fact that its great curative powers have been demonstrated, and then by those who have little experience, or little thought, or little reason, it has been given without discrimination. The evil therefore consists in the mode of its administration; and the just method will not be learned by the advocates of the do-nothing system. Let us here again mention the great value of foreign medical literature on the subject of diseases of the liver, and their treatment without mercury.

X. (14.) But we cannot go with our author in his contrast between the "natural system of curing diseases, in contra-distinction to the pharmaceutical, or empirical drug plan, generally prevalent." We are quite willing to admit that in general we may be too little attentive to diet, regimen, &c., and that medicine loses much of its power by being deprived of the aid thus afforded. But we must deny the terms of the proposition—a very strict regimen for an omnivorous animal is equally repugnant to nature as the exhibition of medicine; there is just as much physiological license in the prescription of appropriate medicine, as of appropriate diet; a certain effect is to be produced upon the system,—slowly by diet, more rapidly by medicine; more securely, more thoroughly, more certainly, by diet and medicine combined. Hence, however, it will follow, that there will be just as much *empiricism* in the diet as in the medicine: the same effect is to be produced. If, then, medicine or diet be prescribed upon just *principles*, there is no empiricism in either; if they are prescribed without sufficient reason, and a sufficient knowledge of the object to be accomplished, then both are prescribed empirically. In fact the object of both is the same,—both are prescribed medicinally; if the one be required, so is the other; if the one be useful, so is the other; if the one be exhibited without sufficient thought, so is the other, and both are valueless. But the attempt to supplant medicine by diet, is to supersede the greater by the less, the prime agent by the adjuvant, to trifle with science, to discard its advantages, to despise its offers of mercy, and therefore "hygienic, regimenal, and external means" are to be rendered *subservient* to medicine; and in the order of nature and of society, the servant is not to change places with his master.

XI. We quite agree with Dr. Forbes in his suggestions (15. 16. 17.) for the promotion of professional science, and for taking enlarged views of malady, and for not treating disease by a name, but by looking especially after all the organs and functions of the body which may be disordered by its presence; but we cannot do so in his view of the necessity (18.) of "endeavouring to enlighten the public as to the actual powers of medicines, with a view to reconciling them to simpler and milder plans of treatment." We would make no secret of physic, at least, with the better informed part of the community who could understand our explanations; we would form our own opinions upon the existence of disorder, and we would give the reasons for that opinion, and the objects which we proposed in the treatment, and the way in which medicine and diet were to be brought to bear upon the fulfilment of these indications; and we would be prepared to answer honestly any questions which might be propounded. But to discuss the powers of the medicine we proposed to give, or to give a name to the disorder we were called to treat, we would carefully avoid, because we should only furnish our patient with materials for consulting various works of popular medicine or encyclopædias as soon as we had gone; we should have set their minds afloat; we should have destroyed their confidence in the plans prescribed by the very means which are so deprecated in practical medicine by the blight of *insufficient knowledge*; the natural effect of medicine would be impaired, and our object would be lost. This is not a theoretical opinion, but one which has been formed by painfully purchased experience, and we are quite sure that while we would treat our patients as men of sense, if we value their well-being and desire their recovery, we must not attempt to make them physicians. Much evil perpetually results from carrying our explanations even too far, or from endeavouring to force them into a mental calibre incapable of receiving them.

We thoroughly approve of endeavouring to impress upon patients the necessity for the treatment of disease in its earliest stages, but we submit that this recommendation is in direct opposition to that natural history of disease, which it is the primary object of our author to inculcate. Treat disorder early, ere yet habit shall have established it in the system of constitutional actions, or organic changes shall have taken place in the tissues, and the result will generally be successful; but leave disorder to develop its natural history, structural disease will be the consequence, and in vain will any treatment be adopted.

Most devoutly do we wish for the day, when all medical practitioners shall be paid for their time and talents, and not by the amount of medicine which has been exhibited; but this object is not easy of accomplishment with a large proportion of the community. In our own circle, with a certain class of patients, the payment by visits has been cheerfully and willingly adopted; and after a long series of years, we find that these patients have taken by far the most medicine, for two obvious reasons; first, that *they* knowing they did not pay for their *medicine*, took it unhesitatingly as prescribed; and, secondly, that *we* have felt no scruples in sending them as much as we thought desirable for them, and were not always seeking to spare their pockets. But with another large class of patients we have found it impossible to establish a payment for visits; they have fancied themselves imposed upon;—that visits were made for the sake of making a charge;—that they had not their *quid pro quo*, if medicine were sent in a concentrated form;—and that in fact

nothing would do but the old payment of so much per bottle. We have already stated our reasons for wishing that the present system may continue, not for own sake, but for the health and welfare of her Majesty's lieges.

And now we turn to a few observations of what strikes us as at this time especially wanting in the profession. Were we to take up this subject as it ought to be treated, in all its length and breadth, we should write a volume instead of an article; we shall content ourselves with a rapid glance at only a few particulars.

With regard to futurity, the great panacea to be recommended is enlarged preliminary education,—not simply relating to that which is professional,—not simply relating to that which is necessary to constitute the gentleman,—but by a happy combination of the two, to form at once the gentleman, and the medical man;—to teach him to *think*, to *reason*, and to *read*. In order to accomplish these objects, he must make a certain proficiency in mathematical study, and he must be acquainted not merely with the dead, but especially with the living, languages,—above all, with French and German; and these not learned as school-taught,—to translate miserably with the aid of a Dictionary,—but to read and understand thoroughly without adventitious aid. It is absurd to expect man to reason correctly, if he has never been taught the use of reason; it is absurd for him to talk of being acquainted with his profession, if he be not thoroughly imbued with an intimate knowledge of French and German. Nothing more shrivels and contracts the mind into the narrowest selfishness, than the impression that knowledge is to be found only within the circle of its own country.

Second only to this grievous mischief is that want of exertion, and of intellectual expansion, which confines professional reading almost exclusively to the *Journals* of the day. We have the highest possible respect for many of these Journals, and we believe them capable of much usefulness, but we also believe them effective of much evil, where they are taken as substitutes for more laborious research; as if the digested food of certain individuals could afford a proper supply of nourishment, if removed into the stomach of another. We look with much jealousy upon all these Journals and Retrospects, because they form a royal road to knowledge, and are to spare the trouble of research, and take the place of individual study. By means of these fugitive papers, prejudices may be sown, but opinions are not formed; the reasoning powers are never called into exercise, and a reference to a retrospect takes the place of research, and of really deep abiding thought. Tell me not that persons in actual practice have no time for reading; they have time enough if they will make it; what is wanting is inclination. After a weary day, a nap of fifteen or twenty minutes, and a dish of tea, will enable the brain to pursue its studies for hours, and almost every man may obtain time for study, if he will systematically improve it. But if he gossip all the morning,—if he return home to dinner and subsequent siesta of two hours,—and leave work to be done late in the day,—then, indeed he may not have time. But this arises from his own thriftless expenditure. We repeat it,—everybody has time for study if he will diligently improve the passing hours, and if he will redeem some portion of that time which is now devoted to little domestic luxuries, and to a larger allowance of sleep than is absolutely required. It may be said that the rule is too stringent, and that the common comforts of life are interfered with. Agreed: so it is; the life of a medical man must be a life of self-denial. But what are these little animal enjoyments when compared with the life and health of the poorest, and the meanest, and the most obscure of the family of man; what are they when contrasted with the unspeakable luxury of ministering to the wants, and weaknesses, and the infirmities of our fellow creatures? Who can estimate the delight which fills and animates the bosom of the medical attendant when he sees his plans succeed, and witnesses the gradual restoration to health and comfort of some valuable life, over which he has watched with intense anxiety. And although, under these circumstances, he may too frequently be assailed by ingratitude,—even then, he can fall back upon the consciousness of his own deservings, instead of that remorseful upbraiding which ought always to rest upon the heart of him who has not done his utmost to enlarge the boundaries of his knowledge, and to perfect the means for its application.

(To be continued.)

ON THE NON-ABSORBTION OF NARCOTIC POISONS BY THE LYMPHATICS.

By E. Welby Day, M.R.C.S., Resident Medical Tutor at Queen's College, Birmingham.

Before the discovery of lymphatic vessels, the power of absorbing was attributed solely to the veins; after this discovery solely to the lymphatics. Further investigation showed that absorption is effected through the agency of both systems of vessels, but that lymphatics absorb more slowly than veins, and that some substances are not taken up at all by them.

Thus the extended observations of Tiedemann and Gmelin led these authors to conclude that lymphatic vessels readily take up saline, but reject colouring matters—a conclusion which has been generally accepted by physiologists.

The later researches of Herbst (*a*) have shown that the absorbing power of the lymphatics is by no means so limited as has been commonly supposed, but that almost all soluble bodies may be conveyed into the system by these vessels. This is proved by careful experiment for alkaline and metallic salts, starch, colouring and odorous matters. There is, however, one class of bodies—those poisons which act on the brain and spinal system, and which are usually included under the term "narcotics," of which it is proved by

(*a*) Das Lymphgefasssystem und seine Verrichtungen, Gotting. 1844.

the most decisive experiments, that they cannot, under any circumstances, be carried into the system by the lymphatics. The fact has been long observed, but until recently, no sufficient attempt has been made to explain the anomaly.

Emmert (*b*) tied the abdominal aorta of a dog, and into a wound of one foot introduced ferrocyanide of potassium, into a similar wound of the other decoction of nux vomica. The ferrocyanide was absorbed and detected in the urine, but the nux vomica produced no poisonous effects. In another experiment, after tying the abdominal aorta, Emmert introduced prussic acid into a wound of the foot; after the lapse of seventy hours, no poisonous effects having presented themselves, the ligature was loosened, when symptoms of poisoning were observed in half an hour.

These experiments were confirmed by Schnell (*c*) and Schabel (*d*). Ségalas (*e*) after tying the blood-vessels of a loop of intestine, and injecting half a drachm of solution of extract of nux vomica, observed no sign of poisoning after the lapse of an hour.

Opposed to these facts, we have an experiment by the Academy of Medicine, of Philadelphia. After tying the vena portæ, nux vomica was injected into a loop of intestine; tetanus and death ensued in twenty-three minutes. Of this experiment it may be remarked, that it has been repeated by Mr. Blake (*f*) with opposite results, and that admitting the accuracy of the observation, it cannot be allowed that the poison was absorbed by the lacteals, for the communications which exist between the veins of the intestine and those to the vena cava (*g*), enable us to account otherwise for the result (*h*).

The experiments above quoted, together with those to be presently adduced, establish the fact that when the circulation through a part has been interrupted, a narcotic poison introduced does not exert its specific action on the system.

To account for the non-occurrence of poisoning under these circumstances, we are compelled to allow the truth of one of three propositions. 1st. The poison is altered and rendered inert in the lymphatics. 2nd. It cannot enter them. 3rd. Having entered, it cannot be conveyed by them.

The first proposition expresses the views of Emmert, Schnell, Weber, and Müller, but is opposed to facts (*i*). The second supposes such a difference in structure between lymphatics and veins, that by the same process (endosmosis,) by which fluids enter veins, they cannot permeate the coats of lymphatics—a difference which has not been ascertained. The third proposition states the opinion of Henle, an opinion at which he arrived on hypothetical grounds, but which will be found strongly supported by direct experiment.

Assuming to be true what has been rendered highly probable by physiological observations, that the motion of the lymph is effected through contractions of the lymphatics (*k*), it must be granted that the contractile power of these vessels being destroyed, all motion within them must cease.

On this assumption Henle bases his hypothesis; he conceives that, like other fluids, narcotic poisons are taken up by the lymphatics, according to the general laws of permeation and imbibition, but that the poisons, acting on the coats of these vessels, destroy their irritability, and incapacitate them from conveying their contents (*l*).

This hypothesis appears sufficiently plausible. The topical application of opium to the intestines destroys their peristaltic action. Aconite, infusion of tobacco, and other narcotic poisons, when absorbed from a wound, and carried by the circulation to the heart, paralyse this organ, and render it unable to contract on its contents. Finally, it can be shown that lymphatics, placed under the influence of a narcotic poison, are disabled from conveying into the system not only the poisonous agent, but also inert solutions, which, under normal conditions, they absorb with facility.

The following experiments were undertaken by Dr. Behr, at Henle's request:— (*m*)

Having confirmed the statement of Emmert that, when the circulation through the lower extremities is interrupted, ferrocyanide of potassium is readily absorbed from the one, whilst strychnia applied to the other causes no symptom of poisoning. Dr. Behr proceeded to ascertain the effect of introducing the poison and the salt into *the same* extremity.

The abdominal aorta was tied below the origin of the renal arteries; into a wound of one of the hinder extremities was then introduced a mixture of 100 drops of solution of strychnia, with 120 drops of solution of ferrocyanide of potassium. After the lapse of two hours and a half, no symptoms of poisoning having appeared, the animal was killed, and the bladder removed. Neither in the urine, on the walls of the bladder, in the peritoneum, in the blood within the

b Diss. inaug. med. de venenatis acidi boruss. in animalia effectibus. Tubingæ, 1805,—Meckel's Archiv. j. p. 176.

c Diss. inaug. sist. historiam veneni Upas Antias. Tubingæ, 1815.

d De effectibus veneni rad. Veratr. alb. et Helebor. nigri. Tubingæ, 1815.

e Majendie's "Journ. de Physiol," ii., p. 117.

f *Edin. Med. and Surg. Journ.*, vol. liii., p. 45.

g Müller's "Physiology," by Baly, p. 196.

h Kürshner having tied the femoral artery and vein of a frog, and divided the femoral nerve, carefully inserted the limb into a solution of strychnia. After several hours, symptoms of poisoning were observed.—R. Wagner's "Handwörterbuch der Phys.," i., p. 46.

i In Emmert's experiment above quoted, prussic acid remained seventy hours exposed to the action of the lymphatics, yet was neither absorbed nor rendered inert. Other facts equally strong might be brought against this view.

k See Hewson's Works by the Sydenham Society, pp. 125 and 194. Also note lxiv. by Gulliver.

l Allgemeine Anatomie, p. 560.

m Henle und Pfeufer's "Zeitschrift für rationelle Medizin," Heft j., Band I, p. 35.

heart, nor in the ureters, could a trace of the ferrocyanide be detected. The thoracic duct was uninjured, and the aorta accurately tied.

In six similar experiments, Behr obtained evidence of the absorption of the ferrocyanide in only two. In one of these it was detected in the ureter, but was absent from the bladder; in the other a trace was found in the urine contained in the bladder. In neither were there symptoms of poisoning.

Behr attributes the absorption of the trace of ferrocyanide found in these two cases to neglect of precautions necessary to ensure that the solutions should not be conveyed into the system by the veins. These experiments appear sufficiently conclusive, and, if confirmed and extended to other poisons of the same class, would have established Henle's hypothesis. They have been repeated by Bischoff, of Giessen, with, however, totally opposite results (*n*).

Of two dogs, Bischoff tied the abdominal aorta, and into a wound of one thigh introduced solution of strychnia; into a similar wound of the opposite limb, solution of ferrocyanide of potassium. The first animal exhibiting no signs of the action of the poison, after an hour and three quarters, was killed. On testing with chloride of iron, the urine gave a dense blue precipitate, (einen starken blauen Neiderschlag.) This observation agrees with those of Emmert and Behr.

The second animal, showing no symptoms of poisoning, after two hours and three quarters, a further quantity of the solution of strychnia was applied to the same wound. In half an hour convulsions arose, which gradually proceeded to tetanus, of which the animal died about an hour and a half from the second application. In this case also the presence of the ferrocyanide in the urine was distinctly shown.

In two other dogs, Bischoff applied a ligature to the aorta, and introduced into *the same* wound the solutions of ferrocyanide of potassium and strychnia. In one case, after the lapse of an hour and three quarters, no symptoms of poisoning had appeared. In the other, indications of the action of the poison were observed in half an hour, and the animal died of tetanus in an hour and a quarter. In both, ferrocyanide was found in the urine; in the latter case, in the thoracic duct, but not in the blood.

From these experiments Bischoff concludes that, as readily as other soluble matters, narcotic poisons may be taken up and conveyed into the system by the lymphatics, a conclusion which, as we shall have occasion to show, is not altogether warranted.

The importance attached to all questions which relate to the action of poisons on the organism, is sufficiently attested by the attention this subject has received from physiologists. The point attempted to be established in this paper is invested with additional interest, since it would contribute to throw light on the motive power of the lymphatics, respecting which we possess so little definite knowledge.

The physiological importance of the question at issue, and the conflicting statements of those who had endeavoured to solve it, appearing to call for further researches, I had recourse to the following experiments, in which, under every precaution, I exposed to the absorbing power of lymphatics in the normal condition, and under the influence of a poison, two salts, both known to be readily absorbed by these vessels, and both susceptible of ready recognition in the secretions:—

(*Exp.* 1.) The abdominal aorta of a middle-sized dog was tied below the origin of the renal arteries. Into a wound of the right hind extremity, near the foot, was now introduced ninety drops of a saturated solution of acetate of strychnia, followed by one hundred and twenty drops of a solution of iodide of potassium, (in the proportions of one drachm of iodide to one ounce of water.) Into a similar wound of the opposite limb were introduced one hundred and twenty drops of a solution of ferrocyanide of potassium of the same proportions. After the lapse of two hours and a half, no symptoms of poisoning having appeared, sixty drops of the solution of strychnia were dropped into the wound in the abdomen. In ten minutes convulsions ensued, and the animal died tetanic. The bladder was removed, and the small quantity of urine contained in it received into a test tube. On the addition of a drop of solution of persulphate of iron, there at once appeared a bulky precipitate of Prussian blue, which presented a greenish hue, owing to the deep yellow colour of the urine. The fluid was filtered, the precipitate washed, and to the filtrate was added a few drops of chlorine water, followed by solution of starch. No change became apparent.

(*Exp.* 2.) The abdominal aorta of a dog was tied. To a wound of the right hind foot was applied a mixture of thirty drops of hydrocyanic acid, (containing about 40 per cent. of anhydrous acid,) with one hundred and twenty drops of solution of ferrocyanide of potassium. Into the opposite limb were introduced one hundred and twenty drops of solution of sulphocyanide of potassium, (containing one drachm in one ounce of water.) No sign of the action of the poison having appeared in two hours and a quarter, the animal was killed by introducing into the wound of the abdomen ten drops of the acid. The bladder was removed and the urine received into a test tube containing a few drops of solution of persulphate of iron. It immediately assumed a blood-red tint, but underwent no further change. To the fluid was now added a little sulphuric acid, and after the subsidence of a slight effervescence which ensued, a slip of pure zinc was introduced. In the gas which was evolved sulphuretted hydrogen could be distinctly recognized by the odour, and a slip of lead paper was blackened by it. The fluid had now lost its red colour.

(*Exp.* 3.) A third experiment was conducted in a similar manner. Into the right hind foot was introduced a mixture of one hundred and twenty drops of solution of sulphocyanide of potassium, with forty

(*n*) I have made a brief abstract of Bischoff's experiments, from his paper in Henle und Pfeufer's "Zeitschrift für rationelle Medizin." Band iv., Heft j., p. 62.

drops of prussic acid; into the opposite limb one hundred and twenty drops of solution of ferrocyanide of potassium. After the lapse of an hour and three quarters, the animal having shown no indication of the action of the poison, was killed almost instantaneously by introducing into the wound of the abdomen a few drops of the prussic acid. The urine was received into a tube containing solution of persulphate of iron. A distinct blue deposit left no doubt of the presence of ferrocyanide, whilst the unaltered colour of the supernatant fluid indicated the absence of the sulphocyanide.

These experiments were sufficient to satisfy me of the correctness of the observations of Emmert and Behr. Nor, on examination, do the experiments of Bischoff prove so convincingly opposed in their results as, at first glance, may appear the case.

In Bischoff's first experiment, after an hour and three quarters, sufficient ferrocyanide of potassium had been absorbed to give a *strong* precipitate of Prussian blue when tested for in the urine, yet the strychnia exposed to the same absorbing power gave no evidence of its action on the system.

Again, an objection applies to Bischoff's experiments which does not lie against those of Behr and myself; the solutions were applied to the upper and inner part of the thigh, where a collateral circulation may be quickly established by anastomosis, and the poison carried into the system by the veins. Several circumstances in the detail of these experiments seem to point to this objection.

Thus, in the second experiment, the application of thirty to forty drops of a strong solution of strychnia produced no effect in two hours and three quarters, by which time the collateral circulation must be pretty well established; a *second* application of the same quantity *now* brings on symptoms of poisoning in half an hour—exactly the same time, be it observed, in which in the fourth experiment a single application of this quantity of poison brought on tetanus.

From the experiments which have been recorded, we may, I think, justly conclude—1. That strychnia and prussic acid cannot be conveyed into the system by the lymphatics. 2. That the non-absorption of these poisons is due to a specific action exerted by them on the coats of the lymphatics, by which the irritability of these vessels is destroyed, and they are rendered incapable of transmitting their contents.

From the dissimilarity in the operation of strychnia and prussic acid, it may be reasonably inferred, that most other poisons belonging to the same class will, on investigation, be found to conduct themselves in the same manner towards lymphatic vessels.

PERFORATING ULCER OF THE COLON: MECHANICAL OCCLUSION BY HARDENED FÆCES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Conceiving that the annexed case offers pathological peculiarities sufficient to merit for it a place in the Journal, I beg to present it for your acceptance and obliging insertion.

I am, Sir,
Your obedient servant,
CHARLES ANDERTON.

Leigh, near Manchester,
May 23, 1848.

I was called to visit Miss H. J. S——, aged 11 years, in September, 1847, labouring under an attack of measles, which, prior to my being called in were well and fully developed, but at this particular juncture a retrocession of the eruption had taken place without any special indications of mischief. After the lapse of a short time evident symptoms of abdominal lesion made their appearance, indicated by strong and almost uncontrollable paroxysms of pain. In addition, we had in this case, the rectum charged to an amazing extent with fæcal concretions, resembling masses of calcareous earth, which my enfeebled little patient could not, *per vires naturales*, part with; they therefore required to be removed manually with a kind of scoop, and this, indeed, required much force. I ought to observe that, when the more hardened portions had been removed, the throwing up of an injection had the effect of encouraging the bowels to relieve themselves, and the motions were invariably of the most massy character, both in point of consistence as well as quantity, notwithstanding the extremely attenuated and wasted state of the child. This condition of matters continued unceasingly, with the abdominal paroxysms encreasing in frequency and severity, notwithstanding large doses of opiates, until death, on the 16th instant, happily terminated her earthly sufferings.

The *post-mortem* appearances were as follows:—The body externally wasted to the most extreme degree, with a dry, harsh, and scabrous condition of the entire integuments; the latter over the abdomen of a dark leaden colour, with considerable distension from flatus; internally the peritoneum inseparably adherent throughout to the abdominal parietes; the mesentery uniformly and thickly studded with enlarged glands, and darkened from congestion; the folds of the intestines had become strongly knitted together by adhesive inflammation throughout their whole course. At the sigmoid flexure of the colon, *a large perforating ulcer*, of the diameter of a shilling, was discovered: this portion of the bowel, with the rectum, was enormously distended with fæcal matter, of the character above noticed. Remarkable to relate, the whole superior course of the bowels was devoid of solid matter, but considerably inflated; the internal lining of the colon was studded with small circular ulcers; the liver of a

dark carbonaceous colour, and greatly diminished in size; bladder empty and contracted.

It is my opinion that, owing to the distended state of the lower part of the colon and rectum, life was preserved, and the fatal event protracted, from the strong mechanical occlusion of the morbid opening, by the indurated fæces, preventing thereby fæcal effusion into the abdominal cavity.

OPERATIONS ON THE LIPS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

Through our much improved Journal, I would offer to the profession a suggestion or two for operations upon the lips, which, though not very important, seem likely to be acceptable, from their frequent applicability, the facilities they afford to the operator at the time, and satisfaction in the result.

In excisions, the hand of an assistant at each angle of the mouth, to compress the arteries, is often considerably in the way, and may be better employed. I have therefore, on the last fifteen or twenty occasions, applied, at each extremity of the lip to be operated upon, a strong and large pair of Dieffenbach's forceps, which have effectually controlled the hæmorrhage, and left the hands of the assistant at liberty for other purposes. I have even operated without other assistance than that of the forceps. Their concave margin is towards the ear, and after applying, it is well to give them a slight pinch, to increase the compressing force. Messrs. Weiss and Co. have made them for me, and know the size and strength required.

Another trifling suggestion is the adoption of thin steel pins, instead of the usual silver ones, cutting off the points with pliers, as in operations upon the saphena.

The only other innovation I have to recommend upon the operation, is one I have practised for many years, in imitation of the veterinary mode of producing compression and co-aptation after phlebotomy,—namely, the use of strips of lint, twisted about the pins, instead of thin ligatures. The lint should be of the firm kind, called "endless," and the strip about half an inch wide. Its value lies, of course, in the wider and more serviceable compression it gives; indeed, by two pins, with lint applied to each in a crossed form once, then two or three times tightly coiled round at the base, and tied, the whole incision is occupied, extended compression given, and the dressing completed. The lints being soaked in blood during their application, will even adhere, after careful removal of the pins, until cicatrization is perfect.

I remain, Sir,
Your obedient servant,
THOMAS PAGET.

Leicester, May 15, 1848.

CASES FROM PRIVATE PRACTICE.*

By John Richard Wardell, M.D., Edin.;
Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

Case VII.

Fits during Labour.

Remarks.—In offering the following remarks upon the foregoing case, it may firstly be observed, that the nomenclature employed, must needs appear to obstetricians and systematic writers less precise and definite than could have been wished; but it unfortunately happens both for those who write and their readers, that the multifarious aspects which diseases assume, their complications and the many contingent circumstances by which their ostensible phenomena are modified, that it is often no easy matter, nay, frequently very difficult, or even impossible, to refer them to the defined classes of nosological arrangements. Sometimes it is true we meet with diseases in a simple and perfectly intelligible form, when we can with confidence speak explicitly as to their real nature, but as asserted, it is often otherwise, as in the illustration now presented to the reader, in which there were certain negative and positive facts, which in my own mind, rendered it doubtful whether the case could or could not be considered as one of puerperal convulsions,—that is according to the generally received notions of the term, unless we receive the subdivisions of certain authors who have made a classification of it during the puerperal state, some of which classes describe the affection as very different to others. It was under this incertitude that I have employed the appellation as above.

Such other cases of puerperal convulsions as have come under my notice, and were real puerperal convulsions of an alarming character, are in many respects diverse to the one described here. In the former the muscular agitation was much greater, there was tossing about of the head, biting of the tongue, foaming at the mouth, stertor, a full strong, labouring pulse, and heat of surface; in the latter, as we have seen, there was no foaming, a quiescent rigidity more than a convulsive action of the muscular system, no rattling during respiration, a cold surface, small slow and compressible pulse, with lachrymation, dilated pupils, etc., rendering the symptoms of a highly hysterical nature. "Dewees," says Ramsbotham in a foot-note in his work, "classes puerperal convulsions under three heads—epileptic, apoplectic, and hysteric Baudeloque arranges them under the titles of tetanus, epilepsy, and catalepsy. Merriman styles them dystocia epileptica; while Velpeau and Desormeau prefer the general term eclampsia." The first paroxysm was perhaps somewhat more of a convulsive character than those which followed, most probably owing to the

* Continued from page 263.

greater irritation given to the system by the continued efforts of expulsion, and speaking from my limited experience of what I have observed in the grave forms of the affection, the attacks coming on after the birth of the child, were less severe than those previous to delivery, a fact which I believe as a general rule holds good.

Those who have seen much of the diseases of females are aware that we sometimes see hysteria and epilepsy combined, there being indubitable characteristics of each affection, inextricably blended, and in the instance of this girl, a review of the case must needs convince the reader that the symptoms of hysteria were considerably mixed up with her affection. I now, though several years have passed away, recollect an instance of the kind which occurred in the wards of the Edinburgh Infirmary, during the time that I was clinical clerk to the late Professor Graham. It was a true compound of hysteria and epilepsy, so much so as to render it a matter of considerable doubt as to which of the names could most properly be adopted. In the case-book of the hospital I had described it as more particularly being considered epilepsy; the Professor, however, at his visit, said that although it very nearly simulated that form in several features, it laid an equal claim to Protean hysteria. It is cases like these which throw out insuperable difficulties to systematizers and medical commentators, that preclude exactitude of opinion as to diagnostic conclusions, and often render treatment at least but doubtful. It would indeed be Utopian to suppose that our art will ever become so far perfected, as to completely clear away all these and many kindred difficulties which so mystify the science of medicine; yet it is to be hoped that a narrow scrutiny of the phenomena of disease—the greater attention which is now generally paid to cause rather than effect—and the more philosophical notions which obtain in the schools, and in the profession in general, will ultimately tend in an important manner to ensure results, whereby our notions will become of a definite character, and consequently with more clearness, point out the mode of cure.

Referring to the above report of the case, we see that the os uteri, with an unaccustomed suddenness, (in a primiparous female,) became dilated. The first fit was just at the time when the os was about to acquire its full expansion, immediately before the termination of the first stage,—a circumstance worthy of some notice, as all obstetric writers agree that puerperal fits by far more commonly supervene, shortly before the entire dilatation of the womb, and which is previously mentioned when remarking upon the instance of Ann W———, in No. III. of this series. Again, the parts being so cool, did not lead to the supposition that any untoward event would occur. The pelvic outlet was not by any means contracted, the presentation was natural, the pains came on at regular intervals, the patient did not complain of any head affection, and altogether it was fair to pronounce that the delivery would be one of the most favourable description.

The reader, on returning to Case No. III. will, in the observations there offered, find that certain authorities have considered the causes of puerperal convulsions as divisible into centric and excentric,—that is, certain morbid conditions existing in the brain and spinal marrow themselves, or a source of irritation applied to the sentient nervous extremities, which irritative impression would of course be conveyed to the central organs by the afferent nerves properly so called. Now, in this instance, the bowels had long been irregular; a week before parturition there had been considerable constipation, and we are distinctly told in the report, that at the time of her delivery there was diarrhœa, a condition undoubtedly that was calculated to act as an excitant; and when we also take into account the long disordered state of the bowels, the irritative matters thus collected;—also that this was an illegitimate birth—that it was a first birth—that the consciousness of error, the loss of self respect, forfeiting perhaps the friendship and esteem of friends by which the mind could not fail to become in some degree perturbated; there were physical and moral causes, calculated to disorder the nervous system, and thus constitute a first cause, for the development of this kind of affection.

Professor Simpson has recently given to the profession some new views relative to the radical pathology of puerperal convulsions, but certain of the conclusions at which he has arrived appear invested with some degree of doubt, nor can such be implicitly received before more extensive data have been amassed elucidatory of the subject. Medical facts, as they are termed, ought ever to be tardily accepted, and not before ample corroborations have been made by others, or there would be a danger of new doctrines, and those blended with error, being subscribed to, to the prejudice of more confirmed, though opposed, opinions. It is true that a vitiated condition of the blood, which disease of the kidneys must in some measure produce, might by disordering the system generally predispose to the affection in question; but it might be asked why should the convulsions become manifest precisely at the time of parturition, seeing that the cause had been long existent? Why not as likely before or afterwards? Again, convulsions *do* supervene when not the slightest disease of the kidneys is present, not even functional disorder. In the instance of the girl Shaffell, (if we are to consider her's as a mild modification of puerperal convulsions,) the urine upon being carefully tested was in a perfectly healthy condition. The inquination of the blood which Dr. Simpson opines as the manner in which the nervous system becomes

disordered, and thus rendered in a state highly predisponent to convulsive action, must be from the absorption of urea, a salt which in health passes off in the urine, and which possesses those deleterious effete matters that are positively poisonous, and cannot be retained in the circulation without exerting a noxious influence upon the entire animal economy, and if continued must needs usher in a fatal termination. Now, "in several specimens of the blood of patients suffering under severe puerperal convulsions, furnished by Dr. Simpson to Dr. Christison and Dr. Douglas Maclagan, these gentlemen had been *unable* to detect any traces of urea," which of course supplies a negative fact, casting doubt upon Dr. Simpson's theory. I have but little dubiousness in my own mind, that death in typhus fever in many cases is positively poisoning by the presence of urea in the blood, and that if the proper remedies had been used many a life might have been saved. I will not here, however, enter into the details of that theory, which has been freely discussed in another place;* yet this may be said, that in those instances which I have seen all but lost, when ureal symptoms were recognized, and afterwards the salt produced abundantly from the blood, convulsions were not the prominent symptoms—the condition of narcotism was present, and the effects produced were those of a general depression of vital power. Albuminuria, it is true, by creating a general disorder in the body, might make convulsions in some measure liable to come on, but to say that it constitutes a specific cause, is still dubious, nor can that conclusion, although emanating from so respectable an authority, be yet implicitly adopted. It cannot be denied that the most frequent ascertainable causes of puerperal convulsions are constituted by extrinsic irritation, as that produced by dyspepsia, affections of the liver, the accumulation of scybalous and acrid matters in the bowels, disease of the digestive mucous surface, of the uterus or its appendages, mobility of the nervous system, and a depressed condition of the mind.

If the reader will compare this case with No. III., he will see that the symptoms of the one demanded a line of treatment differing from that of the other. In the instance of Ann W——, active and copious depletion was without any hesitation the rational mode of procedure, and indeed this is indisputable when it is considered that in her case fifty ounces of blood were drawn, with the most signal benefit within three hours. But let us ask, what were the conditions demanding such energy? There was a hot skin, violent convulsive agitation, with a pulse large, quick, labouring, and strong; the eyes looked fierce and starting, and from the intense facial congestion the brain was manifestly in a state of considerable congestion. With Shaffell were very opposite states; the surface was cool, even below par; the pulse, though immediately after the supervention of the first fit of tolerable strength, rapidly became small, weak, slow, and compressible; the facial congestion was less formidable; in fine, her case was one indicating stimulation, one in which the vital powers required rousing, and such the treatment fully verified. In the treatment of Ann W——, I was from a full conviction of its efficacy led to lay much stress upon the prompt and very fearless use of the lancet; and in another instance, if the same phenomena were present, I should undoubtedly observe the same mode of cure; but to have done the same in the instance of Shaffell, would have been acting in opposition to scientific as well as common sense principles, nor could such have possibly been attended with any felicitous results. It is these complicating conditions in diseases of apparently a similar nature that cast such incertitude on the line of cure to be pursued, and that can only be determined upon at the moment when our aid is required. Trite rules in medicine can never with safety be in a undeviating manner observed, and we must rather base our measures upon deductive inferences, founded upon general principles, than blindly adhere to the trammels of the schoolmen.

The great use of the voltaic electricity in this case was extremely manifest, and it may confidently be asserted, that this remedy will every day come more into general use. Its virtues in many cases, particularly in nervous diseases, are beyond dispute, and have long been acknowledged, though not employed to that extent, which as a medicinal measure with advantage it might have been. Though an agent of inanimate nature, philosophical investigations have abundantly proved that the so-called nervous influence is in many appreciable characteristics precisely similar; hence, when the nervous influence in our bodies is deficient or impaired, to supply this agent appears rational and philosophic. We have seen that in this case its application by rousing the central organs was immediately followed by the most perceptible effect produced in the vascular system, and that with such effect the unfavourable symptoms were removed.

Straton Villa, Acacia Road, Regent's Park.

(To be continued.)

* See a series of papers "On Fever" by the writer of this article, in the *Medical Gazette*, for the years 1846 and 1847.

Hospital Reports.

WEST NORFOLK AND LYNN HOSPITAL.

COMPLICATED SURGICAL CASES UNDER THE CARE OF CHARLES COTTON, ESQ., M.D., F.R.C.S.,

RESECTION OF THE ELBOW: SUBSEQUENT AMPUTATION OF THE UPPER ARM.

Isabella Bolton, aged 24 years, admitted February 7th, 1847, with disease of left elbow, of twelve months' standing. Had two years before been a patient in the hospital for disease of the same joint, which yielded

to constitutional treatment, and Scott's plan. She complains of frequently-occurring torturing pains in the shoulder and hand, and the least movement of the limb causes insufferable distress. The fore-arm is semi-flexed and fixed, and the joint ends of the elbow bones are considerably enlarged.

February 25th. Excision of the deceased parts having been sanctioned in consultation, the patient was brought into the operating room, and seated in a chair, in the presence of most of the medical gentlemen in the town and neighbourhood, who attended to witness the operation, and *the use of æther-inhalation.* The influence of æther being speedily and completely induced, and kept up by causing the patient to inhale the vapour at intervals. Mr. Cotton, sitting behind and grasping firmly the fore-arm with the left hand, proceeded to make, with a strong scalpel, an incision about three inches in length, on the ulnar side of the back of the elbow, in the direction of the limb, and by a bold cut from outer to inner condyle, falling into the middle of it at right angles, penetrated the articulation. The flaps were then dissected back, and the ligamentous and muscular connections (much disorganized,) further detached, by cutting close upon the bones. The ulnar nerve, imbedded in greatly degenerated soft parts, was turned over the inner condyle. The ends of the bones were now protruded, and being deeply damaged by caries, the entire removal of their articular extremities was determined upon, and quickly effected, by applying the saw, (the soft parts being guarded by a copper spatula,) to the end of the humerus, and afterwards to the olecranon, and continuing the sawing through the head of the ulna, that of the radius being removed by the cutting forceps. Three freely-bleeding vessels were secured by ligatures, and the flaps brought in apposition by sutures. The patient, *who throughout did not betray the least evidence of pain or knowledge of the operation,* sobbed hysterically on the withdrawal of the æther, and when removed to bed vomited, and complained much of its depressing and nauseating effects. The arm was raised and supported semi-flexed upon a pillow, covered with oil silk, and left exposed.

Vespere.—Considerable oozing of blood from the wound, which was directed to be kept constantly wetted with a strong infusion of matico. Liq. Opii Sedativi, m. xx., ex aqua statim sumend.

26th. Passed a good night; the hæmorrhage ceased only on applying a bandage moistened with the matico. Repetatur haustus hora somni.

27th. Had an excellent night; slight redness about the fore-arm and wrist, and a sense of tightness at the elbow.

March 1st. Feverish and uneasy; bowels unmoved; pain and throbbing at the elbow. Capiat Potassæ Citratis, dr. j., actu effervescentis ad libitum. Bandage and sutures removed; some sanio-purulent fluid came away. Water dressing.

3rd. Bowels acted freely after taking a draught of senna and rhubarb; feels very comfortable. Full diet. Limb placed upon a clean pillow.

11th. Going on well; removed to another bed, the one adjoining her being occupied by a patient suffering from erysipelas.

19th. Wound granulating kindly, and discharging freely. Forearm placed upon a padded splint, semi-flexed, and suspended by a string. Allowed to sit up.

21st. Arm uneasy. To remain in bed, and keep it quiet upon a pillow, which she prefers to the splint.

March 28th. Leathern splint and bandage applied; arm rather uneasy; feels something of the old pain down the forearm and wrist.

April 5th. Prefers resting the limb on a pillow; splint removed.

15th. Wound considerably diminished and healed.

26th. A light jointed splint of steel and leather applied. The limb admits of slight passive flexion, without much pain or inconvenience. Can grasp the thumb, index and middle fingers, and retain anything put within the hand. No power over the ring and little fingers.

May 2nd. No power over the limb or improvement in the motions of the hand; allows passive flexion freely with less pain; dislikes the splint.

8th. Complains of the old pain, and despairs of regaining any use in the arm. The wound is nearly healed, a small discharging outlet only remaining, surrounded by sluggish granulations of thickened callous tissue. Ordered to practice the hand and flex the elbow occasionally, and to be made an out-patient.

July 7th. Returned to the hospital. There has been gradual wasting of the limb, and constant pain, which now extends from the elbow to the shoulder, chest, and back; entire loss of mobility; the hand has a peculiar purple-like and shining appearance; the thumb is contracted towards the palm, and the fingers fixed over it; elbow admits of passive flexion, giving great pain; desires to have the arm removed; wishes the operation had been performed at first, though much obliged for the means used to save it. To remain quiet for a time and await a consultation.

26th. Upper arm amputated at the centre, by antero-posterior flaps; great vascularitity, five ligatures required. Æther inhaled; had no recollection of the operation, although she moaned much during its performance, and afterwards felt great sinking and distress at the stomach, became pallid and very sick. Ordered a teaspoonful of brandy to be repeated a few times, at intervals.

Vespere. Depressing effects of the æther continuing, with occasional attempts to vomit. R. Potassæ Bicarb., gr. x.; Ammon. Carb., gr. iij.; Liquor Opii, m. xx.; Aquæ, oz. iss. Fiat haustus cum Acido Citricii, gr. x. in impetu effervescentis sumendus.

27th. Slept three hours during the night; nausea continues. R. Acid. Nitr. Dil., m. xv.; Aq. dest., oz. ij. Fiat haustus, quarta quaque hora capiend in effervescentia, cum Potassæ Citr., dr. ss.

28th. System much ruffled, and tongue white and furred; pulse quick; skin hot; bowels unmoved; phlebitic appearance of the stump, redness extending to the shoulder; dark sanious discharge. Sutures and isinglass plaster removed; parts to remain exposed.

R. Liq. Ammon. Acet., oz. iss.; Magnes. Sulph.,

dr. vj.; Sol. Ant. Tartr., dr, iij; Syr. Papav., dr. iij.; Aq. ad Oss. M. Sumat oz. j. statim. Repetat. dosis omni tertia hora donec alv. responderit.

29th. Bowels moved; sympathetic fever abated; stump looking better. Perstet in usu Misturæ bis terve in die.

August 2nd. Redness altogether disappearing; stump granulating and healthy looking. Ordered chop and porter daily.

10th. Stump nearly healed, some pain in shoulder.

17th. Neuralgic pain still in the limb and shoulder. Adibeatur Emplast. Lyttæ parvum inter scapulas.

25th. No pain since the application of the blister; stump quite healed; feels perfectly well. To be supplied with a small blister or two to apply in case of any return of pain, and to be discharged.*

Morbid appearances of the amputated limb.—Inspection made July 28th, in the presence of Dr. Ingle and other gentlemen. All the structures around the elbow consolidated; a fistulous passage from a small posterior subcutaneous abscess led to the head of the ulna; tendinous attachment of the biceps to tubercle of the radius undisturbed; brachialis anticus converted into a tawny yellowish tough fascial structure, adherent to the ulna, lined by the synovial membrane, and forming in front the capsule of the joint; triceps tendon firmly attached posteriorly; the median and radial nerves in the region of the elbow appeared larger than natural, as did *the ulnar nerve, upon which, about an inch apart, were found two bulbous expansions, the size of horse beans*; the ends of the bones, tolerably compact in structure, and but little enlarged, were strongly connected together by direct and oblique fibres of ligamentous tissue, presenting several points undergoing cartilaginous and bony transformation; soft parts of the forearm and hand pale and atrophied. A preparation is preserved of the elbow.

Remarks.—The limited circumstances of the patient, and considerations whether a shortened and stiffened limb might not prove of less service than the adaptation of an artificial one after amputation, alone contra-indicated excision. The general health appeared good, age favourable, and the pain and distress to have only a local origin; the reported results of similar operations, too, were highly encouraging, and the use of æther-inhalation disarmed of importance any objections which might be urged on the ground of pain and tediousness of the operation. Nothing at first could exceed the well-doing and progress of the case, and the inspection of the parts afterwards removed, showed how admirably nature meets such emergencies; granulations proceeded quickly but soundly to fill up the wound, the disease seemed to expend itself in a free discharge, daily becoming more healthy, and partial motion of the hand was allowed, without much inconvenience. This desirable state of matters did not, however, prove of lasting duration; in less than five months a return of pain, (sympathetic neuralgia, and hyperæsthesia, showing permanent, local, or centric morbid impression,) together with the wasted and useless state of the limb, now an incumbrance, obliged the patient again to present herself at the hospital, and to beg that the arm might be amputated.

The failure of the operation of excision seems justly attributable to the advanced stage of disease of the joint ends of the bones, destroying, secondarily, the muscles, &c., and seriously involving the nerves. An error was, most probably, committed in the endeavour to preserve the mobility of the elbow, instead of securing absolute rest and *utmost proximity* of bone surfaces, to favour the deposition of callus, and bring about close union by anchylosis, hard or soft, particularly as the degenerated state of the muscular structure observed at the time of the operation gave but little hope of its peculiar irritability, and contractile power being likely to be retained or regained.

* This patient shortly after became an in-patient of the hospital, being *lame* from the knee being swollen and encrusted with large impetiginous scabs; from this she recovered. She is now, and has been some time, an out-patient, complaining of anomalous and obstinate neuralgic pains and hysterical troubles, affecting "principally the shoulder and side upon which she was operated."

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, MAY 31, 1848.

The Registrar General's Return of Mortality for the Quarter ending March 31st, presents, as usual, important subjects for reflection. The mortality is still greatly above the standard, and though not quite so high as during the preceding December quarter, it exceeds that of any other of the March quarters, during the ten years for which these returns have been calculated. The actual mortality of the 117 districts included in this return amounts to 57,710, or 6,755 above the calculated number; that of the corresponding quarter of last year (the year of famine,) was 56,195 or 6,027 above the calculated number. So that although the actual mortality of the quarter is somewhat less than that of the December quarter, in which the deaths amounted to 57,925, we fear that, considering the comparative mildness of the season, there are some special cases of fatal disease still in operation beyond the fluctuation of the ordinary atmospheric conditions.

"In London the mortality," it is stated, "was high during the first five weeks of the present year. In the week ending February 5th, 1453 deaths were returned exclusive of deaths by violence, and sudden deaths; in the next week the deaths were 1296; the temperature rose, and in the week ending February 19th, the deaths were 1102; in the five following weeks the deaths only varied from 1090 in the first, to

1054 in the last week but one of the quarter ending April 1st." The causes of this mortality would seem to be chiefly amongst the zymotic diseases, which were "more than twice as fatal in 1848 as they were in 1847." The deaths ascribed to influenza during the thirteen weeks were 102, 102, 89, 56, 59, 47, 27, 33, 18, 11, 10, 16, 8.

A similar excess in the mortality prevailed in the provincial districts, taken collectively; typhus, scarlet fever, hooping cough, and small-pox would seem to have been epidemic in several parts of the country. With regard to the mortality from the last of these, for which the simplest means of prevention are in the power of all, the subjoined extract evidences a neglect almost criminal:—"The extent to which vaccination is neglected in some parts of the county is deplorable and inconceivable. Such facts as the following are, it is to be feared, not uncommon in other districts besides East Sunderland. 'Deaths 140, considerably above the average; 69 more than in the corresponding quarter of last year. The increase is principally to be attributed to the prevalence of small-pox in the district. *Forty-seven persons have died of small-pox, (only one after vaccination.)* Out of the 140 deaths 84 are under 5 years.' Here 47 persons, chiefly children, died; and this implies that some hundreds besides were injured and disfigured, by a disease that may be almost altogether prevented by vaccination; which the legislature, under the administration of the Poor-law, has placed within the reach of every poor child in the kingdom."

We understand that an alteration has been introduced into the Public Health Bill, under the pretence of preventing unqualified persons from being appointed officers of health, which may cause serious inconvenience to the public service, and in the existing circumstances of the medical profession, be made the grounds of much annoyance and injustice to some of its best qualified members. The alteration referred to is the substitution of the words "a legally-qualified medical practitioner," for "a member of the medical profession," the effect of which would probably be to exclude all but members of the College of Physicians of London, and the Society of Apothecaries from holding any medical office under the Bill. The Government have, we believe, no wish of the kind, but it behoves all who may feel themselves interested in the question, immediately to represent the effect of the alteration to Lord Morpeth, and to point out to him the injurious consequences which cannot fail to result in some of our provincial towns, and especially in the northern counties. If we are not mistaken, an eminent and most energetic sanitary officer residing in an important seaport town, whose unwearied exertions in the cause of the public health are acknowledged by all, and who has made great personal sacrifices to this object, might thus be rendered incapable of holding that office, which he now occupies so much to the benefit of his fellow townsmen.

The judgment given by Mr. Justice Coleridge in the case of Dr. Berncastle and the Croydon Jury, expresses so decided opinion on the illegality of the conduct of the Jury, that although technically the redress sought for was unavoidably refused, the verdict may be said to have been virtually quashed. The following are the observations of the Learned Judge:—

An application had been made for a *certiorari* to bring up the coroner's inquisition held on the body of Elizabeth Hopkins, for the purpose of its being quashed or traversed. His Lordship, having recapitulated the facts as stated upon moving the rule, and which were then fully reported, proceeded to say, that a coroner's inquisition was held on the body of the woman, and it was stated that a good deal of feeling had existed: much evidence had been offered, and reflections had been made upon Dr. Berncastle, who had appeared before the coroner, and had offered to produce evidence, but the coroner had refused to allow it; and ultimately the jury found a verdict, "that Elizabeth Hopkins had died from exhaustion from protracted labour, and that Dr. Berncastle had shown the greatest inhumanity in leaving her, and they thought him unfit to remain as a medical officer of the Union." Under these circumstances, the application had been made to bring up the inquisition for the purpose of quashing it. Of course an application of that sort could only be made where it was stated that there was some defect upon the face of the inquisition, or some material fact which it was desired to traverse. It was suggested that the verdict tended to reflect unjustly on Dr. Berncastle; it was not suggested that any defect otherwise was apparent on the inquisition, that made it necessary to consider whether the part objected to was relevant at all, and whether it could be considered as part of the finding of the jury, because if it was not a part of the finding, then there was a case in point which had already been decided, when the Court refused to interfere. Here it appeared to him that the jury had exceeded their jurisdiction. They were empanelled to inquire into the cause of the death; they found the cause of death to be exhaustion, but they did not say, and no doubt they had plenty of disposition to say it, that

Dr. Berncastle's conduct had anything to do with it; but the jury went on gratuitously to make accusations against him. He was obliged to say that this application could not be granted. He would not dismiss the rule without expressing regret for so doing, because he felt that great injustice had been done by the jury. He said great injustice, without pronouncing an opinion as to what Dr. Berncastle's conduct had been in that respect. They had taken upon themselves without authority to pronounce an opinion reflecting upon Dr. Berncastle's character, and there had been absolute injustice in the result, because the guardians had dismissed him from his employment in consequence of that, and without having heard that gentleman or his witnesses in his defence; and it was much to be regretted that the coroner had taken down the statement the jury had made. They were empannelled for a particular purpose; but they had no more authority to express an opinion on Dr. Berncastle's conduct than on his (the learned judge's) or any other person who had nothing to do with the matter. They had no right to make that expression, and the coroner had done wrong in taking it down, especially after he had refused to allow Dr. Berncastle to be examined, or to hear his witnesses. There was abundance of evidence by medical gentlemen in the affidavit, of important matter, to show that Dr. Berncastle's conduct had nothing to do with the death; and upon the whole, with regret, it appeared to him that the rule must be refused.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

Continuation of Mr. Crompton's Digest of the Depositions on Burns and Scalds, made at inquests held before James Chapman, Esq., Coroner for the Borough of Manchester.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death.	Parts which were burnt.	How the accident occurred.	Remarks.
			1840				
41	F.	9 yrs.	Jan. 12	16 hours	Not mentioned	Her clothes caught fire in lifting a panful of water off the fire	She was alone. Linseed oil & lime water
42	F.	6 yrs.	Jan. 14	14 hrs.	All over the body except the feet	Holding her frock to the fire to dry	No one in the house, except another child four years old.
43	F.	66 yrs.	Jan. 24	3 days	Neck, head, & ears	Her cap and shawl caught fire, but it is not known how	It appears that she was of weak mind
44	F.	2 yrs.	——	2½ hrs.	"Burnt like a cinder"	The mother had gone to fetch her husband from the public-house, leaving her two children alone in the house, the eldest being only 4 years old. The younger one's clothes caught fire from lighting paper	The eldest child's pinafore was on fire, and this child would have been burnt likewise if a neighbour had not entered at the time and put out the flames.
45	F.	3 yrs.	Jan. 30	30 hrs.	Left side, left hand & arm, back, left leg, and pudenda	Mother in bed. A boy 10 years old, who had kindled the fire, left the poker in it to make it burn. When red hot the poker fell from the fire, and set this little girl's night-gown on fire as she sat before the fire upon the hearth	
46	M.	10 mths	Jan. 28	5 days	Abdomen, and apparently all the front of the trunk, from the neck to the legs	A little boy of 6 years of age, had him in his lap, and upset some boiling coffee upon him	Lime water and linseed oil.
			1839				
47	F.	3 yrs.	Dec. 9	56 days	Back, both arms, neck, head, & shoulders. In stripping the child, the skin came off the neck with the string of the pinafore	Mother, and the woman to whom the mother had entrusted her child, both absent. Does not appear how the clothes got on fire	Infirmary.
			1840				
48	M.	4 yrs.	Feb. 10	2 days	Neck, right arm, face and right side	His pinafore caught fire when standing upon the fender	Mother out waiting. Had left 4 children by themselves in the house, the eldest being not more than ten years old.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death	Parts which were burnt.	How the accident occurred.	Remarks.
			1839				
49	F.	46 yrs.	Dec. 1	74 days	Left arm, left side, & breast	The corner of her shawl took fire while standing at the fire. A drunkard	Infirmary.
			1840				
50	F.	1¼ yrs.	Feb. 13	24 hrs.	Bottom, legs, and face	The child was left alone in the house for a few minutes, sitting upon a table, upon which were a lighted candle, and some sewing. The child upset the candle upon the sewing	Linseed oil and lime water. Afterwards flour.
51	F.	7 yrs.	Feb. 14	7½ hrs.	Right hand & arm. Right side, face, & left arm	Her clothes caught fire in lifting the kettle off the fire. Mother gone out for potatoes. This girl and two younger children alone in the house	Oil and lime water were applied immediately and then the child was taken to the Infirmary.
52	M.	80 yrs.	Feb. 17	24 hrs.	Right arm, right side, right thigh and stomach	He upset the candle ubon his dress. "Infirm and helpless." Only children in the room with him. Time lost in putting out the flames	Infirmary.
53	F.	12 yrs.	Feb. 17	30 hrs.	All over her abdomen. Face & arms	Blowing the fire, when a spark fell upon her pinafore. No one in the house but two younger children. Mother gone out for potatoes	Infirmary.
54	F.	8½ yrs.	Feb. 23	20 hrs.	Right arm, & shoulder, chest & body	In taking a plate off a panful of porridge, her frock caught fire. Mother ill in bed	Oil was applied, and then she was taken to the Infirmary
55	M.	2 yrs.	Feb. 24	7 hours.	Both arms, chest, face and neck, thighs & right side	Mother had left the house for about seven minutes, on returning she met her child in flames	
56	M.	4 yrs.	Feb. 26	5 hours	All over the body except soles of his feet	Alone in his parents' cellar. Had been left in charge of his brother who is nine years old, but the latter had gone out before the accident occurred	Infirmary.
57	F.	10¼ ys.	Feb. 26	9 hours	All over except legs and feet	Supposed to have been blowing the fire with bellows. No one in the house but some young children	Infirmary.
58	M.	4 yrs.	Feb. 26	2½ hrs.	All over except his feet.	Not known how. Had been left alone in the house for a short time	Infirmary.
59	M.	9 yrs.	Mar. 3	13½ hrs.	All over his body	Pinafore caught fire in trying to reach up the chimney. No one in the room but his brother, six years old. Mother gone out for potatoes	Infirmary.
60	F.	4½ yrs.	Mar. 6	3 hours	Belly, breast, arms, & face	Not known. Left alone in the cellar. Father gone in search of work; mother at the factory	Infirmary.
61	M.	3¼ yrs.	Mar. 7	7 hours	Chest, arms, face	Clothing caught fire whilst the mother was up stairs dressing	Infirmary.
62	M.	50 yrs.	Feb. 24	13 hours	All over his body except left leg and head	When intoxicated he put a lighted pipe into his waistcoat pocket	Infirmary.
63	F.	9 yrs.	Mar. 9	32 hrs.	Left arm, chest, thighs, belly, and face	Not known how. Was in a neighbour's house, who left her down stairs for a few minutes whilst she went up stairs to give her husband some broth	Infirmary.
64	F.	7¾ yrs.	Mar. 10	15 hrs.	Arms, and all over her body, except her legs and feet	She was lighting the fire. Her father in bed. It does not appear whether her mother was living	Infirmary.
65	F.	19 yrs.	Feb. 24	14 days	Back, shoulders, right thigh, & left leg	A nurse. In lighting the nursery fire her dress caught	Infirmary.
66	M.	3 yrs.	Mar. 20	4 days	Right leg, left foot, & bottom	A drunken man upset a coffee kettle full of boiling water upon the child's legs	Linseed oil & lime-water.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death.	Parts which were burnt.	How the Accident occurred.	Remarks.
67	F.	10 yrs.	Mar. 24	7½ hrs.	All over the body	Her pinafore caught in stirring the fire	Infirmary.
68	F.	10 yrs.	Mar. 24	1 hour	Body, arms, neck & face	Mother had left for a few minutes the room in which they lived. How the child caught fire is not known	Infirmary.
69	F.	4 yrs.	Mar. 24	9 hours.	Legs, breast, arms, & face	Her parents left her alone in the house; on their return they found her in flames upon their bed, *the bed, too, being on fire.* It does not appear how the child got on fire. She was left down stairs by the fire-side nursing her doll, and they had told her before they went out not to touch the fire	Infirmary.
70	F.	6 yrs.	Mar. 28	11 hrs.	All over her body, except her legs	She and another child of 4 years of age were left alone in a cellar, whilst the mother went out to sell eggs. The neighbours found a box in the cellar on fire. It does not appear how the accident happened	Infirmary.
71	F.	8 yrs.	Mar. 28	13 hrs.	All over her body except her legs	Her mother left her alone by the kitchen fire mending her stocking whilst she went out to buy some food. On her return the child was found burnt	Infirmary.
72	F.	11½ ys.	Mar. 28	12 hrs.	All over her body	Mother gone to the bake-house, leaving the deceased by herself	Infirmary.
73	F.	32 yrs.	Mar. 24	18 days	Thighs, legs, & lower part of the back	She was smoking, and is supposed to have set herself on fire by means of her pipe	Infirmary.
74	M.	4½ yrs.	April 13	6 hrs.	Both arms, body, face, and back	Mother had left him with another child two years old alone in the house while she went across the yard. His pinafore took fire whilst boiling an egg in a saucepan	Infirmary.
75	F.	3 yrs.	Mar. 9	40 days	Shoulder and back of right arm	Mother out of the house, when a burning ember fell from between the bars of the grate upon the child, who was sitting near the fire	Mother applied treacle, and took the child to the Infirmary.
76	F.	3½ yrs.	April 16	18 hrs.	The mouth	She had been drinking from the spout of the kettle. Mother down stairs in another room	Under quacks. She could not swallow any medicine. Blisters were seen in the mouth.
77	M.	5½ yrs.	April 20	3 hours	Belly, breast, and legs	After being put to bed went down stairs and lighted paper at the kitchen fire. Parents had gone out to walk, and supposed that he was asleep	Infirmary.
78	M.	3¾ yrs.	April 20	4 days	Thighs and abdomen	A panful of boiling water left on the floor	Linseed oil and lime water applied by the parents. Afterwards taken to the Infirmary
79	F.	2½ yrs.	May 1	3 hours	All over her body except her feet	Left alone with another young child in the house. In reaching a jug from the mantel-piece her clothes caught fire	
80	F.	62 yrs.	April 29	8 days	Not specified	Supposed to have fallen upon the fire in a fit. Very infirm, and liable to dizziness	Infirmary.
81	F.	2 yrs.	May 5	36 hrs.	Right side of her face, arm, right side, & belly	Went into a neighbouring house in the absence of the female living there. Not known how she got on fire	Dispensary.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death.	Parts which were burnt.	How the Accident occurred.	Remarks.
82	F.	2 yrs.	May 12	41 hrs.	Mouth	Drinking boiling water from the kettle spout	Infirmary. No operation performed.
83	M.	7 yrs.	April 7	37 days	Both arms, the face, round the throat	His top went under the grate; in getting it out his pinafore caught fire. Was living with a sweep to whom his parents had given him up for the purpose of being trained as a sweep	Infirmary.
84	F.	3 yrs.	April 26	21 days	Face, right arm, breast	Lighting the lash of a whip. No one in the room with the children	At first under the Infirmary; afterwards under a druggist.
85	F.	23 yrs.	April 3	52 days	Arms, back, & right side	Sitting by the fire unwell, when a spark flew upon her clothes. No one in the house with her	Infirmary.
86	F.	21 yrs.	June 12	4 days	Face, neck, arms, chest	An idiot; subject to fits. Not known how she got on fire	Infirmary.
87	M.	1½ yr.	July 5	32 hrs.	Head & body	The mother had left some hot water upon a chair; he pulled over the vessel in which it was contained, and scalded himself. The mother was about to wash him	Infirmary.
88	M.	19 mos.	June 30	15 days	Thighs, legs, & belly	A pan of broth boiling on the fire tilted on one side, and the boiling broth fell upon him	Linseed oil & lime water. Goulard water.
89	F.	2 yrs.	July 13	5 days	Breast & stomach	Pulled over a jug of hot water upon herself	
90	F.	36 yrs.	July 10	10 days	Thighs, back, & right arm	Had been stooping to take some patchwork out of a basket with her back towards the fire, when her clothes caught	Infirmary. She could not speak so as to be understood, and was sensible for a few days only, after admission.
91	F.	4 yrs.	July 24	2 days	Breast, arms, ears & back	Mother had left her alone in the house. Discovered in flames by a neighbour	Infirmary.
92	F.	41 yrs.	Aug. 4	36 hrs.	All over her body	Cutting fire-wood, having a lighted candle on the floor near to her: her dress caught fire	Infirmary.
93	M.	5½ yrs.	Aug. 22	15 days	Both arms, right leg, and face	Supposed to have been lifting the kettle off the fire with his pinafore. No one in the room with him	Infirmary.
94	F.	1 yr.	Sept. 8	37 hrs.	Bottom of its belly & thighs	A *piece* came out of a jug full of hot coffee: the coffee flowed upon the child	Flour, then a lotion. (Convulsions.)
95	M.	23 ms.	Sept. 20	10 hrs.	Neck and head	The mother had left some hot soup upon the floor in a basin, the child fell off the sofa into it	Infirmary.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

March 6th, 1848.

FRANCIS ELKINGTON, Esq., in the Chair.

LARYNGITIS: ULCERS PERFORATING THE THYROID CARTILAGE.

Mr. Carter exhibited a preparation, illustrated by a drawing, of two ulcers of the larynx, perforating the thyroid cartilage, in a case of tubercular disease of the lungs.

A man, aged about 35, two years and a half ago had cough, with night perspiration. These symptoms left him for a few months, and then returned. Thirteen or fourteen months ago an abscess formed in front of the larynx, preceded by tickling in the throat. It was opened in three months, and seemed to heal in the course of a month, but a moisture continued to issue from the orifice, and a month before his death air began to pass out of the original opening. In a week or ten days afterwards, another opening formed in the integuments, above the original one, from which air passed so freely, as to interfere with articulation, and to require the patient to stop the orifices with his finger before he could speak. He died with all the symptoms of phthisis, in a fortnight after the second opening had been established. He was hoarse from an early period of the laryngeal disease. He denied having suffered from secondary symptoms of syphilis, although he had had gonorrhœa repeatedly. He was a man of very dissolute habits.

Post-mortem.—Tubercles were found in the lungs; the mucous membrane of the larynx was much thickened and rough, and completely separated from a large portion of the right wing of the thyroid cartilage; the

hollow thus formed communicated with the interior of the larynx by two ulcers, one large and ragged in the situation of the right ventricle, the other smaller, but able to allow a lead pencil to pass through it, situated lower down, smooth and round. The two wings of the thyroid cartilage were completely separated from each other along the pomum Adami; the exposed cartilages ossified and rough. The crico-thyroid ligament partially destroyed. The integuments were partially separated from the front of the thyroid cartilage, and were perforated in two places. The vocal cords of the larynx were destroyed on the right side, partially on the left. A portion of the surface of the thyroid cartilage was ossified both within and without the larynx, a greater extent of the internal than of the external surface.

NECROSIS OF THE TIBIA.

A tibia in a state of necrosis, in consequence of exposure of the bone by sloughing ulceration, was exhibited by Dr. Russell.

A man, aged 59, a patient of Mr. John Simons, had suffered from an ulcer of the right leg for many years; it healed several times, but again broke out, without, however, presenting any character different from that of a simple ulcer of the leg. He was taken into the infirmary, and whilst there the sore began to slough, and at the same time a like change took place in many other similar cases in the house. The tibia became extensively exposed, and separated from the surrounding parts. Amputation was performed. On examining the limb, a large sloughing ulcer occupied all the inner side of the leg; the tibia was almost isolated, and the periosteum separated from the bone. The bone was in a state of necrosis. When the tibia was sawn down, the fibrous layer was found thinner than natural, the cancellated structure dead, and the cancelli and medullary canal full of sanious pus. The lower extremity of the bone was quite healthy, as was the fibula; the ankle-joint also healthy.

SOFTENING OF THE SPINAL CORD: HYPERTROPHY OF THE HEART: GRANULAR KIDNEYS.

Dr. Fletcher exhibited the cervical portion of spinal cord softened, hypertrophied heart, and granular kidneys, from a man whose chief symptom was a remarkably slow pulse.

The patient was 58 years old; he was a mender of broken china, and never engaged in any more laborious employment than walking to collect his work. He had been under Dr. Fletcher for eight years, and had once been presented to the Society on account of a remarkably slow pulse. He was subject to attacks resembling asphyxia, in which he became giddy, and would be apt to fall. For these he was in the habit of being bled, with much relief. His most striking symptom was extreme slowness of pulse; it was often as low as twenty-five, and the patient reported it occasionally at ten beats in a minute. Dr. Fletcher had often met him accidentally, and had taken the opportunity to examine his pulse, but he never found it higher than thirty-two, the temperature of the surface of the body rather low. Dr. Fletcher could never detect any abnormal sound over the heart; the beat was very long, as though the heart dilated to as great an extent as possible, and then contracted briskly. In early life the man had suffered an injury to the back of the head, and he often complained of pain in the cervical region of the spine. Six months ago he manifested symptoms of consumption, of which he died, two months ago, and it was remarkable that when the phthisical symptoms were established, his pulse maintained a speed of 120 or 130, and the fits of asphyxia ceased to recur.

Post-mortem.—Nothing remarkable in the brain; atrophy and softening of the spinal cord opposite the lower part of the 4th, 5th, and 6th cervical vertebræ, equal in degree throughout the extent indicated. Heart hypertrophied; both ventricles filled with clots; some atheroma in the aorta, and aortic valves somewhat puckered; the other valves healthy; some patches of old lymph on the surface of the heart. Liver a little congested; kidneys granular; had passed albuminous urine during the latter part of his life. Dr. Fletcher stated particularly that there were no symptoms referrible to the spinal disease besides the local pain, the peculiar action of the heart, and the attacks simulating asphyxia, which doubtless depended on the state of the heart. These attacks, as stated, were always relieved by bleeding, and his pulse rose after the operation.

NARROWING OF THE DESCENDING COLON.

Dr. Fletcher related the following case:—The patient had been suffering some time from obscure symptoms of obstruction to the intestines; there was occasional swelling of the abdomen, which would subside, and vomiting. When Dr. Fletcher saw him, his abdomen was enlarged, particularly near the right hypochondrium; he was passing light-coloured fluid fæces rather abundantly. The fæcal discharge then ceased, and after a short time vomiting came on, and soon become stercoraceous, the matter ejected resembling that which had been passed by stool previously. This succession of symptoms recurred frequently. The abdomen was enlarged as stated; swollen generally, somewhat tympanitic, and elastic. On percussion, Dr. Fletcher also noticed a deep seated local fluctuation, extending from the ascending, to the termination of the transverse colon. This fluctuation occurring in one part only of the abdomen, Dr. Fletcher thinks a sign strongly indicative of obstruction in the colon. He had found it in two cases of obstructed colon, in which the fluctuation existed in the left side, indicating, as he thought, obstruction in the sigmoid flexure, and the result verified his diagnosis. In this case, as the fluctuation was not situated so low in the abdomen as it was in the cases referred to, he believed that the stricture was higher in the colon, and hence an operation would not afford any relief to the patient. The man was in good health excepting that he emaciated. He was treated by injections and other measures to open the bowels, and his food was carefully regulated. He grew thinner and at last died suddenly, greatly enfeebled by want of nourishment. The intestines were dilated in their whole extent up to the termination of the transverse portion of the colon, where the gut became greatly

contracted with thickened coats, and continued so as far as the anus. Other viscera healthy.

The fluctuation in these cases, Dr. Fletcher remarked, is not accompanied with dulness, as there is a considerable portion of air contained in the gut, in addition to the fæcal matter.

FOREIGN BODY IMPACTED IN THE RECTUM.

Dr. Fletcher exhibited a portion of a wooden skewer impacted in the rectum.

He was called in to a patient who was suffering from symptoms of fistula of the anus. There was swelling and inflammation, with pain and great tenderness about the anus. He suggested an examination of the bowel by the finger, when a portion of skewer, one inch long, was felt lying across the gut; this having been removed, all symptoms subsided. The patient could not explain the presence of the skewer.

Mr. Elkington alluded to a case of extreme tenesmus in a child, caused by the presence of an apple core in the rectum.

CHLOROFORM IN TRAUMATIC TETANUS.

A finger, amputated in consequence of injury, the patient recovering from tetanus on the administration of chloroform, was exhibited by Mr. R. L. Baker.

The ring finger having become engaged in some machinery, the first phalanx was torn off. On the second day the finger was a little swollen and painful; and there was slight pain in the epigastrium, and some nausea, after purging, &c. On the third day the symptoms were improved, but the finger was more swollen and painful; a scarlet rash broke out over the body, and his throat became sore, so that Mr. Baker thought it an attack of scarlatina. On the fourth day the hand was much inflamed, and the febrile symptoms increased. Leeches, fomentations, and salines. On the fifth day, after a bad night, during which he was supposed to be dying, at 8, a.m., Dr. Fletcher saw him, with Mr. Baker. He was found in a state of general tetanus. Tincture of hemp, and a turpentine clyster, were administered, and at noon, as he was no better, chloroform was tried; as the chloroform affected him, the muscles became gradually relaxed, and in five minutes, (having lost the power of articulation and of deglutition for the space of twelve hours,) he began to mutter, all the muscles of the body soon became quite relaxed, and he spoke intelligibly. Mr. Baker kept up the chloroform for three quarters af an hour, and then left his patient apparently sleeping quietly At 9, p.m., he found that in an hour after he had left him, he had come to himself, and had lost all tetanus. He continued to improve for eight days; at the end of that time, as there was a threatening of return of the tetanic symptoms, Mr. Barker amputated the finger, and the patient is now recovering rapidly.

CANCEROUS TUMOUR FROM THE CLITORIS.

Mr. F. Elkington exhibited a small cancerous tumour from the clitoris, and upper part of the right nympha.

A woman, aged 74. The tumour had been growing seven months. She had suffered much pain, with itching and burning. She was relieved for a time by various applications, but during the last month the tumour grew rapidly, and she became greatly distressed by it; the irritation of it caused diarrhœa; therefore, as she was in good health, the tumour was removed, and the whole right nympha and the clitoris with it. The surface of the tumour was ulcerated; it had the appearance of an excrescence from the clitoris, and upper part of the right nympha. The neighbouring glands were unaffected.

FIBRINOUS TUMOURS OF THE PLACENTA.

Mr. F. Elkington presented a placenta, containing some small tumours, apparently of fibrin.

A lady, confined with her first child, delicate, aged 30, was taken on the Saturday with pain, and was not visited till Sunday evening. The labour had not made much progress. Mr. Elkington observed that she looked remarkably pale, though there was no other symptom. He learnt that on the Friday preceding she had felt sick and faint. She was confined about five, on Monday morning; the child was putrid. After delivery the uterus remained so large, that Mr. Elkington suspected there might be a second child; soon the placenta came away, and immediately after it a large dark coagulum.

The placenta was studded with several small, firm, tumour-like bodies, about the size of a walnut, their outer surface pale, and looking as though ulcerated; their texture softish, and presenting the appearance of fibrin engaged in the placental tissue; most of them contained a cavity, partly filled with semifluid matter resembling altered blood. A coagulum adhered to the surface of the placenta when it came away. Mr. Elkington suspected that from the altered state of the placenta, a full supply of blood could not be obtained for the nourishment of the child, and that its death might be in part attributed to that circumstance.

Foreign Department.

ON INFLAMMATION, LIMITED TO THE SEROUS MEMBRANES OF THE VENTRICLES OF THE BRAIN, AND ITS TERMINATION IN CHRONIC HYDROCEPHALUS.

By M. Rilliet, of Geneva.

(Translated for the Provincial Medical and Surgical Journal.)

Acute inflammation is not always limited to the membranes of the surface of the brain, but sometimes invades the arachnoid which lines the ventricles. This combination of external and internal meningitis does not sensibly differ in its symptoms from peripheral meningitis alone, it remains to be seen whether the limitation of the disease to the ventricles is marked by any peculiar manifestations.

This question, however, is not easy of decision, as instances of uncombined ventricular arachnitis are exceedingly rare, and we should have left it without any attempt at its solution, had we not fortunately encountered a case which promises to throw some light upon the subject.

In both peripheral and ventricular meningitis, the disease originates during a state of perfect health, with headache, vomiting, constipation, and fever; but

in the peripheral form, the intelligence is disturbed at an early period, while in the other it may remain intact until the close of the disease. In the external meningitis of children of two or three years of age, convulsion is not a characteristic symptom; while, (judging from the single case narrated below,) it is an essential accompaniment of meningitis of the ventricles.

The case alluded to is as follows:—

A little girl, aged 6 years and a half, robust, with a well-developed chest, born of healthy parents, having been in perfect health the evening previously, awoke on the morning of the 7th of February with headache, and refused her breakfast; nevertheless she went to school as usual, but soon returned, on account of an increase of headache. She then went to bed and fell asleep, but vomited on awaking. The headache continued to increase, and she was quite unable to sit up. In the evening she was seen by M. Stroehlin, and was found to be complaining of headache, and intolerance of light and sound. The skin was dry, the pulse quick, and the tongue white. She vomited bilious matter abundantly, but there had been no relief from the bowels. The mental faculties were intact. Tartar emetic was exhibited, with the effect of inducing copious vomiting and a good bilious motion. The headache diminished, and the child fell into an unquiet sleep, during which she perspired profusely. At midnight she awoke and vomited again.

On the third day the vomiting had ceased, and the patient appeared in every respect better, but on the evening of the fourth day she was attacked again with violent headache, increase of fever, and tetanic convulsions, which continued through the night. In the intervals she slept restlessly, frequently crying out from the violence of the headache. Leeches and sinapisms were applied, and purgative doses of calomel given. It is unnecessary to follow the case through all its details. Suffice it to say, that on the eighteenth day the pulse became slow and irregular; on the twenty-first there was complete deafness. On the fifty-second day the intelligence was disturbed for the first time, and the convulsions became less frequent. On the sixty-eighth day idiotcy was complete, and at the end of four months the child died, after a renewal of severe convulsions.

Post-mortem.—The bones of the head were thin, but the sutures were not separated; the dura mater did not adhere to the cranium; the convolutions were flattened, and their interstices almost obliterated; the membranes on the surface of the brain, as well as of the base and medulla oblongata, were slightly opaque, and were detached with great facility; the sinuses were not unusually distended with blood.

On cutting into the lateral ventricles they were found to be distended with serum, the lining membrane being gelatinous in its entire extent; the central portions of the brain, so far from being softened as in acute hydrocephalus, were firmer than natural. There were neither tubercles nor granulations in any portion of the cerebral mass.

CLINICAL MEDICINE AND SURGERY IN THE CONTINENTAL HOSPITALS.

1. *Polydipsia.*—M. Rayer has lately had a female under his care, whose sole complaint was excessive thirst combined with an equivalent diuresis. Examination of the urine proved that it contained no sugar, and was in fact perfectly aqueous. Under these circumstances M. Rayer prescribed camphor in doses of six grains three times a day, by which a cure was effected in the space of two months.

Polydipsia is a malady, the pathology of which is at present unknown, and it is therefore necessary to have recourse to empirical treatment, as in the preceding case.

2. *Pneumonia and Chronic Ulcers.*—M. Rayer professes to have frequently noticed that patients who have been cured of old standing ulcers of the extremities, become the subjects of severe, and often fatal, pleuritis and pneumonia. Recently a case of this kind was observed by him in the person of an old soldier, who for twenty years had chronic ulcers with extensive eczematous inflammation of the legs. These suddenly dried up, and he was attacked with pneumonia. M. Rayer, in addition to tartar emetic internally, treated him by blisters to the seat of the former ulcerations. The vesications afforded marked relief.

3. *Burns treated with Ice.*—The cases which were alluded to in the "General Retrospect," (April 19th,) have all done well, no traces of cicatrization being left. All the injured surfaces were in fact, under the influence of the ice, covered with a thin pellicle which could only be distinguished from the surrounding integument by its slightly brownish tint.—*Annales de Thérapeutique.*

4. *Diseased Conditions of the Mitral Valve.*—Incompetency of this valve is generally accompanied by narrowing of the auriculo-ventricular orifice. The valvular lesion under consideration is not unfrequently accompanied by a pseudo-chlorotic state, distinguishable from true chlorosis by the concomitant enlargement of the spleen. In these cases the patients complain of pains in the shoulders, which, according to Jaksch, persist until the system is improved by the use of chalybeates. Jaksch mentions the cases of three individuals who, from early youth, had laboured under this affection of the valve, and in whom the phthisical constitution ultimately became developed. He attempts to explain the presumed connection between these diseases, by supposing defective nutrition, owing to the imperfect manner in which blood is propelled through the aorta.—*Hannoversche Annalen*, 1847. *Clinical Notes taken in the Hospital of Prague.*—From the *Monthly Journal*, May, 1848.

5. *Endocarditis.*—Depositions in the spleen almost always accompany endocarditis, and these correspond in character with the endocardial exudations, being purulent if the latter are purulent, and so on. Jaksch states, that the endocarditis following acute rheumatism, very frequently gives rise to pyæmia. That the formation of aneurism may sometimes be induced, when the

texture of the heart has been weakened by carditis or endocarditis, appears evident from the details of a case, in which inflammatory exudation on the lining membrane of this organ co-existed with inflammatory softening of its whole structure at the apex, and in which, at this point, a considerable degree of attenuation had taken place, which might no doubt, after some time, have gone on to rupture.—*Ibid.*

6. *Perforating Ulcer of the Stomach.*—Of the patients labouring under this disease, noticed by Jaksch, thirty-three had acute tubercle of the lungs, twenty-six chronic tubercle of the lungs, and forty-three pneumonia. He therefore presumes that some relation exists between the affection in question and diseases of the lung. The same physician gives the following sketch of the symptoms commonly observed with this kind of ulceration. After intense mental or bodily exertion, or the use of some stimulating liquor or article of food, the patient complains of violent pain, extending upwards from the pit of the stomach, which often disappears after vomiting. The tongue still remains clean, the appetite is variously altered, and the bowels are for the most part obstinately costive. Sometimes the symptoms assume more of the character of those which accompany mucous gastritis. There is a dull persistent pain in the epigastrium, pyrosis, indigestion, vomiting, and tumefaction of the abdomen. Jaksch, in speaking of the treatment of these cases, recommends the use of milk, veal soup, and chicken soup, as articles of diet. He also recommends, as palliative remedies, leeching and counter-irritation of the epigastric region, anodynes, the acetate of lead, and iron.—*Ibid.*

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS.

The most interesting memoirs presented to this Academy during the past month are the following:—

ORGAN OF SPEECH.

M. Bouillaud read a paper entitled "New Researches, destined to shew that the faculty of Articulate Speech resides in the Anterior Lobes of the Cerebrum," in which he considers that he has established,—1st, that severe lesions of the anterior lobes of the brain constantly produce an alteration in the speech, varying from slight disturbance to complete loss of the faculty; 2nd, that disease of the middle and posterior lobes, without implication of the anterior portions, do not affect the speech. From these propositions, M. Bouillaud deduces two corollaries; one respecting diagnosis,—viz., that whenever the speech is more or less affected from disease of the brain, it may be affirmed that the lesion exists in the anterior lobes; another respecting treatment, that if it be necessary to apply remedies as near as possible to the seat of the disease, as the trepan, for example, the forehead is the site to be chosen. The views of M. Bouillaud were warmly contested by MM. Rochoux, Baillarger, &c.

M. Chevallier presented a memoir on the "Presence of Arsenic in certain Mineral Waters."

M. Monneret, one of the Commission sent to the East to watch the progress of cholera, reported his experience of the disease in Constantinople. Nothing of importance was elicited.

M. Dubourg presented a memoir on "Symptomatic Abscess of the Inguinal Region," with the principal object of recommending free opening in preference to repeated punctures.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DES SCIENCES, PARIS.

M. Poggiale lectured on the properties of *aldehyde*, a new anæsthetic agent. He stated that it produced insensibility more rapidly than either æther or chloroform, and in animals had been exhibited without producing any accident.

M. Gaudichaud exhibited a new alimentary plant, received from America, which he called *picquotiane*. It contains a large amount of farina, and is the principal food of some of the aboriginal tribes of central America.

TREATMENT OF HYDROPHOBIA IN THE LAST CENTURY.

METHOD OF TREATING THOSE THAT HAVE BEEN UNDER MY CARE FOR THE BITE OF A MAD DOG, OR OTHER MAD ANIMAL.

If the person's constitution will bear the loss of blood, I take from him 8, 10, or 12 ounces, as soon as possible, and immediately after give him a draught with manna and salts, dissolv'd in an infusion of senna, enough to give five or six stools, and repeat it once a week for the first month. The next morning I prepare for him the following powders:—Loaf Sugar three drams, Salt Petre two drams, Sal Ammoniac one dram and half, made into fine powder, and mixed together, two scruples of which (or as much as you can hold on a shilling,) may be given to a grown person, twice or three times a day, in some warm tea, for the first month, and once or twice a day for the second month. When application hath been made within a fortnight, I have not once had occasion to use any other medicine, though some of them have been terribly wounded; but when it hath been longer omitted, and the dreadfull symptoms appear, such as violent pain and giddiness of the head, fearfullness and trembling at the least noise, a pain of the throat without swelling, which pain extends itself to the stomach, with great thirst, but can not prevail on them to drink,—an hydrophobia, or fear of water, &c. &c. I then treat them as follows:—

August 12th, 1739. A young woman, of as robust a constitution as I ever met with, about 26 years old, was bit by a dog, which after a few days' confinement died mad. Her master and [a] maid-servant were bit at the same time by the same dog: both of them applied to me the fourth day from their being bit. I did for them as above, and they felt no ill effects, but the other laugh'd at them for applying for such a trifle as she called it, and continued well untill the seventh day of September following. As she was in the orchard gathering of apples, she complained of such violent pain and giddiness in her head, that she was obliged to

quit her work and go home to bed. A few hours after, as the family was at supper, she came down stairs with nothing on but her shift, quite void of sense, running at, and endeavouring to bite, every one she came near. The family left the room as soon as possible, but fearing she might hurt herself, two of the men returned, having put on thick gloves, and carrying before them a large hemp sheet, such as is generally used in winnowing: they threw it over her, and getting her down on the floor, bound her as they thought fit. All that night she had no interval of reason, but endeavoured to bite every thing near her, and made a very uncommon noise. The next morning they put on some of her cloaths, placed her astride on a pack saddle, bound her firmly to it, and brought her to my house, which was near five miles from the place she lived at; but on the road, when ever she came near any water, she would be exceedingly fearfull; and after she was at my house, on bringing a bason of water near her, she wd use her utmost endeavours to move from it, and by continuing it in her sight, she wd through herself into great agonies. I kept her in the house some hours, hopeing she might have some interval of reason, but none appearing, having good assistance, I with great difficulty took from her arm twenty ounces of blood, greatly inflamed, having previously put on over her head a woman's thick petticoat, tied close on the top of her head, and likewise round her neck, to prevent her biting, or casting saliva or spittle over us that might hurt us. When after bleeding I had secured her arm, I turned the pocket hole of the coat before her face, and laying her back, I so opened her mouth with an iron spatula that an assistant could drench her with some manna and salts, dissolved in as small a quantity of water as possible; but alas! as soon as it was in her stomach, she was so dreadfully convulsed, that had she not been tied it had been impossible to hold her for several minutes, which as soon as over she was again put on horseback as before, and carried to her father's, which was about a mile and half from. I sent by her friends a quantity of the above powders, to be given her every three or four hours, by force if they could not give it otherwise.

By the time she came to her father's house the physick had purged her briskly, and by six the next morning they had drenched her with five doses of the powder, and some time in the afternoon she seemed a little sensible, though she had not slept from the time she was seized. She now complained of her head, throat, and stomach; the hydraphobia still continued, and she would by no means be perswaded to take her medicines, or any kind of liquid, though she complained greatly of thirst, but were obliged to drench her as before, which wd hurry her prodigiously for some time after. She now lay more quiet, and did not attempt to bite so much as before, and her speech began to be more articulate. The night following she had no sleep, but by the next morning could bear the sight of water, and to have it held near her mouth, but could not prevail on her to taste it, for fear it would bring on the pain of her stomach. The afternoon following she was very sensible, her pains almost gone, her thirst abated, and consented to take her powders dry, and let them dissolve in her mouth, which she cd swallow without much pain, and sometimes wd eat a piece of dry cake. The next night she slept several hours, but not without hurrys, and the next morning she took her powders in some tea, encreasing the quantity of liquid every dose, and frequently took some water gruel, &c., and in a few days was so well as to walk in the fields.

September ye 30th. Thinking all danger over, she went to a child feast in the neighbourhood, where eating heartily, and drinking too much strong beer, she was again seized the next day with all the former symptoms, as violent as ever. On being sent for she was blooded plentifully, and ten grains of turbith mineral given, mixed with a little conserve of roses, and as soon as its operation by vomiting was over, gave her the powders every four hours. The next day, October ye 2nd, towards evening, gave her a second dose of turbith mineral, and ordered the powders to be continued. The next morning all symptoms being better, I gave her only the powders, untill ye 4th of October at night, when she took the third dose of turbith mineral, and thought she seemed quite recovered. She took the fourth dose of turbith ye ninth day, without any laxative after, yet her mouth was not sore with it. I advised her to take the powders twice a day for six weeks, and afterwards once a day for a month or six weeks longer, which she accordingly did, and being afterwards very carefull of what she eat or drank, she had no return, but hath enjoied a very good state of health, being since married, and hath a large family of children.

During each time she had the hydraphobia her pulse varied greatly, sometimes so strong that I shod have taken off more blood, had they not in a few minutes been so small and intermiting that I was fearfull she was dying, when on a sudden they wd rise again, and beat as regular for some time as in a well person, and so wd be altering several times in one hour; neither was she ever free from a subsultus tendonum during the hydraphobia.

Since the above case I have met with three other persons who had the hydraphobia, &c., as above, before I was applied to. Immediately after bleeding I gave a dose of turbith mineral every, or every other day, unto the third or fourth time, according as the symptoms encreased or decreased, continuing the powders as in the above case. I have always charged those that were bit not to use any spirituous liquors, wine, strong beer, high seasoned meats, nor spices. I dressed the wounds as if bit by a dog that was not mad, only that if it was in a place where I could conveniently keep it open as an issue, I did so for sevl months. The first opportunity I had of giving the above powders, was in the month of June, 1724, since which time I have had under mine, and my apprentice's care, upwards of three hundred persons for the bite of mad dogs, cats, &c., all which, by the blessing of God, on the above medicine, have been happily preserved, without failing in one case.

JOHN DYER.

Crediton, September 11th, 1759.

Purging Salts one ounce, Manna half an ounce, dissolved in a tea cup of Senna Tea.

General Retrospect.

PATHOLOGY.

CO-EXISTENCE OF SMALL-POX AND SCARLATINA.

Later experience has had frequent opportunties of subverting the Hunterian maxim, that "two fevers cannot co-exist in the same constitution," &c., but it seldom happens that it is shown more strikingly than in the cases in point related by Mr. Marson, in which variola and scarlatina existed at the same time in the same patient. There is reason to suppose that the occurrence is not so infrequent as might be supposed, as the author has himself seen seven instances, and others are in various British and Foreign Journals, the references to which are given in the original. It is probable that this exanthema is often mistaken for the erythematic or erisipelatous flush, which accompanies the confluent form of the disease. In this case the state of the throat and larynx rendered a mistake impossible. —*Medico-Chirurgical Transactions*, 35.

APHTHÆ, OR THRUSH.

On the semeiological value and the prognosis of thrush, a material difference exists between the opinions entertained by Dr. Valleix and Professor Trousseau, both of whom are attached to a hospital devoted to diseases of children. M. Valleix considers thrush as the symptomatic expression of some serious internal complaint; M. Trousseau, on the contrary, looks upon it as a local disease, often resulting from general debility, but not by any means so fatal in its import as M. Valleix conceives it to be. The false membranes, in which recent microscopic investigations have shewn the existence of parasitic vegetations, have no tendency to invade the larynx or nasal fossæ, but they readily spread to the œsophagus, and even to the stomach and intestines. Idiopathic thrush may be developed with a considerable degree of violence, the child preserving all the appearances of health. Suction only is imperfectly performed, being a painful operation to the diseased mouth. It is unattended by vomiting, fever, or dyspnœa, and yields easily to local treatment. M. Valleix, on the other hand, endeavours to establish that aphthæ confluentes are the result of a general disease, preceded by vomiting and diarrhœa, accompanied by erythema and desquamation of the skin, and generally terminating in fatal pneumonia. In answer, M. Trousseau states that, when debilitated infants are placed in unfavourable hygienic conditions, they are very prone to contract diseases, which, if they last, are soon complicated by aphthæ. Absence of proper food, care, and cleanliness, impoverish the blood, and, besides, expose the skin to the continued contact of irritating matter; hence excoriations and even ulcers. If properly treated all the patients recover. The treatment consists in applications of borax and honey, frequently repeated.—*Journal des Connaissances Méd. Chir.—Medical Times.*

DISSECTING ANEURISM.

Dr. Pirrie reports the following case:—A man, aged 50, who had died suddenly, was examined. In the arch of the aorta, almost three-quarters of an inch to the left of the origin of the left subclavian artery, there was a rent of the inner and middle coats. From this rent to near the origin of the aorta, on the cardiac side, and for upwards of an inch on the capillary side, the external coat was separated from the middle, around two-thirds of the circumference of the artery. From the aneurism thus formed there was an opening of upwards of half an inch in diameter, through which it burst into the pulmonary artery. The aorta was steatomatous in many parts, as was likewise the pulmonary artery.—*Monthly Journal*, Nov., 1847.

RUPTURE OF THE CHORDÆ TENDINEÆ ON THE RIGHT SIDE.

Dr. Bentley Todd narrates an instance of this rare accident, followed by pathological remarks of considerable interest. The case is that of a man, aged 21, who received a knife wound in the right side, in a scuffle, which was followed by pleuritis, necessitating large and repeated venesection. A month after the injury he vomited blood, and subsequently had repeated sanguineous discharges, both from stomach and bowels. When admitted under Dr. Todd's care, he was anæmic, with general anasarca, indurated and enlarged liver, hacking cough, and orthopnœa. After death, the immediate cause of which was rapid effusion of serum into both pleuræ, the heart was found to be hypertrophied and dilated, especially on the right side. The valves were healthy, with the exception of the tricuspid, the anterior or larger portion of which floated loose in the ventricles, being detached from the corresponding carneæ columnæ by rupture of the tendinous cords. The musculi papillares were sunken and atrophied, evidencing the old date of the rupture.

In his comments on the case, Dr. Todd remarks, that the accident appears to have been the result of undue tension of the cords. This can only arise from anormal distension of the ventricle, such as might arise from obstruction to its outlet.. Such an obstacle in the present case is conceived to have been offered, by the impediment to the pulmonary circulation, induced by the respiratory disturbance during the struggle before mentioned.

The symptoms were progressive and evidently due to the regurgitation allowed by the ruptured valve. Dr. Todd alludes to the fact, that a certain amount of regurgitation is a normal condition, as pointed out by Mr. Wilkinson King, but in the present case this normal reflux was much exceeded. The sequence of effects would be distension of the vena cava, of the hepatic and intestinal veins, and lastly, of the general venous system. As secondary effects to the venous congestion, would be arterial engorgement, and consequent dilatation and hypertrophy of the left ventricle, and hence again pulmonary engorgement. The symptoms of the case are readily explained by their pathological effects. Dr. Todd calls attention to the hæmatemesis, which he considers (justly, no doubt,) to have been induced by the distension of the hepatic venous system, and states it as his belief that the symptoms may be discovered as a frequent accompaniment of anormal tricuspid regurgitation.—*Dublin Quarterly Journal*, February.

ALKALINE URINE.

Dr. Rees points out that urine secreted normally acid, may become alkaline during its passage through the urinary passages, independently of delay in the bladder, and that such cases are benefitted by alkaline medicines. He narrates a case in illustration, of a woman who passed alkaline offensive urine, in conjunction with small lithic calculi. She got worse under acids and was cured by Liquor Potassæ in Decoctum Pareiræ.—*Medical Gazette*, April 7th.

CHLOROFORM IN INFANTILE CONVULSIONS.

The following instance is recorded in the Boston *Medical and Surgical Journal*, by Mr. Sabine :—

I was called to see a child, five months of age, who for nearly two hours had been labouring under the most severe and unremitting convulsions that it has ever fell to my lot to witness in an infant. There was a constant spasmodic jerking of the muscles of the arm, together with the diaphragm and abdominal muscles. Respiration was so much impeded, and had been for so long a time, that there was strabismus of both eyes, owing, probably, to the presence of partially arterialized blood in the brain. The surface was growing more and more cold and livid, and a clammy sweat stood out upon the little sufferer's face and temples. As various antispasmodics had been tried without relief to the patient, I decided upon using chloroform. But a few inhalations were made before the eyes rolled up, the spasm of the muscles ceased, the breathing was free and easy; in fact the child "came out of the fit." The pulse, which had been absent from the wrist before the administration of chloroform, was perceptible at once, and the surface of the body grew warm. In about three minutes entire consciousness returned, and in a short time the babe nursed.

Means were then adopted for regulating the disordered state of the bowels, upon which the convulsions were probably dependent. No vomiting, and no unpleasant effects whatever, followed the use of the chloroform in this case. The nervous system was fortified against it, just as in acute tetanus, patients will bear enormous doses of brandy or opium.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

FATAL WOUND OF THE UTERUS, WITH TEARING AWAY OF THE INTESTINES, NOT FOLLOWED BY IMMEDIATE DEATH.

M. Tardieu (*Annales d' Hygiéne*,) reports a horrible case which recently came before the French tribunals. The violence in question was committed by a peasant on the person of his wife, seven months pregnant. The woman was heard supplicating for mercy *three quarters of an hour* after portions of her intestines had been seen in the yard, thrown there by him. On examining the body no traces of external violence were observed. A large quantity of blood was found in the cavity of the abdomen, with extensive lacerations of the vagina, uterus, and peritoneum, the edges of which shewed that a cutting instrument had not been employed. The whole intestinal canal from near the pylorus to the ileo-colic valve, was completely torn away.

Cases analogous to this are on record. Suicides have given issue to the abdominal viscera without causing immediate death. In respect of the uterus itself Dezeimeris cites fifteen cases in which the women have survived several hours and even weeks. Other writers gave cases in which the intestines protruded through the rent in the uterus and have sphacelated. The author relates a case in which the uterus and intestines were torn away by a pupil, and in which the patient lived several minutes; and Mauriceau has a similar case, the woman surviving an hour.—*British and Foreign Med. Chir. Review*, April.

[A notice of a case which occurred in the neighbourhood of Chesterfield, where the uterus was mistaken for the after-birth, and torn away, will be found in the *Provincial Journal* for 1845, p. 115, and at p. 168 of the same volume is an account of the inquest on a similar case which occurred at Costessey, near Norwich, In this latter instance a portion of the large intestines, as well as the uterus was forcibly removed. Death took place in the first case a few minutes after the infliction of the injury; in the other the patient survived half an hour.]

PARALYSIS PRODUCED BY ARSENIC.

Dr. Clark related to the New York Medical and Surgical Society, the case of a young woman who, five months ago, took arsenic for the purpose of self-destruction. According to her own account she purchased sixpence-worth, amounting to three tablespoonfuls, all of which she took. This was about 11 p.m. Warm water was given her, and vomiting produced. At 3 a.m., she was taken to the New York Hospital, where the stomach-pump was used, the hydrated sesquioxide of iron having probably been previously administered. She had afterwards some fever, but gradually became better. Eight days after taking the arsenic she was seized with severe pains in the upper and lower extremities. The parts were swollen, but neither red nor hot. Three days after this she lost almost entirely power over her extremities; she has since continued bed-ridden, and is now at Bellevue. She can move her arms freely, and can close and open her hands, but with no force. The feet are still paralysed, but she can bend the knees.—*New York Annalist.*

SUICIDE OF DR. HORACE WELLS, OF HARTFORD, CONNECTICUT, U.S.

Dr. Wells, the discoverer of the anæsthetic properties of æther, having been placed in confinement on a charge of vitriol-throwing, committed suicide by cutting the femoral artery of the left thigh with a razor. Previously to the fatal act, he inhaled some chloroform to produce insensibility to pain. When discovered he was quite dead, and the cell in which he was confined was a pool of blood. On the floor were scattered several sheets of paper, on which the unfortunate man had written a history of the vitriol-throwing, the use and effects of

chloroform, and the causes that led to his depriving himself of life. In one letter, he says he became acquainted with a young man who frequented his office, as a dentist, that his friend called and said he would thank him (Dr. Wells,) for some vitriolic acid, with which to pay back a loose female, who injured his (the friend's,) dress—that he complied with the request of the young man, and that they prepared a phial to squirt the acid, by making a groove in the cork-stopper thereof. The letter goes on to say, that they then sallied out into Broadway—that they met the female, on whose person vengeance was to be doled out—and that his acquaintance did so avenge the former injury.

The friend then proposed that they should "*continue the sport,*" to which he gave a direct negative. They then parted, Dr. Wells going home. Afterwards he explains how he was accustomed to the use of chloroform, which he inhaled over and over again to produce sensations of exhilaration. Two evenings after the one above mentioned, he used the chloroform, and in a moment of delirium he seized the phial of vitriol which was on the mantel, and rushing out into the street, commenced throwing it on the persons of the females who walked Broadway.

The following is the conclusion of his statement in his own words:—"I lost all consciousness before I removed the inhaler from my mouth. How long it remained there I do not know, but on coming out of the stupor I was exhilarated beyond measure, exceeding any thing I had ever before experienced, and seeing the phial of acid, I seized it and rushed into the street and threw it at two females, I may have thrust it at others, but I have no recollection farther than this. The excitement did not leave me for some time after my arrest." He says he did not so much care to free himself from blame by this communication, as to give to the world the real facts in connection with the fatal circumstances. The reason he gives for the crime on his own person which he was about to commit is, that he abominated the idea of doing mischief, and that he felt that his character was irrecoverably gone. In speaking of his wife and child, he says most feelingly, "Oh my God protect them. I cannot proceed, my hand is too unsteady, and my whole frame is convulsed in agony: my brain is on fire."

"Sunday, 7 o'clock, p.m.

"I again take up my pen to finish what I have to say. Great God has it come to this? Is it not all a dream? Before 12 to-night to pay the debt of Nature; yes, if I were to go free to-morrow I could not live and be called a villain. God knows I am not one. Oh my dear mother, brother, and sister, what can I say to you? My anguish will only allow me to bid you farewell. I die this night believing that God, who knoweth all hearts, will forgive the dreadful act. I shall spend my remaining time in prayer. Oh what misery I shall bring on all my near relatives, and what still more distresses me is the fact that my name is familiar to the whole scientific world as being connected with an important discovery. And now, while I am scarcely able to hold my pen, I must to all say farewell! My God forgive me! Oh my dear wife and child, whom I leave destitute of the means of support, I would still live and work for you, but I cannot; Did I live I should become a maniac. The instrument of my destruction was obtained when the officer who had me in charge permitted me to go to my room yesterday. "Horace Wells."

"*To the Editors.*—My last request to Editors is that they will, while commenting on this unhappy affair, think of my poor wife and child, also my mother, brother and sister, all of whom are amongst the most respectable members of society.

"*To my dear Wife.*—I feel that I am fast becoming a deranged man, or I would desist from this act. I can't live and keep my reason, and on this account God will forgive the deed. I can say no more.

"*To Mr. Dwyer, Western Hotel, Courtlandt Street.*—Dear Sir,—When you receive this I shall be no more. I wish you would take my watch and present it to my dear wife, together with the trifle I have already given you. Please to attend to my burial, and let me be interred here in the most secret manner possible. I wish you and Mr. Barber would go immediately and reveal this misfortune to my wife in the most unobjectionable manner possible, and attend to the business which we spoke of this morning, when you little thought of this occurrence.

"Horace Wells.

"Messrs. Dwyer and Barber, Western Hotel."

The deceased, as it is supposed, previously to committing the rash act, saturated a new silk handkerchief with the chloroform, and placed it to his mouth, where it was found tied by another silk handkerchief round his head. He was about 35 years of age.

[The foregoing particulars relative to this extraordinary case are extracted from an American paper. We give the letters entire, as exhibiting the state of mind of the writer at the time or immediately before the committal of the fatal act.]

NOTICE OF THE LATE MR. P. N. SCOTT, OF NORWICH.

Page Nichol Scott, Esq., of Norwich, died, April 27th, in the 67th year of his age. He was the oldest practising surgeon in that, his native city, and before fixing himself there, was engaged at the Naval Hospital at Haslar. To this period of his life he always referred with emotion, on account of the opportunities it afforded him, not only of professional instruction, but of shewing acts of great kindness and attention to the sick and wounded French prisoners who came under his care.

Mr. Scott settled in Norwich in 1809, introduced as the partner of Dr. Rigby, on whose retirement he was chosen Assistant-Surgeon to the Norfolk and Norwich Hospital, thus filling the vacancy created by the late Mr. Dalrympie's promotion to the Surgeoncy; but not finding himself at ease in the prospect of the public duties to which this appointment was sure to introduce him, Mr. Scott resigned in 1819, after having officiated as Assistant-Surgeon for five years.

Mr. Scott turned his attention particularly to midwifery, in which department he conducted a most extensive practice; and few men have received in the provinces greater support than himself, or more promptly attended

to the sudden calls for his assistance by all classes, from the lowest to the very highest in society. His constant study was to do grateful and kind acts to his patients, as well as to his friends, and he saved himself much discomfiture in untoward and difficult cases, to which he, without hesitation, called the aid of his contemporaries of the profession, with whom he lived on terms of friendly and generous intercourse.

For thirty-three years Mr. Scott was surgeon to the Norfolk County Gaol, which afforded equal scope for the exercise of his philanthropy and his professional skill. On recently relinquishing this onerous appointment, he received the thanks of the magistracy, which were re-echoed by the public local press; but he was not deemed entitled to a retiring pension, the appointment being annual. Although in easy circumstances, questioning the correctness of this opinion of the magistrates, Mr. Scott thought it due to his professional brethren, whose official appointments might render them interested in the matter, to obtain the highest legal opinions, which were to the effect, that "the surgeon to a county gaol is entitled to a retiring pension by Act of Parliament, equally with other officials." It was a source of great rejoicing to the subject of this brief notice, that he obtained this favourable view to the question, although he was not destined to experience the fruits of its final decision.

There is one trait of character, and one act, which deserves to be revived on this occasion, not less for public purposes, than for the eulogy of an individual. Mr. Scott took a conspicuous part with Messrs. Crosse, Johnson, and others of his friends, in procuring the commutation of the sentence of a poor pregnant woman, whom the verdict of an ignorant *jury of matrons* had pronounced not *quick with child*. The publicity given to this case, chiefly through Mr. Scott's efforts and zeal, has told favourably in like instances since, by rectifying other similar errors, and will ere long, it is to be hoped, remove from our statutes the necessity for an appeal to the ignorant and uneducated on similar painful occasions.

The decease of Mr. Scott was preceded by several months of severe suffering and privation, from an encephaloid tumour of the abdomen, and during this trial he still turned his mind to many acts of kindness, and closed this scene of sorrow, not without many touching appeals to those about him, whether he had not endeavoured to be "father to the fatherless, and a reliever of the widow's distress."

THE ACTIONS AGAINST THE MIDLAND RAILWAY COMPANY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

If the Midland Counties' Surgeon, who has volunteered his services in defence of the Midland Railway Company, and made such an unwarrantable attack upon the conduct of the Coleshill' surgeons, in the case of Higgins, the poor man who met with the accident on their line of railway, at Whitacre, on the 9th day of February, 1848, will furnish me *publicly* with his name and address, I will endeavour to correct the errors which he has fallen into; but I am not disposed to answer the attack of an anonymous correspondent.

I am, Sir,

Your obedient servant,

J. DAVIES, M.D.

Coleshill, May 19, 1848.

THE "PRACTICAL" MAN.

There are medical men, who, from a want of study, of intelligence, or from natural indolence, or from being too old to master recent improvements, affect a supreme disdain for everything which concerns doctrine. They call themselves PRACTICAL MEN and speak ironically of *theorists*,—such as labour for the advancement of medical science, and whose knowledge crushes and confounds them. These "practical" men have no doctrine, no general principles; they gather together ready-made formulæ and isolated cases, without any kind of scientific discernment. We have frequently had to remark, that a practical man,—that is a man who boasts of knowing nothing of scientific medicine, is intellectually inferior to a master mason or cabinet maker, for these have principles which they apply in their business.—*Monthly Journal*, April.

Medical Intelligence.

THE EPIDEMIC CHOLERA.

We regret to state that the epidemic cholera has again broken out at Constantinople, and on the Eastern frontiers of Russia, and at Moscow.

APPOINTMENTS.

Her Majesty the Queen has been pleased to confer the honour of Knighthood upon John Liddell, M.D., F.R.S., Medical Inspector of Fleets and Hospitals, Royal Hospital, Greenwich.

M. Michon has been appointed Surgeon to the Hospital La Pitié, Paris in the room of M. Laugier.

M. Maisonneuve has been appointed Surgeon to the Hôpital Cochin, in the room of M. Michon.

Dr. Cotta, Surgeon to the Hospital of Lodi, has been appointed Professor of Clinical Surgery, in the University of Padua.

Dr. Geromini has been appointed Professor of Clinical Medicine, in the University of Parma, in the room of Dr. Tommasini, deceased.

ROYAL SOCIETY.

Amongst the candidates for the Fellowship, selected by the Council as eligible for the honour, are William Fergusson, Esq., of King's College; Dr. Robert Gordon Latham, of the Middlesex Hospital; Dr. James Ormiston M'William; James Syme, Esq., late of University College; and Dr. Allen Thomson, of Edinburgh. The Earl of Rosse is to be put in nomination for the Presidency, in the room of the Marquis of Northampton.

UNIVERSITY COLLEGE, LONDON.

The resignation of Mr. Cooper as Professor of Surgery at this Institution, has been followed by that of Mr. Syme, the newly-appointed Surgeon to the Hospital, and Professor of Clinical Surgery.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, May 12, 1848:—J. S. Rimington; J. Delves; R. Wailes; J. Manley; W. D. Jagoe; E. Carver; S. G. Chuckerbutty; R. Hagyard; H. Spicer; J. J. Williams; J. Hinton.

Gentlemen admitted Members on Friday, May 19, 1848:—F. T. W. Ford; J. N. Coffin; C. Carey; M. Simpson; J. S. Shackles; P. H. Bird; H. C. Shepard; T. E. Ladd; J. R. Morgan; H. Stuckey; R. Harold; J. Kay.

Gentlemen admitted Members on Friday, May 26, 1848:—E. Whittaker; R. Hilton; T. B. Holland; J. Wyatt; A. P. Rayner; J. Harrey; G. Taunton; J. L. Parke; R. Hicks; H. M'Cann.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Monday, May 11th:—Richard William Broster, Poole; Charles Alexander Bissett; Charles James Bennetts, Mylor, Cornwall; Robert Oke Clark, Farnham; Francis Phillp Francis, Colchester; William Maltby, Southwell; Dannett Asbury, Enfield; Maurice Levett Manthorp, Thorp, Colchester; Martin Wales Bedell Coulcher, Downham; George Wallis Berkeley Calcott, Clifton, Bristol; Arthur Goodchild, St. John's Wood; Robert Hagyard, Hovingham.

Thursday, May 18th:—John Penberthy Berryman, Penzance; Henry Rowland Hoskins, London; Geo. Dunn, South Molton; Charles Drage, Ipswich; Scholes Butler Bird, Leamington Priors; Frederick William Pearce Jago, Bodmin; James Edward Neild, Oulton, near Leeds; Thomas Goodall Copestake, Kirk Langley, Derbyshire; William Perry, Stonehouse, Devon; Jas. Murray, Oldham.

OBITUARY.

Died, May 5th, at Birkenhead, Alexander Hannay, M.D.

May 6th, at Montrose, John Duke, Esq., Surgeon, R.N.

May 7th, at Willowbank, Airdrie, aged 56, Walter Rankin, M.D.

May 21st, at Killeshandra, aged 43, James Alexander Finlay, Esq., A.B., F.R.C.S.I., Medical Attendant of the Killeshandra Dispensary.

May 24th, aged 71, M. Guersant, (père,) physician to the Hôpital des Enfans, Member of the Académie de Médecine, &c.

Recently, aged 73, Dr. D. Salvador Massy Ribé, of the University of Huesca, author of several treatises on yellow fever and on intermittent fever.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

From some unforeseen circumstances, and in particular the severe illness of the President elect, the Taunton Branch of the Provincial Medical and Surgical Association are prevented receiving the members at the Anniversary Meeting appointed to be held at Taunton in August next. In compliance with an application from the Council, and from a deputation from Taunton, the members of the Bath Branch have kindly consented that the Anniversary shall be held in that city. The arrangements for the meeting are rapidly progressing, and will be published in the next number of the Journal.

NOTICE TO MEMBERS.

Gentlemen who have not yet paid their subscriptions for the current year, or who are in arrears, are requested to forward the amount due, either to the Secretary of the District in which they reside, or to the Treasurer or Secretary of the Association.

ROBERT J. N. STREETEN, Secretary.

YORKSHIRE BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

The annual meeting of the above Branch will be held on Thursday, June 8th, at twelve o'clock, in the Hall of the Philosophical and Literary Society, Leeds. W. Hey, Esq., President-Elect, will occupy the chair.

N.B.—Visitors admitted on the introduction of a member.

W. D. HUSBAND, Secretary.

SUFFOLK BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

The Annual Meeting of the above Branch will be holden at the Guildhall, Bury St. Edmunds, on Friday, the 16th of June, under the Presidency of Dr. Hake.

C. R. BREE, Hon. Sec.

Stowmarket, May 27, 1848.

TO CORRESPONDENTS.

Communications have been received from Mr. Crosse; the Birmingham Pathological Society; Mr. Paget; Dr. Wardell; Dr. Oke; Mr. Crompton; B. D.; Mr. C. Anderton; Mr. T. Hunt; Mr. G. Moore; Mr. S. J. Salter; Dr. Simpson.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

REMARKS ON THE PRESENT ASPECT OF MEDICINE.*

By W. Newnham, Esq., Farnham.

But the crying evil of the present day is the widely spread contagion of empiricism existing in its various forms, in forms which are too frequently overlooked, but which, though they cannot be reached by legislative enactment, are as fully worthy of attention, and as fearful in their consequences, as if their origin were proclaimed by the broad Government stamp upon their surface.

The *past* age of medical investigation was particularly characterized by its almost exclusive fondness for narratives of single cases of disease, to the neglect of opinions, and in entire forgetfulness of the axiom, that individual histories are of no value, except in so far as they admit of being classified and arranged, and of thus forming a basis for the legitimate deductions of cool and sober reasoning. This unfortunate bias, however, was the creature of feeling, and arose mainly from the self-gratulation dependent upon an escape from the imaginative diagrams of the mathematical, the reveries of the mechanical, or the wilder musings of the chemical physicians of the olden time, and seemed like a transition from the dreamy region of conjecture, to the positive realities of *fact*. Hence arose a laudable determination to avoid for the future, the rocks and shoals of similar hypotheses—a determination aided not a little by the natural indolence and love of ease, which are so congenial to the human mind, and which have been so much fostered by the superficial and sketchy education of bye-gone years. There is, however, no royal road to excellence; and even among the monomaniacal accumulators of *facts*, there were not wanting those who perceived, that if ever the science of medicine should acquire a greater degree of certainty than it enjoyed at that moment, it could only be obtained by diligent observation, aided by dispassionate reasoning. Facts are of no value, except as the ground-work of opinions; and again, opinions are useless, unless they can be referred to *principles*, upon which the goodly structure of every-day thought, and reasoning, and conduct, may be successfully reared.

This is especially true with regard to *medical facts*; for in addition to many other sources of fallacy, in recording the history of disease, there exists this peculiarity,—viz., that no two individuals will similarly observe the same appearances, or will derive from them impressions which are identical. This source of error is not indeed limited to medicine, but is also traceable in all except the exact sciences; and it will remain insurmountable, so long as the manifestations of mind are characterized by an infinite variety of physical constitution, and so long as the notices of external objects, conveyed through an infinite series of cerebral organizations, shall produce corresponding, and therefore infinitely varied, impressions, upon the thinking, reasoning, judging principle.

There, are, however, general rules in medicine; the first principles of the human constitution are uniform, and that alone will be good practice which consists in applying and modifying these rules, according to the greater or less prevalence of those active principles in each individual case. Here again there are two sources of error; the first, of adhering too exclusively to opinions invested with their imposing but surreptitious garb of general principles; and, secondly, of being induced to modify and change those general principles upon the result of a small number of disjointed cases. The influence of the former constitutes the hypothetical, that of the latter the empirical, practitioner.

We must admit, as a general rule, that in most, if not in all, the numerous effects of mental empiricism, there must be some good, in order to give currency to the associated evil. Unmixed evil is never long tolerated, and therefore some good, real or fancied, must arise from certain plans which have obtained reputation; and in these cases the evil arises not so much from the nature of the remedy, as from its indiscriminate employment for varying, dissimilar, and even opposite conditions. Such is oftentimes the effect of mental impression, as to induce or to supersede disorder. Everybody knows the familiar exposition of both these truths; the former, in the production of hysteria, and many dyspeptic conditions; the latter, in the influence of charms upon ague, in certain constitutions.

Perhaps the characters of empiricism were never more strongly marked than in their earliest incarnation. Paracelsus, an individual without deep learning, disdaining literature, without refinement of mind, skilled in alchemy, astrology, and all the mysticism of that still mystery-loving and quack-creating country, neological Germany, assuming that disease and its remedies are to be found in the Bible, and that

* Continued from page 285.

an indefinite prolongation of life was attainable by obedience to the will of Heaven, and by relying upon the influence of the planets, rather than by observing symptoms, considering disordered functions, and administering appropriate remedies; and finally, affirming the cure of surgical disease, without the aid of surgical remedies, merely by magical words and cabalistic processes. In this history we trace the earliest sample of the mental empiric, and the "*Opera omnia*" of Paracelsus, and the "Fallacies of the Faculty" of modern date will one day be consigned to the same unhonoured tomb, with this difference probably, that the one flourished in the dark ages of mysticism, and proved the fallacy of his own infatuation, by an early death; whilst the latter has not the excuse of living in the dark ages, nor the opportunity of concealing, in the nineteenth century, under the ample folds of assumed universal benevolence, the too glaring purpose of "*quocumque modo rem.*"

It is much to be regretted that the monograph upon which we have been recently commenting, should have occasioned the following tempting addition to an advertisement of the chrono-thermal system:—"Fallacies of the Faculty, 'Young Physic.' Under the sportive appellation of Young Physic, the *British and Foreign Medical Review* has at last done justice to the chrono-thermal system. Young Physic is chrono-thermalism in disguise. The great success of this system has reluctantly wrung from Dr. Forbes the humiliating confession that he has been all his life practising in error: 'our system,' he says, 'is radically wrong.'"

The beneficial influence of the Royal touch in the king's evil, *if at all true*, and if not dependent upon magnetic conditions, must have been based upon that kind of mental agency, through which such an invigorating impulse was given to the constitution as enabled it to take the place of steel and other tonic remedies. But as the practice has fallen into desuetude, it is to be inferred that it has also fallen into disrepute, either from the efficacy of the touch having worn itself out by time; or from the diminishing circle of magic ignorance and superstition; or in consequence of having been superseded by some newer and more attractive object of faith.

We pass over a variety of panaceæ which have fretted their little hour upon this life's broad stage, and then passed into complete oblivion, in order to arrive at two glaring monstrosities, each claiming the same natural birth-place, though emanating from a very different parentage; the one, we charitably hope, originating from the overheated brain of perverted genius; the other, claiming its frigid embryo life from the cool calculating brain of an uneducated peasant,—viz., homœopathy and hydropathy. There is nothing new under the sun,—and it may be truly said of these great heresies that each contains some acknowledged truths, not newly discovered, but established of old. Every error, however fatal, must, as we have remarked already, possess some fraction of truth, in order to its obtaining currency. That which is manifestly false is rejected at once by the common sense of mankind; and there must be some truth in order to render error specious, and to save it from universal reprobation. So may it be said of homœopathy and hydropathy, that what is true in each is not new, and that which is new is not true. We admit, and daily act upon many of the principles of the former, and we may even believe in the great efficacy of rationally small, and minutely-divided doses; but when we are gravely taught to expect 897 various symptoms to be produced by the millionth part of a grain of common salt; 938 from a similar dose of carbonate of potass; 1,000 from an equal dose of pure lime; and more than all, both in number and absurdity, 1,090 from a co-ordinate dose of its carbonate or common chalk; we shall not, perhaps, be deemed uncharitable in suspecting the veracity or the sanity of the observer. So, also, we feel the value of cold water; it has long been upheld as the great Catholicon for fever, when taken into the stomach, and cold affusion has had its talented and enthusiastic advocates, and perhaps, even now, may have experienced some degree of more than deserved forgetfulness; and we honestly avow our own admiration of cold water universally applied as a means of health, and cleanliness, and comfort, and our conviction of the criminal neglect of this life-preserving agent, even in cleanly England. We aver that the important recommendations of Hippocrates, and Hoffmann, and Currie, should never be lightly esteemed; but when we are invited to swallow all the absurdities of modern hydropathy, we may well hesitate at that grievous fanaticism which has already consigned so many victims to a premature grave. Admitting therefore the small infusion of truth which attaches to these errors, and the semblance of honesty which gives currency to their nefarious influence, we must mention one other property which they possess in common with all other remedies of a similar class, viz., *the universality of their undiscriminating application.* In all, and precisely opposite states of the system—in the presence, and during the absence of fever—in asthenia and hypersthenia—in anæmia and hyperæmia—in congestive and inflammatory action—in summer and in winter—in every variety of season, and climate, and habit, and constitution—in the incipient stage of disordered function—and in the fast approaching termination of organic disease,—in every age and sex—and under every conceivable variety of circumstance and locality, still the same remedies are applied, and applied indiscriminately.

Before mentioning the principles which regulate the effects of this and other forms of quackery upon the mind, we must stigmatize with severest reprobation, a class of exclusive practitioners, whose conduct admits of no palliation, and whose selfishness is diametrically opposed to the very basis of our self-denying profession. We had thought of mentioning a certain and increasing class of professional exclusives; but we would willingly draw the veil of deepest oblivion over their delinquencies, and we eagerly pass on to notice the effects of empiricism upon the human mind, and some of the more common effects of professional empiricism.

In all the vaunted results of quackery, the good effects are produced, not by the medicine exhibited, but by certain mental influences,—by altered habits of

life,—by implicit credence in the promises held out,—by undeviating obedience to the rules enjoined,—by change of air, exercise, scenery, and association;—in short, by a combination of many circumstances, all possessing for their basis this one principle—a development of mental confidence, and an excitement of mental belief and expectation, amounting (as is generally the case on subjects of which we have no actual knowledge,) to the strongest degree of fanatical credulity.

Admitting, however, this to be the case, we shall at once perceive that the attachment to quackery is founded upon a principle of our nature, very extensive in its agency, and therefore very difficult of eradication, because the principle of undoubting belief is powerful in proportion to our ignorance on the subject matter of our confidence.

A common result of this principle is, that we constantly do that which we believe we can accomplish, though confessedly difficult; and that we constantly fail of effecting that, however easy, about which we are desponding, and simply because we are *so despondying*. We digest that which we eat with relish and confidence; we get indigestion from that which we eat with fear and apprehension. There is no medical man who has not observed the increased benefit arising to his patient from the medical means employed, when that patient pursues those means with unbounded confidence; and who has not experienced the impossibility of getting on with those whose minds have been set afloat by doubt—by the suggestions of friends—by the unguarded vacillation of the doctor—by questioning the utility of present plans, or by apprehension of any kind. Hence it happens to those patients whose confidence has been exhausted in their own rational medical man, that they throw themselves with unbounded practical credulity into the hands of those who will condescend to more of mystery,—who will reason less and promise more. The unblushing pretender who thinks of nothing but his own interest, and with whom the end will sanctify the means, will be sure of success in such a case, over the honest man of science, because he can promise largely and risks nothing by failure. The instances of credulous success are loudly bruited,—the 10,000-to-1 instances of failure are buried in the grave, and hidden from the sight, as if they had never been. And therefore it is, that so long as we have weak and credulous patients, and so long as we have cases of long-standing malady, and irritable nerves, and exhausted patience, so long shall we find it impossible to control the disposition to encourage quackery by the public, through any legislative enactment.

Here let me ask, do not many worthy and excellent medical men avail themselves of this principle beyond its just and legitimate influence? So long as they cultivate the principle by inspiring the confidence of their patients, through diligent cultivation of the means of professional improvement, both practical and literary;—so long as they are known to be men of deep research, and accurate and unprejudiced observation;—so long as they have a character for promptitude and decision in their measures, and skilfulness in the application of their means to the severest emergencies of daily difficulty;—so long as they are acknowledged to be men of good common sense, and always capable of giving a reason for any requirements which they may make;—so long as they maintain a reputation for veracity and honesty, and transparency of purpose;—so long as they are known to be men of upright conduct, and are remarkable for kindness of heart, benevolence of feeling and real active sympathy with the miseries of their fellow creatures;—so long as it is obvious, that though they must live by their profession, yet that their *first object is to do good*, and that they are always ready to join in every attempt to supply every want, *moral* as well as *physical*; and that from having lived much in the world with an intuitive perception which none but a medical man can possess,—and that from having brought their knowledge of man and his perversities, to the study of man and his morbid conditions,—and from having done so, with views enlarged by general knowledge, and softened by kindliness of disposition, they have acquired a certain superior degree of tact in his management;—so long will the influence over the patient be legitimate, whose confidence will be well placed, and whose repose will be securely rivetted on the assurance that his medical friend will not deal in promises beyond what there is a reasonable prospect of fulfilling.

But when the professional man seeks to establish his claims to confidence on less transparent grounds,—when he enwraps himself in mystery, and purposely mystifies for the sake of beclouding his patient,—or when he undervalues the means of art, and proclaims the omnipotence of nature, guided by his regimenal views,—or when he arrogates to himself a knowledge superior to others, and a power to relieve inherent in himself;—when he strangely undervalues the opinions and judgment of his compeers, in order to exalt his own conceptions;—or when he makes up for his ignorance of general, scientific, and professional literature by confident assertion,—when he unworthily condescends to act upon the agitated mind of the invalid, to deliver a fearful prognosis in order to enhance his skill if the patient recover, and to secure for himself a safe retreat, if the issue of the case be unfortunate,—when he seeks to exalt himself by the history of his own cures, and to abuse his patient's mind with fictitious or exaggerated narratives,—when he stoops to give up his own opinion, or rather to possess none, but to take the shape and mould of those with whom he is associated,—when he condescends to convey false notions of present right and wrong, and false views of religion, only to pacify and please on the one hand, or to excite fears and to promote influence on the other,—and finally, when he gives too good, or too unfavourable a view of a case, in order to maintain his own influence, then is that influence illegitimate,—then is he deeply guilty of mental empiricism.

These general views will naturally introduce a very few remarks on the various forms assumed by this deeply-rooted and widely-spreading disease, the first and most frequent of which will be found in the routine practitioner.

There is in the human mind a love of ease and

indolence which it is very difficult to supersede; it delights to revel in the luxurious listlessness of aught which will save it from the trouble of thought, and therefore it is so much easier to prescribe the same form of medicine for measles, or scarlatina, or typhus, without reference to the peculiarity of constitution, or season, or type of malady, and a thousand other modifying circumstances, than it is to notice the peculiarities of each individual case,—the temperament in which it occurs,—the relative degree in which the several tissues are disordered, and the products of secretion are changed,—the amount of general and local irritation,—the primary disturbance of the system, and the direct and indirect influence of this disturbance upon other organs and functions of the body;—in fact to trace back symptoms to their causes,—to estimate their relative importance and probable influence,—to weigh the effect of remedies already exhibited,—to reason out the indications arising from all these, and many other contingencies,—and then to prescribe for the *individual* efficiently, that we cannot be surprised at the ordinary result. Nothing short of an enthusiastic love for our profession,—a deep sense of the moral obligation to exert our best energies on its behalf,—an accurate estimate of the value of human life, and of the responsibility involved in the care of its preservation,—and a conviction that we are pursuing the good of our patients—not *our own good*—can save us from falling into this form of empiricism, or can enable us to exercise the habits of observation, discrimination, and ratiocination, which will alone preserve us from the engulphing vortex of routinism.

A second form of professional empiricism is to be found in the inert practitioner. The same causes are operating as in the former case, only they are producing a different result, probably according to the constitutional tendencies of the individual so practising. It is exhibited in the method of treating disease, and perhaps in this respect it may be less dangerous than some other forms of quackery, because it leaves more to the agency of nature, and her agency, when neither excessive nor defective, nor misdirected, is essentially conservative. The inert empiric gives himself little trouble in the investigation of malady; he prescribes some very trifle, gives what will do no harm if it effect no good, and under the worst of circumstances quiets his conscience by the reflection that he at least has not destroyed his patient. But this is a fatal mistake—the deep prejudice of lethargic indolence! For the moral prohibition "thou shalt not kill," involves within its meaning the active zealous employment of every possible means for the preservation of life and health, and he who suffers his patient to die from want of activity in his treatment, is as deeply guilty as if he destroyed him by ignorant and erroneous activity; in the one case death is occasioned by withholding the means of recovery, in the other by the administration of ill-timed remedies. Now, this inertness generally arises from scepticism as to the efficacy of medicine, and this doubt leaves the prescriber in so uncomfortable a state, as to paralyse his energies, and to place him spell-bound within a magic circle of listless indifference and hopelessness, having its prototype in the other forms of scepticism, all originating from one common centre,—viz., the want of an *unprejudiced mind*, and the absence of intelligent investigation, with a desire after the conviction of truth.

The incarnation of a third form of professional empiricism is to be found in what is designated the *elegant prescriber*. The real object to be accomplished is entirely lost sight of in the design of directing what will be agreeable to the patient, and the efficacy of the medicine is subordinate to the gracefulness of the *vehicle*.

Another and a frequent mode of empiricism consists in taking partial and even exclusive views of disease. A favorite hypothesis is selected, and facts, and circumstances, and symptoms are so distorted, as to be perverted towards its support. This form of quackery is generally found in combination with splendid talent; indeed it requires the employment of talent to sophisticate truth to such an extent as to give currency to propositions so monstrous! And yet so it is, some favorite organ is fixed upon as being the the source of all imaginable ills, and to it, primarily or secondarily, are referred all the morbid actions of disordered health. In the history of this exclusive pathology, the stomach, the liver, the heart, the brain, the kidney, have all possessed, even within our own recollection, their respective idolatrous votaries, and that, too, among the master-minds of our profession. But they were master-minds over others most perniciously, inasmuch as they imbued the young, the inexperienced, and the unthinking, with most mischievous prejudices; yet they were not master-minds to themselves, inasmuch as they allowed their judgment to be warped by exclusive, narrow, and injurious views—injurious even in their own hands, and destructive in the hands of others who had not the power to discriminate their weaknesses from their brilliance.

Again, the professional empiric is frequently to be found among two very opposite classes,—viz., the semeiologists and the pathologists; the first prescribing only for symptoms, without giving himself the trouble to inquire after the organic causes of those symptoms, almost always, if not always, dependent upon the functional disorder of some one organ of interior life; the second going equally wrong in the opposite direction, exhausting his energies in the vain endeavour to ascertain the precise pathological condition of the disturbed organ, and forgetting the constitutional irritation which is going on, the particular nature of that constitution, its modifying influence upon every local morbid action, and the thousand other circumstances, both extrinsic and intrinsic, which should be brought to bear upon its maladies, and both going wrong in this one particular,—viz., that they have prescribed without due consideration, without the knowledge they might have attained, and therefore empirically.

The love of novelty may be stated as another of the hydra-heads of empiricism. Almost every week—certainly every year—furnishes us with some new method of cure, some new remedy, or some novel application of an old one; and by many these novelties

are taken up, because they are new, with all the ardor of a first love, to be pursued for a time with undiminished attachment, but to be followed, ere long, by disappointment and neglect. Hence it often happens, that that which has been extravagantly extolled, is as unjustly decried, and the real benefit to mankind is frequently lost between the ultra zeal of inordinate attachment, and the cold disdain and frigid indifference which arise from the discovery that such attachment has been misplaced.

Fashionable medicine may be noticed as another empirical product. There are revolutions in medicine which may be termed fashions, and it is the subjection of the understanding to such changes, which it is so difficult to avoid, and which is here so particularly stigmatized. For example, with regard to venesection, we have lived long enough to hear the lancet banned as "that minute instrument of mighty mischief," and extolled as a sovereign remedial agent in almost all kinds and stages of malady, and we have lived to see the successive rise and fall of hypotheses, in which the necessity of bleeding by pounds rather than by ounces has given place to the importance of not abstracting the vital fluid at all, or at all events, in the most niggard quantities; and again, we have witnessed the resuscitation and decline of these antipodes. Happy, indeed, if we ourselves have escaped the trammels of these conflicting errors, and have been enabled to adopt that *just milieu* which it is so difficult to preserve. At the present period, we have been witnessing for some years past, the decline of that heroic system of treatment for which our country has been famous. Our practice in this respect has been miserably extravagant. Re-action was certain of taking place; and so it has been gradually cooling down, till we now witness the rising of another —the study of the natural history of disease—an old acquaintance with a new name; nothing more or less than a revival of "la Médecine expectante," which we venture to predict will be no improvement upon its predecessor; but which will have its fashionable hour, will be only a little less mischievous than the heroic system it supplants, and after inflicting its customary measure of evil, and administered to the glorification of its early patrons and advocates, and disappointed its disciples, and destroyed a moderate portion of human life, will sink into oblivion, and give way to some newer hypothesis, or, possibly, leave behind it traces of rational medicine to enable our successors to advance the healing art some real steps towards practical improvement. Would that we could rely with any confidence upon such a prospect! But we see no signs of such improvement in the cultivation of the human intellect to justify such a confidence.

One other form of professional empiricism is to be found in the adoption, and almost universal application of some *favorite remedy*. Perhaps this remedy shall be a very important agent when rightly and duly administered; and the evil consists, not in the insufficiency of the remedy, but in its almost universal application. This is an error into which enthusiastic genius is very apt to fall; it is delighted with the apparently miraculous effects of the medicine in some cases, and by degrees it extends this agency to other cases, which possess nothing in common with the former, and which, therefore, cannot be benefited, but are in reality *excluded* from the benefit which ought to be derived from a more appropriate treatment. The empirical employment of carbonate of iron—of hydrocyanic acid—of quinine—of cold water—and of various other remedies, will suggest frequent exhibitions of this mode of quackery.

Such then, may be stated as a sketch of the pathology of professional empiricism, and it is doubtful whether any one can plead *exemption—entire exemption* from some infusion of one or other of these evils; some of them arising, as they decidedly do, from the excess of good action and good feeling; yet, be it remembered, that the excess of good is a caricature of evil!

Nor is it wonderful that such should be the case, for we are placed in situations where the demand upon our powers is very great, and the smiles of an approving conscience almost our only reward;—where the public is exacting upon our time, and niggard in its recompense;—and where, therefore, there is great danger lest we fall into *routine* from the positive exhaustion of physical energy, and the listessness produced by unrequited toil! Some have been forced into the profession with total disinclination for its scientific pursuits or its practical details, and therefore become *inert* in action, averse from study, and sceptical in theory. Others have contemplated the injustice of the world, have seen successful manner, and unsuccessful talent, and having no very high idea of medicine, and a most imperious necessity for the means of subsistence, have sought to secure the latter object, by pleasing rather than by benefiting their patients. Others, with the versatility of genius, have so devoted themselves for a time to one particular form of malady, that the idea had become exclusive—they can distinguish nothing but their favorite hypothesis, and they have become veritable monomaniacs! Others, again, are so completely influenced by novelty, that to be new is a sufficient attraction to their minds, and an adequate passport to being accepted as true—to being dearly cherished and highly prized, till the zest has worn off by time, and it is then thrown away as a thing of nought;—while others possess minds so open to fashionable impression, or so easily moulded by favorite hypotheses, or so engrosssed by favorite medicines, that they yield the solid acquirements of talent, and the native inspirations of genius, and lie immolated upon the altar of *fashion*.

And what are the appropriate remedies for these evils? for the knowledge of a disease is more than half its cure, and the only use of rendering prominent these infirmities is, that we might aid in the restoration of the sufferers?

The essential character of all these modes of empiricism consists in a want of the due employment of the reasoning powers, and therefore the appropriate means of cure are to be found in habits of greater self-denial,—of more accurate observation,—of more devoted thought,—of more logical reasoning,—of more enlarged views,—more defined indications,—more solid

judgment,—juster conclusions,—more untiring zeal,—more extensive information,—greater circumspection,—more accurate discrimination, and greater love for the scientific pursuits, and practical duties of every-day life.

A REPLY TO DR. OGIER WARD, RELATIVE TO THE DISEASE, SPASMA GLOTTIDIS.

By John Richard Wardell, M.D., Edin.

"Nonnunquam etiam errorem creat similitudo."—*Cicero.*

"This opinion of his principles (the person who has taken his principles from doubtful propositions,)—let them be what they will—being once established in any one's mind, it is easy to be imagined what reception any proposition shall find, how clearly so ever proved, that shall invalidate their authority, or at all thwart with these internal oracles; whereas the grossest absurdities and improbabilities, being but agreeable to such principles, go down glibly and are easily digested."—*Locke's Essay on the Understanding.*

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,—Since my removal to London, a multiplicity of circumstances have precluded the possibility of any attention being paid to literary concerns, and indeed it was not till last evening that I perused Dr. Ward's paper published in this Journal on the 22nd March, or I should previously have replied to his communication. I now, Sir, however, ask the indulgence of your columns, and beg respectfully in a brief manner to notice certain points in Dr. Ward's paper, in which he specially enlarges upon the doctrines set forth, relative to this affection, by myself, when commenting upon the cases published some months ago. It may here be briefly observed, that after carefully reading over Dr. Ward's paper, the drift of the argument which the writer endeavours, (but I humbly think unsuccessfully) to set forth, is that these cases of my own, to which reference has just been made, as well as similar examples, that subsequently to these appeared in the medical periodicals, were not illustrations of a spasmodic affection, but veritable instances of inflammatory disease,—in other words, of acute laryngitis: this then is the *quæstio vexata.*

"*In my last communication of an obscure case of sudden death, with enlarged thymus,*" says Dr. Ward, "*I alluded to some cases of laryngeal affection, lately published in the* 'Provincial Medical and Surgical Journal,' *by Dr. Wardell, respecting the nature of which I differed from the author; and I stated my intention to return to the subject at a future period, and to describe a case which had recently fallen under my observation, which seemed to me, though identical in its symptoms with Dr. Wardell's alleged cases of spasm of the glottis, to be* PURELY INFLAMMATORY." This case which Dr. Ward goes on to describe, is in the instance of a young woman, precisely the cases in which we observe, most frequently, anomalous hysteria—spasmodic attacks. When Dr. Ward first saw her she was in a semi-recumbent posture, with tumid face, bright and prominent eyes, distended nostrils, gasping for breath, and exclaiming in a whisper she was choking; she threw her arms about, the breathing was stridulous—indeed there were all the manifest symptoms of approaching asphyxia, from, of course, partial occlusion of the glottis, which symptoms *suddenly* came on at four o'clock p.m. Now, Sir, would it be reasonable to suppose—would it be consistent with the views of one but little conversant with pathological and physiological enquiries, to conclude that this immediate seizure at four, p.m., this sudden pain and rigidity in the larynx, were the results but of inflammation? Certainly it must at once be conceded that the inflammatory phenomena never supervene so momentarily. The dyspnœa, the danger, became more and more urgent and obvious; Dr. Ward was afraid to leave her for more than a few minutes, and determined upon laryngotomy. He returns, the patient swallows with much difficulty, so much so as if she had quinsy,—the throat is examined, but *no traces of inflammation are discoverable*, a small quantity of alum is blown into the throat, the patient coughs, a clearer voice is momentarily produced, the breathing at once becomes freer, and the respirations and pulse directly fall thirty per minute! Can Dr. Ward, Sir, or any of your readers seriously affirm, that inflammation, undisputed veritable inflammation, would, under any circumstanstances,—by any agent,—in any organ,—in any tissue, in so sudden, so precipitate a manner supervene, and by the application of a little powdered alum, (this asserted therapeutic action of which I was certainly before ignorant,) be as speedily dispersed?—and could it for a moment be doubted that these were spasmodic and not inflammatory symptoms? Had Dr. Ward, immediately on witnessing this case, (manifestly labouring under partial closure of the glottideal chink,) but rotated his finger freely in the throat, and thus produced a fit of coughing or the efforts to vomit, there is not the least doubt that such expedient would have been followed by as speedy a relief as that which succeeded the alum, for had not the coughing taken place, I fear the employment of the agent would have been inoperative. It has long since been known, and if Dr. Ward will but consult the various writers on the subject he will find it recorded, that the induction of coughing and efforts to vomit, during these dyspnœal paroxysms are highly desirable, they produce relaxation of the muscles proper to the larynx, the air is then freely admitted, and the patient speedily relieved, as in the manner described by Dr. Ward in his example. He also tells us that as soon as the vomiting came on, she was out of danger, (had this vomiting with such celerity reduced the inflammation?) and soon afterwards the countenance became so natural—so free from congestion, that Dr. Ward at his next visit, almost failed to recognize his patient, which forsooth Dr. Ward termed the "subsidence of the fever!" The facial congestion, the prominent eyes, the distended nostrils mentioned in the case, of course resulted from pulmonary obstruction. The author then proceeds to comment upon the case, recounts the symptoms, the sudden affection of the larynx, dyspnœa, loss of voice, stridulous breathing, etc., "*clearly indicative,*" observes he, "*of physical obstruction to the passage of the*

air, while her own description of feeling a thing like a heart at the back of the throat, yet INVISIBLE ON INSPECTION, *points clearly to the epiglottis as the part she meant.*" It is not for a moment doubted that there was physical obstruction, but was this organic or spasmodic—that is the question? If it had been inflammatory enlargement, surely some increased degree of redness would have been observable on the examination of the throat. It may readily be imagined after so severe an attack, such considerable rigidity, such capillary obstruction, as must for the time have been caused in the soft coverings of the parts in question, that a slight degree of swelling would result, which, together perhaps with the functions of the parts not having entirely recovered themselves,—that is, the entire subsidence of the spasm, might give that peculiar feeling spoken of by the patient. But was this heart-like body present before the paroxysm—did she mention this enlargement as it was considered before?

"*It may, however, be objected, that the speedy relief induced by the insufflation of the alum is inconsistent with the removal of an inflammatory deposit such as œdema.*" Certainly it may, and with very plausible reason, as it must appear self-evident, that neither alum nor any other remedy with which we are acquainted possesses such wonderful—such magic properties. From the remote time of Celsus, *heat, redness, pain and swelling*, have been the great pathognomonics of the inflammatory state. Inflammation, properly so called, is a process of change, gradually induced in the ultimate structure of the parts; there is congestion of the capillaries, then comes their inordinate expansion, vascular obstruction of the larger vessels of the organ or tissue, effusion of serum into the interstitial cellular tissue—hence swelling—and how is this swelling removed when it spontaneously disperses as in a case of œdema of the glottis?—is it not by absorption—that slow and gradual process which amongst others nature institutes to work her own cure? It would indeed be difficult to reconcile us to the idea that powdered alum, blown on the surface of a part, would so speedily check the progress of these phenomena—remove instanter their results. By a parity of reasoning Dr. Ward speaks of the inflammation of the eye-lids producing œdema, and of the celerity of its declension. Various applications, used to these parts, we are aware, soon remove inflammatory vascularity, by of course constringing the minute vessels, and alum possesses this property; but such is not effected momentarily, and the swelling in these instances must be removed by absorption—a process as we have said, that is gradually performed. Œdematous enlargements in soft parts, as in mucous and cellular membranes, will of course much more readily subside than in more dense tissues, yet they will not disappear, in that summary manner, which they ought to do, for Dr. Ward's doctrine to be at all tenable.

"*I come to no other conclusion than that the above was a case of acute laryngitis, with œdema of the glottis and epiglottis.*" From what has been said,—from the very inconvenient facts related in the case, and which indisputably rather tend to an opposite way of thinking,—from a recollection of the momentary supervention, and the instantaneous relief,—the celerity with which the symptoms disappeared,—the kind of individual in whom the affection occurred,—the non-visibility of any inflammation in the throat when examined,—and, indeed, on a general review of the case, the cited opinion becomes exceedingly problematical, and is a very sweeping one, to which many other impartial judges would not subscribe. Dr. Ward has made this assertion, and without doubt from a self-conviction of its truth, but with others it appears to want the corroboration of incontestible proof, which is certainly not supplied by his history and treatment of the case.

"*Dr. Wardell sets out by stating that 'these cases are not published as presenting features of very great rarity;'—'that spasm of the glottis is but occasionally met with in adults;'—'nor was it until of late years fully understood.'*" In further explanation here I may say that, when I looked over the series of cases, which the Editor of this Journal has done and is doing me the honour to publish, I was conscious that none of them were *very* uncommon examples of disease, which some writers erroneously imagine are alone worthy of being recorded, like as we sometimes see students give the greatest importance to witnessing a grand operation which during their whole lives they may never be called upon to perform, whilst many other interesting specimens of disease, and which they may be called on now and then to treat, are unheedingly passed by. They were not published with an idea of the fallaciously conceived merit of extreme infrequency, but as examples, the pathology and treatment of which are not so satisfactorily established as of many other complaints, and reasoning from the diversity of opinion which have called forth these remarks, the affection by whatever name we may please to call it, is not ineligible for being placed in a permanent form.

"*That such cases are not very rare we may judge from the numbers that have recently been published in the medical journals since Dr. Wardell has turned his attention towards them.*" Now, Sir, I opine that a disease may, in the general acceptation of the term, be *rare*, notwithstanding that several instances may be supplied from individuals who have perhaps passed a long life in practice, and over the populous districts of this country, where, happily now, the journals of the day find their way into the remotest parts;—I repeat a disease may be rare, though several examples are supplied out of thousands of practitioners, and from millions of population. Let Dr. Ward, or any of those who may chance to peruse this letter, but ask themselves how many cases have occurred to themselves, and the answer must be in a paucity of number; have they met with one even in two years—in three years—in five years?—however, generally speaking, it is an uncommon affection in the adult.

"*I would beg to be informed where we can meet with published cases of pure uncomplicated spasm of the glottis in the adult, as I have not been able during an extensive research, especially directed to this subject, to meet with a single instance.*" Sir Henry Marsh has written upon the disease; and if Dr. Ward will refer to the "Encyclopædia of Practical Medicine," he will be enabled to find instances. Dr. Locock, "On the Nervous

Diseases of Women," mentions an example; and my friend Dr. Browning Smith, of Kensington, has favoured me with an indisputed case, and on discussing the point with that gentleman, from whose talent for observation and extensive practice I have the greatest confidence in his opinion, Dr. Smith was decidedly convinced that you may have pure uncomplicated spasm. Let me cite the Doctor's case:—

"November 8th, 1847. At half-past six in the morning I was called to Earl's Court, Brompton, to see a lad, aged 15, who was reported to be dangerously ill; the bearer of the message said 'they thought it was croup.' I hurried off immediately. On arrival, the breathing was laborious to an alarming degree, and each inspiration performed with a crowing sound, so extremely difficult was the function carried on, that there was evidently some risk of suffocation; the countenance was red and flushed; eyes starting and ejected; pulse quick; and the greatest suffering depicted in the face. Each paroxysm continued for more than a minute, when there was an intermission, but during these intervals the breathing was still performed with great pain, and the stridulous noise was still audible. They had given him brandy, because in two or three similar attacks which he had had during his life, ardent spirits had been at once followed by relief; this time, however, the brandy had not the desired effect, while the symptoms assumed a graver character, when they hurried off for medical advice. I gave him immediately a large dose of sulphate of zinc, which readily produced vomiting, and as soon as ever retching was produced, the breathing was at once and permanently relieved. In the evening when I called he was well, prosecuting his ordinary occupation, and required no further attention."

"I may here observe," continues Dr. Smith, "that about this time, rather remarkable to say, I saw three cases of that dangerous disease, (acute laryngitis,) all in adults, in each the symptoms came on *gradually*; it was *by degrees*, not all at once, that the disease assumed its alarming characteristics. In the first instance the disease had proceeded to some extent before the patient sought advice, and this person died. The breathing was not so very much—not so paroxysmally affected, as it was in the case of spasma glottidis above-mentioned; the voice became husky, no loud crowing sound when breathing, but occasional paroxysms of dyspnœa, and the patient by degrees sank from an asphyxial condition of the lungs. In the second case pretty similar symptoms were manifest, but in less degree of intensity, and the individual recovered. The third case went on, in despite of every endeavour, to a fatal termination. I managed to obtain an examination of the throat, (I ought to have observed above, that as a last resource I performed tracheotomy,) when effusion of pus, and a distinct false membrane, were abundantly discoverable, as also an œdematous condition of the whole of the lining membrane of the larynx. In my own person some years ago I was subject to spasm of the glottis, and thus singularly enough happen to have experienced the disease myself. I was very properly treated by stimulants and antispasmodics."

Before proceeding further, was not the example of the lad of Earl's Court, beyond the shadow of doubt one of spasm of the glottis?—could a better example be given of it in a "pure and an uncomplicated state?" Could any one for a moment have deemed this inflammation? Compare then, Sir, the cases of indisputed inflammation of the larynx with that—where the symptoms *gradually progressed*—in which there were paroxysms of dyspnœa, but no loud trumpetty crowing,—in which the real danger was greater than the symptoms seemed alarming, and we are compelled to acknowledge there *was* a difference, and this consisted in the difference between inflammation and spasm. As an argument like the present, which has been thought to admit of dispute, cannot be too strongly maintained, I may here briefly cite an instance that now occurs to my recollection of a patient in Edinburgh, under the care of the late Professor Graham, during the time that I was physician's assistant in the hospital. One Sunday just before the visit at noon, the nurse ran, in a state of considerable excitement, to one of the clerks, saying that one of the convalescents from fever was dying. Before I arrived one of the other gentlemen was in attendance, and when I reached the ward the patient was still labouring under a frightful attack of spasmodic breathing; was crimson in the face, (not from inflammatory fever;) the eyes were starting; the pulse considerably accelerated; and he seemed as if about to suffocate. Aapplications externally, and a large dose of æther, soon removed the symptoms.

"*There are numerous cases of dyspnœa, spasmodic asthma, and angina pectoris in our medical records, and every man of experience can doubtless add to their number from his own practice; but pure spasm of the glottis is not met with in adults in England, whatever may be the case in the north.*" Dyspnœa may arise from many causes, and is, properly speaking, but the symptom of diseased conditions, and not the conditions themselves. In spasmodic asthma the affection is located in the bronchi, not in the larynx, and if the stethoscope is applied to the lateral aspect of the larynx, the peculiar sound, as of air rushing as if through a narrowed aperture, is not heard. Angina pectoris is a disease of the heart or its great vessels—not of the throat. That pure spasm of the glottis *is* met with in England, the cases of Drs. Laycock and Smith, as well as those of Messrs. Gorringe and Alford, and in my own humble opinion those recorded by myself, attest.

Dr. Ward proceeds by making condensed observations on the two cases which have given rise to this letter. In the case of the girl Cooper, as mentioned in the history of her affection, cold and wet were undoubtedly exciting causes, and they are calculated to be so in the spasmodic affections of other parts as well as the throat; nor is it inconsistent with, nor does it at all militate against, the doctrine now endeavoured to be maintained that they should. Mr. Gorringe, Surgeon to the Cornwall Infirmary, (to whom I have above incidentally alluded,) after the appearance of my own, sent a case, as he thought, "fully corroborative of the remarks" which I had offered, and if Dr. Ward will have the kindness to refer to the example given by Mr. Gorringe, he will find that Caroline Sampson's attack

"came on suddenly, accompanied with a crowing noise, and dreadful sense of suffocation." Mr. Alford, of Tewksbury, who reported the other illustration confirmative of the views taken, is particular in noticing the suddenness of its supervention. "October 15th. This morning at six o'clock I was called in great haste to him," says Mr. Alford. "His friends informed me *he was very well until just before they sent.* He had not been to bed, but stayed up all night with them previously to his going to his place as a servant, and just as he was leaving the house with his bundle, *he suddenly complained of difficulty of breathing, and was taken 'in a fit!'*" The question before asked is now made in repetition, did the illness of either come on like inflammation? The latter was, we see, in the person of a healthy farm-servant, who was momentarily seized when with his bundle on his back he had left to repair to his new situation. Who ever heard of acute laryngitis without any pulmonary symptoms,—without any warning, coming on like a fit? And to what physiological and pathological principles can Dr. Ward possibly have recourse, in his maintenance of the inflammatory theory.

My opponent in opinion mentions bloodletting which was had recourse to in the treatment of Esther Cooper. I may here say that I did not see the patient in her first paroxysm; nor do I say that I should have bled her, as in the subsequent attacks, which were as violent as the first, the induction of efforts to vomit readily restored the inspirations. Mr. Cole, however, with a fearless and active decision, when he saw the imminence of her situation, resolved to overcome the rigidity by a free use of the lancet—the most potent and effectual of all methods in the induction of speedy relaxation. It is a fact, demonstrated in the practice of medicine, and an unwelcome fact, that the proofs of practice are often at varience with plausible theory and refined speculation, and thus often in our most certain anticipations we are doomed to disappointment. An eminent Professor here observed to me the other day, that if we endeavour to account for all the phenomena of disease, and the means by which they are cured, we shall often be perplexed and at fault. We do not at *all* times bleed with a view to the existence of inflammation; the use of the lancet is not ever the sign and symbol of that diseased condition. If reference is now made to the remarks offered relative to Martha C——, it will be seen that under a consciousness of the non-existence of inflammation, I freely bled her, and thus when large, very large, doses of opium and other antispasmodics had failed, overcame the rigidity. As to the boy John P——, Dr. Ward either mistakes or there is a misprint—not eleven days, but two days intervened between his hoarseness and his seizure, and mind in this interval he was well, and pursued his wonted occupations. I bled him, but with a reference to the lungs, to restore those organs to their function, decreasing the congestion, and thus at the same time relieving the tightness complained of in the thorax, and the blood which first flowed as mentioned was thick and tarry from non-aeration. Still touching upon this lad, Dr. Ward says:—"*It (the spasm,) afterwards returned with violence, and was attended with convulsive movement of the limbs, and hard accelerated pulse, the patient being an epileptic subject.*" The returning with violence was of course characteristic of a spasmodic disease; we do not observe the pain and disorder produced by spasm, remain at one degree of intensity—nor is it continuous; indeed I have always been led to form my diagnosis of these respective diseases, chiefly by the steady, less urgent, but persistent pain of the one, and the paroxysmal intense pain of the other; hence these returns corroborate the opinion entertained that it was spasm. As to the convulsive agitation of the limbs, we are aware that impeded circulation in the encephalic mass, the pressure thus produced upon the central organs, the baneful effects which an impure instead of a healthy arterial blood circulating in the system must produce on the nervous system, are conditions highly predisposing to convulsive action; and most of all, the *pressure* thus given rise to in the brain, the rationale of which I have endeavoured to give in the observations, appended to case No. III. of the series. As to the excitement of the pulse, was it not sure to rise under the oppressed action of the heart, the great and laborious fatigue induced by the difficulty of breathing? Certainly, it could not be otherwise, and as soon as ever breathing was restored and the heart's action rendered freer, the pulse became more natural; and in Dr. Ward's own case, even so sudden was the relief and change in its frequency, that it actually fell thirty beats in the minute. Lastly, may concisely be noticed, the question—was it epilepsy? Dr. Ward must recollect that foaming at the mouth, convulsive twitching of the face, complete loss of intelligence and total insensibility are the pathognomonics of epilepsy, but in neither of my own cases, nor in any of the others here mentioned, were such to be noticed. The girl Cooper, had never had any description of fit during her existence, and the boy whom I saw previously, in an epileptic fit, was then differently affected. He fell down suddenly, had foaming, twitching of the face, eversion of the eyes, was quite sensible, had no croupy breathing; in the attack of spasm he was not struck down, nor were there any of the cardinal symptoms of epilepsy.

"*Now, in regard to these cases, both of which were attended with febrile symptoms at the outset, &c.*" We cannot, with any fair show of reason, as above insisted, say, that because there was flushing of the face, prominence of the eyes, an excited circulation, produced by the conditions of obstructed circulation, and the fatigue and excitement given rise to by such state,—the closure of the glottis,—that they were anything more than of a transient character. The history of the case, the crowing respiration, a review of the symptoms generally, ought, without doubt, to have led to the correct decision.

"*Dr. Wardell must be aware that true spasm or closure of the glottis, from whatever cause, cannot continue for more than a few seconds, without being followed by death.*" Such statement is self-evident as ever was Euclidean proposition. Without doubt, perfect closure of the glottideal fissure by spasm, if continued, would kill with as unerring certainty as if the patient were bow-strung, or suspended by a cord. Dr. Ward

cannot for a moment suppose that the chink was entirely—wholly—closed; of course, when speaking on the question, it is presumed there was slight room for ingress of air, or how does that gentleman account for the crowing? does not such result from a narrowed aperture, or are we given, by the foregoing quotation, to understand there was no space left for the admission of air at all? Surely this cannot be the doctor's meaning! Any further observation on this part of the question would indeed be superfluous.

"*It would have been better had he imitated the reserve of that excellent pathologist, Dr. Copland, who does not admit any disease under that name in his Dictionary of Medicine.*" It would indeed have been utter presumption on my part to have given a nosological term to a disease which Dr. Copland could not satisfactorily do. From this it would appear, that Dr. Ward is not aware the affection has long since been written upon under that appellation. I certainly lay no claim to the honour of thus naming it, and if the writer of the objections to the term will but turn to the head in the "Encyclopœdia of Practical Medicine," he will there find it so called. One cannot but respect Dr. Ward's reverence for great names—for great book-makers; and the *ipse dixit* of one who has written so voluminously as Dr. Copland, without dispute, meets profound attention; yet, notwithstanding, we are not always to be dissuaded from giving evidence to ocular facts,—to things entertained as true from downright conviction, because lettered celebrity may have been of another way of thinking; for even the most accurate inquirers are not infallible in their conclusions. We are not always to put implicit confidence in an opinion merely because it is the general notion, and has the warrant of ancient usage; if so, many sophistries, long exploded, would have now remained to fetter the progress of science;—then Bacon had never pointed to posterity the path to truth; Galileo had not dared to question the doctrines of ancient sages, nor Newton presumed to overthrow the Cartesian philosophy. Have not recent years and mediocral men shown, that the great Cullen, who has been justly ranked amongst those who are accounted the most eminent benefactors of our race,—have they not shown that his theoretically well arranged nosology is not always consistent with nature? It is this dispute about words which has so often led to error, and it would be well to remember the aphorism of Quintilian, "*res non verbis in quæso*;" and the saying of the renowned lexicographer, Johnson, that "human experience is the great test of truth."

"*Dr. Wardell has failed in his endeavour to prove the existence of any hysterical affection in either case, in support of the spasmodic character of the attacks.*" When it is considered that the girl Cooper was a young female of chlorotic appearance,—that the catamenia had not been regular,—that the boy was about puberty,—that hysteria does at times appear in the male at that time of life,—that between the affections of the two there was a decided similarity,—that of all other diseases, hysteria is the most Protean,—and that hysteria is avowedly morbid change in the nervous system, to which system we alone refer spasmodic diseases, the opinion cannot be deemed as wholly untenable. In Mr. Gorringe's case, and in that of Martha C——, both were chlorotic patients, and of course highly predisposed to anormal nervous affections.

"*I cannot but object to these cases being brought forward as instances of it, particularly as they have led to the publication of similar ones by other parties, to which the above remarks are equally applicable.*" Such are the words of the writer in his terminating remarks, yet before concluding, I would ask Dr. Ward if, on a calm and deliberate review of the question, he can seriously persist in the opinion which he has made an essay to maintain,—if he have satisfactorily proved that spasma glottidis is either a *mis-nomer*, or a term inconsistent with the phenomena of the disease, and that the complaint instead of being a nervous disease, is one of veritable inflammation? In repetition, I will again ask, how does he mean to explain away the suddenness of the supervention and decline. Taking his own ground upon which he stands—his own case—how was it that example (the history of which he has given,) with such celerity was affected, and with such magic suddenness was relieved? Is an inflammatory disease ever, under any circumstances, in any part—any organ, any tissue, thus momentarily developed and momentarily dispersed? If alum or any other remedy could thus instanter remove swelling, in fact drive away, as if by the enchanter's rod, the inflammatory state and the inflammatory results, could this removal of enlargement be, as before enquired, by acting upon the absorbents proper to the part or parts in question? how did it produce the desired—the ready effect?—and did this change, of wondrous celerity, from even suffocation to easy breathing—this restoration of voice—return from peril, the contemplated need of tracheotomy, to safety—the lowering of the pulse,—I would ask, I repeat, if these facts, when reflected upon, without favour or bias to one or other mode of thinking, divested of pre-supposition or pre-conceived theory, would they incline to the notion of acute laryngitis? If the disease were one of the inflammatory order would the stimulant, the brandy, the antispasmodic treatment which in the cases above mentioned were of such benefit here prove effectual?—would the mere indication of retching and vomiting have in a trice settled effusion? Why, then, need Dr. Ward "object," seeing that the treatment was based upon correct notions of the pathology—I repeat correct—from the above assertions, and the results of the remedies employed—object to doctrines which I humbly think he has signally failed to disprove. Whoever heard of brandy curing laryngitis?—yet the lad mentioned by Dr. Smith was cured by it. I say *cured* in this instance, though it is a term often employed, without the warrant of fact. It might, I think, be "objected," if all entertained the notions of Dr. Ward respecting its pathology; and would *certes* seem very odd to cure acute laryngitis by stimulants—antispasmodics—by brandy and water!

I must apologize, Sir, for having thus replied so much at length, and at the same time must observe that the numerous readers of your valuable pages cannot but feel indebted to Dr. Ward, that he has

enquired into a subject meriting attention; and although I have advanced statements opposed to his views, I have no doubt Dr. Ward has given what was but his conviction, and in the laudable endeavour for the elicitation of truth; nor can such spirit of enquiry become too common, amongst those who practise our difficult art. It is this desire for research—this determination to look into and examine, by which alone false reasoning is to be unveiled, and error detected; and thus prejudices dispersed, nor doubtful propositions taken for principles. The words of a great philosopher may here, in conclusion, be cited, which, with too much truth, often obtain. "The first and firmest ground of probability is the conformity anything has to our own knowledge, especially that part of our knowledge which we have embraced, and continue to look on as principles. These have so great an influence on our opinions, that it is usually by them we judge of truth, and measure probability to that degree, that what is inconsistent with our principles, is so far from passing for probable with us, that it will not be allowed possible."

I am, Sir,

Your obedient servant,

JOHN RICHARD WARDELL.

27, Acacia Road, Regent's Park, London,
May 11th, 1848.

ON THE

MEDICAL AND GENERAL TREATMENT OF LOCAL DISEASES, IN PREFERENCE TO THE TREATMENT BY OPERATION.

By Thomas Hunt, Herne Bay.

In the earlier days of surgery, the dread of "the knife" on the part of the patient, and the timidity of the surgeon—at that period only half an anatomist—presented a more than sufficient check to the undue practice of operative surgery; and if the improved anatomy of modern times has removed one objection, the pain attending the severer operations has, till recently, presented another obstacle to their too frequent performance. That obstacle, however, appears likely to vanish under the very general use of anæsthetic agents, and there now remains no objection to operative surgery, apart from those considerations which regulate all medical treatment,—viz., its disadvantages and dangers, as contrasted with its advantages or necessity. There are indeed many operations, the propriety of which can only be determined by the last-named question,—viz., their urgent necessity. Some of these may be highly dangerous, extensively mutilating, or even doubtful in their results; yet, if they prove the only alternative between life and death, their performance, at some risk, may be justifiable. Other operations may be advantageous and eligible, though not absolutely necessary to life, or even to the recovery of the patient. All these questions are, by the common consent of the profession, referred to what are called the established "principles of surgery." Many of these principles, and much of the practice of modern surgery, together with the views of the nature and treatment of local disease, which prevail in our hospitals and infirmaries, are of *recent origin*. A large proportion of them are regarded as among the improvements of the present century; and as many of the views of the eighteenth century have been exploded in the nineteenth, those of the present day may be destined to yield to the rapid advance of science, and to be exploded in their turn. The principles of surgery are still therefore entitled to veneration, only so long as they can be shown to be founded on the most advanced discoveries of medical science; and as medical science is still in its infancy, (seeing we have yet to learn the nature and phenomena of inflammation, the rudiments both of disease and of recovery,) a calm and practical inquiry into the necessity and propriety of certain operations of daily occurrence, can never be deemed unseasonable or preposterous.

The object of the writer of these remarks is to *promote* such an inquiry among the members of the Association. The facts which he proposes to bring forward will not be adduced in order to support sweeping assertions or dogmatic inferences on his own part; they are rather intended to elicit from the members other facts, either of a similar or contrary tendency, and to invite discussion on a subject which has as yet been treated with perhaps too much tenderness and reserve. It is much to be regretted that those members of the profession in whose hands the operative department is chiefly placed, are not as yet required by law to possess a knowledge of those higher principles of our art on which chiefly the propriety of operations must be decided,—viz., the powers and limits of medical treatment. That many of the "pure" surgeons of the day, as they are called, are well acquainted with pharmacy, medicine, and general therapeutics, is rather a happy accident than a matter of course; yet with these, medicine, often despised, is always regarded as a minor object of study. The physician is seldom called upon to apply the resources of his art to the treatment of local diseases affecting the external organs of the body; and if the general practitioner is required to be instructed in both these departments, it may be said that surgeons are too generally entrusted by the public to determine the propriety of severe operations in the inverse proportion to their *legal* qualifications for so important a function. The result which might be *expected* from this arrangement is, *rashness in operating*. Whether this result has been realized to any serious extent, is a question of momentous import,—a question which must sooner or later undergo a professional scrutiny of a severe and searching character.

The subjects to which this inquiry is applicable are as numerous as they are important; they are dispersed over the entire surface of surgical science, and in their

selection for discussion, regard will be directed to their magnitude in relation to the preservation of life, rather than to the difficulty of their performance.

I. Strangulated Hernia.

The efficiency of a skilful and persevering employment of the taxis, in preference to the division of the stricture by the knife, has already been partially discussed in the pages of the *Provincial Journal*. No less than four correspondents, (none of them novices in surgery,) have by their united testimony made a very trong case against the frequent performance of the operation. It has been demonstrated, as far as demonstration is applicable, that by the taxis alone, conducted on principles based on anatomy and physiology, and continued *for a much longer period than is advised in any standard work of surgery*, a strangulated hernia may be reduced long after the occurrence of symptoms which, in the opinion of the best authorities, would not only indicate the urgent necessity for a division of the stricture, but would interdict all further manipulation of the tumour as a mischievous and hopeless expedient,—as a wanton trifling with the patient's life. And not only has the plan succeeded once by a lucky chance, but in the hands of all the four correspondents above alluded to, *it has never once failed*. As yet no writer in the Journal has ventured to impugn the practice, or to say one word in justification of the prevailing plan of operating in every case presenting trifling difficulties in reduction. The question should not, cannot, rest here. The operation for hernia is full of dangers. Simple and easy in its performance, it too frequently fails to save the patient's life to justify its hasty or indiscriminate adoption. On the other hand, the gentle and patient employment of the taxis is attended by no danger whatever; the force applied to the tumour is regulated by the principle of hydrostatic pressure, and is no more likely to bruise or inflame the contents of the tumour, than pressure upon the projecting membranes of the parturient uterus is liable to bruise the fœtal scalp, surrounded as it is by the protecting liquor amnii. It is, indeed rare, that the pain of a strangulated hernia becomes sensibly increased by a discreet application of pressure to the tumour, even if inflammation has already taken place. All inflamed surfaces are relieved by the steady application of equally diffused pressure. The unduly dilated blood-vessels are supported and sustained, the venous circulation is promoted, and the increased action of the arterial capillaries is checked and confined to definite limits. The fluid contents of a hernia are admirably adapted to regulate and diffuse the pressure from without. Every part of the tumour must receive an equal impulse from any degree of pressure which tends to contract its bulk, and so long as the circulation is going on in the solid portions of the tumour, pressure from without *must take effect upon the veins*, reducing their bulk, and at the same time checking the force of the entrance of blood by the arteries. The wonder is, not that the taxis should succeed occasionally in cases condemned to be operated upon, but that it should *ever fail to reduce a recently-protruded hernia.*

(To be continued.)

EXTRACTION OF A NEEDLE FROM A CHILD UNDER THE INFLUENCE OF CLOROFORM.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,—Presuming that every additional information relating to the practical application of chloroform will be interesting to your readers, I have forwarded the following case for insertion in your Journal, as early as may be convenient.

I am, Sir, your obedient servant,

GEORGE MOORE.

Moreton-in-Marsh, May 24, 1848.

On the 1st instant, at five o'clock, p.m., I was summoned to a child of this town named Wright, aged two years, who was evidently suffering great pain, crying violently (as his mother informed me he had been,) during the whole of the day. This she now attributed to a swelling of the abdomen, which she had just discovered. Upon examination, I found a slight projection of the integument, immediately below the umbilicus, beneath which a hard pointed body could be felt, by pressing upon which the child's sufferings were much increased. Having, in consultation with a professional friend, determined to remove the foreign body while my little patient was under the influence of chloroform, forty drops of that fluid were sprinkled upon a lawn pocket-handkerchief, which was placed over his mouth. A few inspirations sufficed to produce a state of anæsthesia. I then cut down upon and extracted, by means of a pair of forceps, what proved to be a rusty needle, about two inches in length, the point of which was directed to the surface of the body. The child remained insensible during the operation, and for several minutes afterwards. When the wound was dressed, I sponged the child's face over with cold water, which caused him to stretch himself, and rub his eyes; but he immediately sucked his thumb, his usual custom when going into a natural sleep, in which he coutinued for four hours. He passed a good night, and has since had no unpleasant symptoms. The wound healed by the first intention. Nothing is known as to how the needle reached its unnatural position.

The struggles of children frequently present formidable obstacles to operative proceedings of any kind, and when incisions have to be made in important regions, may lead to dangerous results; such would very probably have been the case in the above instance, but for the use of chloroform. The transition from a state of anæsthsia to one of natural sleep, without an intermediate state of consciousness, was most singular. When the child was asked on the following morning "where they cut him," he pointed to a finger which had been cut two or three days previously to the operation. Altogether the effect of the chloroform was most gratifying, as not the slightest ill consequence ensued from its exhibition.

THE RHONCHUS CREPITANS REDUX.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—Having for a length of time been practically acquainted with the circumstance of the occasional absence of the rhonchus crepitans redux during the return of an hepatized lung to its healthy condition, I have been somewhat surprised to find that this 'fact,' has so long escaped the reading and observation of Dr. Ranking, as seen in the remarks appended to the case of pneumonia detailed in the current number of the Journal. Dr. Ranking having referred only to Dr. Graves' work, may be under the impression that this 'fact,' is mentioned by no other writer. This being probably the case, he will perhaps allow me to call his attention to the following quotations from Drs. Stokes and Copland. To Dr. Stokes' work on "Diseases of the Chest," I was myself first indebted for the information; since which time I have become practically acquainted with the circumstance.

"Laennec has stated that the resolution of solidity is invariably announced by a return of the crepitating rale, (ronchus crepitans redux,) but my experience is altogether opposed to this statement, for I have often observed the change from complete dulness of sound and bronchial respiration, to clearness and return of respiratory murmur, without any crepitus of resolution; and this may be seen in all varieties of pneumonia, nor does the absence of the phenomenon necessarily imply a rapid resolution, for it may be absent in cases in which weeks elapse before the dulness of sound is removed."—*Dr. Stokes*, pp. 325 and 6.

"But a change from complete dulness and bronchial respiration to clearness and return of the respiratory murmur, without any crepitus of resolution, may take place."—*Dr. Copland's Dictionary*, part 8, p. 768.

As Dr. Copland, though using very similar language to that of Dr. Stokes, makes this statement on his own authority, we may conclude that he has himself noticed the circumstance alluded to, and hence considers it an essential part in the history of pneumonia; but to Dr. Stokes, as far as I am aware, we are indebted for first calling in question the dictum of Laennec, that "the resolution of solidity is invariably announced by a return of the crepitating rale."

I am, Sir, yours very obediently,

Manchester, May 19, 1848. B. D.

I am obliged to the author of the foregoing letter for thus correcting my error of supposing that Dr. Graves alone had alluded to the circumstance; in entertaining this opinion my memory had played me false, as of course the writings of the two eminent physicians above-mentioned are not unfamiliar to me. I still imagine that as the non-occurrence of this stethoscopic phenomenon during the resolution of pneumonia, is not mentioned by a public lecturer and practical physician of the eminence enjoyed by Dr. Watson, it must be so rare an event that though B.D. may have been "long practically acquainted" with it, he cannot have met with many examples. I need not say that I speak of the consolidation of *acute pneumonia, the resolution of which follows speedily.* In those cases of imperfect recovery from pneumonia, in which a portion of the lung remains solidified for a considerable length of time, (one of the instances, for example, of *Nature's cures,*) I am quite aware that the lung may recover itself under appropriate treatment, without the presence of any signs to mark the improvement, except the gradual substitution of pulmonary for bronchial breathing. Such a case is in fact at this moment under my supervision.—W.H.R.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JUNE 14, 1848.

The more closely we examine into the subject of medical relief to the sick poor, the more confirmed are we in the conviction that no real and permanent good will be accomplished until its administration is placed entirely under the control of some qualified and responsible public officer. The Boards of Guardians are, under present circumstances, obviously unfitted for it; for, however intimately local connections may make them acquainted with the condition of the sick poor, their interests are so bound up in keeping down the expenditure, that both the poor and the medical attendants become the victims. On the one hand the medical man is so inadequately paid, that the sick poor are attended and taken care of almost entirely at his expense; on the other, the necessary adjuncts to medicine are frequently witheld, or granted so ungraciously, as to trammel the medical officer in his requirements, and often to render it a personal obligation conferred upon him, that his orders for appropriate diet are complied with. Take, for instance, the following resolution now before us, recently come to by a Board of Guardians. We withold the name of the Union and our authority for obvious reasons.

Resolved.—"That the Board having noticed the very great increase of expenditure in medical orders with respect to meat, porter, &c., beg to call the attention of the medical officers thereto, with a view to the means of diminishing the same, if practicable."

The inadequacy of the salaries of the medical officers needs no illustration; but we may refer to a document just issued by Mr. Garlick, of Halifax, whose energy and perseverance in the exposure of the workings of the present system entitle him to the gratitude of his medical

brethren generally. From this document it appears that in the Halifax District, with an area of 990 acres, and a population of 19,881 inhabitants, the number of orders for medical attendance from the relieving officer during the twelve months ending May 20th, 1848, was 851; the number of visits paid to the residences of the patients was 2612, and the aggregate number of mixtures, pills, powders, lotions, liniments, boxes of ointment, and plasters dispensed, amounted to 19,287. "The remuneration for this duty," says Mr. Garlick, "stands thus"—

"For attendance upon 851 cases of sickness in the Township of Halifax, including Highroad Well, Pellon, and Trafalgar, as per order from the Relieving Officer —for making 2612 visits in the treatment of these cases—and for supplying the amount of medicines above enumerated, the award at present is £80, or 4s. 4½d. per diem.

"The item of medicines alone" he continues "is one of considerable magnitude, and the house of the medical officer whose duties compel him to distribute them in this way, is no longer a private establishment but a *Public Dispensary*. Moreover, if the medical officer think it necessary to apply half-a-dozen leeches in the treatment of any case, he must give the patient half-a-crown out of his own pocket in order to procure them. Can any man be surprised that this circumstance should altogether prohibit the use of leeches in Poor-Law practice?"

The calculation may be made another way. The salary we are informed is £80—that is, 19,200 pence. The aggregate of medicines, &c., supplied, is 19,287, allowing rather less than a penny for each mixture, pill, powder, lotion, &c., dispensed and supplied. Will any one assert that the materials can be purchased in the gross for the sum at which they are here retailed, leaving out of the question the time consumed in their preparation and dispensing? Is it to be wondered at, if in some rare instances, men of limited means, as the medical officers of unions frequently must be, should be unable to supply costly medicines, and be almost compelled to substitute others of less efficiency?

It has been proposed to establish union or district dispensaries for the supply of the requisite medicines and appliances, ordered by the medical officers. Doubtless such a plan might relieve the medical officers from the positive loss which a conscientious discharge of their duties now so commonly entails upon them, but without attributing to the Boards of Guardians more of that moral obliquity which clouds the mental vision of mankind in general where pecuniary interests are concerned, we fear that the same short-sighted policy would be introduced into these establishments which disgraces the present arrangements for supplying medical relief, and that drugs of very inferior quality would encumber the shelves of the dispensaries, as there is but too much reason to believe, that a false economy in the purchasing of them, would be the main principle consulted.

The only inference that we can draw from these remarks is, that the entire department of the medical relief of the sick-poor must be placed in the hands of persons better qualified to judge of what is requisite, and less immediately interested in reducing the expenditure to the lowest possible limits, than the Boards of Guardians, as at present constituted, can ever be.

Reviews.

Principles of Medicine: comprising General Pathology and Therapeutics, and a brief general View of Etiology, Nosology, Semeiology, Diagnosis, Prognosis, and Hygienics. By CHARLES J. B. WILLIAMS, M.D., F.R.S., Fellow of the Royal College of Physicians, Professor of the Principles and Practice of Medicine, and of Clinical Medicine, and First Physician to the Hospital, University College, London, &c., &c. Second Edition, considerably enlarged. London. 1848. 8vo. pp. 533.

This new edition of Dr. Williams' justly-estimated work on the "Principles of Medicine," is, as the title page states, considerably enlarged, containing about one fourth more matter than its predecessor. The additions, as we are told in the preface, are chiefly in the following subjects:—Mechanical, chemical, and dietetic causes of disease; defective cleanliness, ventilation, and drainage; the tabular views of the elements of diseases; reflex action and sympathy; elementary changes in the blood; congestion; determination of blood; inflammation; degeneration of textures; cacoplastic and aplastic deposits; and the whole chapter on hygienics. As this last is an entirely new portion of the work, we shall direct attention in what follows to the opinions of Dr. Williams on the questions embraced in it.

Hygienics are defined to consist in "the knowledge and application of those means by which the structures and functions of the body may be kept in that normal state which conduces to their continued welfare—that is, in *health*." The chief circumstances which promote this condition, on which the author gives in succession brief details, are:—food, clothing, temperature, air, exercise, mental occupation, sleep, and excretion. We shall chiefly notice the first of these heads, though the limits to which Dr. Williams is necessarily compelled to confine himself, prevent more than a mere indication of his opinions being given. Some of these, however, as coming from a metropolitan physician of eminence, may not be uninteresting to the provincial

practitioner. With the objection to the use of brown bread, so much recommended by some high authorities, we are quite disposed to agree. "Very white bread," he observes, "is objectionable, as being less nutritious (having less gluten,) and more constipating, than that made with less refined flour: but the coarse material, commonly sold as brown bread, errs to an opposite extreme, in containing a bran so coarse as to be irritating to many stomachs." In the following observation, with respect to the digestibility of different kinds of meat, we suspect theory has been allowed more than its due weight. "The kinds of animal food," he remarks, "vary much in their composition, even when the lean parts only are selected. Thus, beef and pork contain a large proportion of fat; mutton somewhat less; veal still less; and, in the flesh of fowl, game, and white fish, there is only a small amount. This affords an explanation of the fact, that the latter articles are the best suited to persons of weak stomach." We have yet to learn that this is a correct expression of the fact assumed, or that veal is more suited to the weak stomach than mutton. The truth is, the proposition is stated too generally, and it becomes necessary to consider the presence or absence of other alimentary principles besides the oleaginous, before it can be absolutely said which articles of diet are best fitted to certain conditions, or to what cause this fitness is to be attributed.

We have been somewhat startled to find Dr. Williams recommending five to seven, p.m., as the dinner hour, and cannot but think his metropolitan habits have been allowed to warp his judgment on this point. It is true he subsequently qualifies his recommendation by saying, that "the practice of dining early, at from one to three, p.m., which is pursued by the majority of persons in the lower and middle ranks of society, would deserve more general adoption on the score of health, were it not generally impossible then to devote the time to it, and rest after it, that the principal meal requires." We do not, however, ourselves see this impossibility; it is the lower and middle ranks of society who are most deeply immersed in indispensable business; and if the higher ranks, who have their time pretty much to themselves, will dispose of it according to certain absurd and arbitrary rules, fixed by themselves, they must take the consequence, but let not the physician yield his assent to any such follies. It is the absolute authority systematically exercised by the hydropathist and homœopathist, in respect to all matters of diet and regimen, which, where benefit is experienced, gives real efficiency to the measures of the one, or preserves from injury the votaries of the other. Provincial physicians well know the state in which the victims of the artificial habits and late hours of metropolitan society come down to the water-establishments; and when these are exchanged for the genuine hygienic conditions, of pure air, exercise, early hours, a clean skin, simple food, the avoidance of fermented liquors, and mental rest, all of which are rigorously enjoined, it is no wonder that the repeated ablutions, both within and without, so diligently practised, (the most tangible point of the treatment, forming indeed the main occupation of the day, and therefore looked upon by the unreflecting multitude as the essence of it,) should be followed by a partial or entire restoration to health, which, in appropriate cases, is nothing more than a necessary consequence of giving up a noxious, and following out a more healthful, general system of regimen. But let not the London physician lend his aid to palliate the bad practices of his patients, but enjoin upon them at once those habits and hours which are the best. Let the luncheon of one to two, p.m., be converted into the dinner of the merchant or the man of business, and his late dinner in the country into what the author of "Modern Accomplishments" terms a "severe tea," taken in the society of his family circle; and let the higher ranks follow the example of the majority of the middle and lower classes in their earlier hours, and we may rest assured that apoplexy, and gout, and dyspepsia, in its Protean shapes, will be less prevalent, and far more easy of management and cure amongst them.

It was our intention to go through, in like manner, the other subjects of hygienics, as here touched upon, by Dr. Williams, but we are warned to desist. It is sufficient to say, that the general tenor of the remarks, brief and hurried as they are, is judicious, and that the entire chapter forms a useful addition to the body of the work.

On the Nature and Treatment of Stomach and Renal Diseases; being an Inquiry into the Connexion of Diabetes, Calculus, and other Affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S., Fellow of the Royal College of Physicians. Fifth Edition, revised. London, 1848. 8vo. pp. 595.

The admirable work of Dr. Prout, on renal affections, notwithstanding the valuable treatises bearing more or less on the same subject, which have been published by Dr. Golding Bird and others, must still be looked up to as the standard work of reference. The short time which has elapsed since the publication of the former edition (the fourth,) renders the present one, on the whole, little more than a reprint of its predecessors.

On turning over the pages, however, we perceive several additions of importance, bringing up the subjects treated of to the present state of our knowledge. To give any further notice of a work so well known and so justly appreciated, would be unnecessary: commendation would be equally superfluous. It is sufficient to announce to all such as may wish to possess the work, that the publication of the fifth edition, just issued, will enable them to do so with the additional advantage of its containing the more recent acquisitions made to our acquaintance with the subjects treated of.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

Returns of Cases treated in the Derby Infirmary during Twelve Months, under Mr. Wright, Mr. Douglas Fox, and Mr. Johnson. Drawn up by Mr. Crossley.

Communicated by Dr. HEYGATE, F.R.S., President of the Association.

Twenty-three Cases of Scalds—Thirteen Males and Ten Females. All recovered.

Age.	No. of Cases.	Sex.	Seat of Injury.	
8 mos.	1	F.	Chest	C.‡
18 do.	1	F.	Face	A.*
2 years	2	F.	Chest and arms ..	B.†
			Face	A.
3 do.	2	F.	Chest and leg ..	B.
			Neck	A.
4 do.	2	M.	Legs and feet ..	B.
			Fingers	A.
5 do.	2	M.	Foot and hand ..	A.
		F.	Arms & shoulders	B.
7 do.	2	F.	Face	A.
			Foot	A.
Bt. frwd.	12			
9 do.	1	M.	Foot	A.
13 do.	1	F.	Feet	A.
16 do.	2	M.	Hands	A.
		F.	Foot	A.
18 do.	1	M.	Hand and face ..	A.
24 do.	2	M.	Face	A.
			Face	A.
26 do.	2	M.	Neck and face ..	A.
			Foot	A.
29 do.	1	M.	Arm	A.
34 do.	1	M.	Arms	A.
	23			

Thirty-seven Cases of Burns—Twenty Males and Seventeen Females. Twenty-six recovered and Eleven died.

Age.	No. of Cases.	Recoveries.	Deaths.	Time of death after the accident	Sex.	Situation of Injury.	
Yrs.							
2	2	2	—	—	M.	Fingers	A.
					F.	Arm	A.
$2\frac{1}{2}$	2	—	2	16 hours	F.	Abdomen, back, face, and neck	B.
				21 hours		Abdomen, back, neck, legs, and arms	B.
3	4	—	1	25 hours	M.	Abdomen, back, face, and neck	B.
		3	—	—	M.	Hand	A.
					M.	Axilla	A.
					F.	Nates	A.
$3\frac{1}{2}$	1	1	—	—	M.	Neck, face, and chest ..	B.
4	3	—	2	17 hours	M.	Abdomen, neck, throat, and arms	B.
				8 hours		Abdomen, back, face, and neck	B.
		1	—	—	M.	Hand	A.
		—	1	19 days	F.	Abdomen, back, chest, and neck	B.
6	4	3	—	—	M.	Chest and neck	C.
						Chest, neck, and arm ..	B.
						Foot and hand	A.
7	5	—	3	28 hours	M.	Abdomen, knees, and hands ..	C.
				27 hours	F.	Abdomen, back, throat, and arms	C.
				5 hours	F.	Abdomen, back, legs, and arms	B.
		2	—	—	F.	Chest, back, neck, and arm ..	B.
						Neck, chest, shoulders, and arms	B.
8	3	3	—	—	M.	Chest, neck, and arms ..	B.
					F.	Arms and shoulders	C.
					F.	Arms, shoulders, and chest ..	B.
9	1	—	1	33 hours	M.	Abdomen, legs, and arms ..	C.
10	2	2	—	—	M.	Hand	A.
					F.	Arm	A.
17	3	—	1	21 days	F.	Thighs, and lower part of abdn.	B.
		2	—	—	M.	Foot and leg	C.
					F.	Hand	A.
19	1	1	—	—	M.	Face, neck, and arms ..	C.
23	3	3	—	—	M.	Hands	A.
					M.	Neck and face	A.
					F.	Nates and thighs	B.
28	1	1	—	—	M.	Face	A.
33	1	1	—	—	M.	Hands	A.
42	1	1	—	—	F.	Ankle	A.
	37	26	11				

* A.—All under this letter were slight cases, a saturnine lotion, with spirits of wine, being applied, many of which were cured by it alone; the remainder were, after a few days, dressed with the following cerate:—
R. Calaminæ, dr. j.; Liq. Plumbi Diacetat., m. xxx.; Unguent. Plumbi Comp., Ung. Sambuci, utrq., oz. ss. M. Fiat Unguentum.

† B.—All of these cases were first enveloped in cotton-wool. Many were serious ones, there being no probability

Burns and Scalds treated in the Worcester Infirmary, from January 1843, to December 1847. The extracts from the Registers made by Herbert Cole, Esq., House-Surgeon.

Communicated by Dr. HASTINGS, President of the Council of the Association.

In-Patients.

Date.	No.	Sex.	Age.	Seat of Injury.	Result.	Interval between date of burn and death.	Interval before death
1843			Years.			Days.	Days
Jan. 7	1	F	2	Body severely burnt	Cure	84	—
14	2	M	4	Ditto	Death	—	7
Feb. 4	3	F	80	Arm ditto ..	Death	—	18
16	4	F	8	Body ditto ..	Death	—	1
18	5	F	24	Scalded legs ..	Cure	33	—
22	6	M	3	Body severely burnt	Death	—	2
24	7	M	20	Legs scalded ..	Cure	22	—
Mar. 4	8	F	4	Body severely burnt	Death	—	Same day
6	9	F	18	Ditto	Cure	18	Made out-patient
11	10	M	14	Burnt leg ..	Cure	56	—
18	11	F	11	Ditto chest and neck	Cure	184	—
April 8	12	F	8	Body severely burnt	Death	—	4
July 15	13	M	28	Scalded thigh ..	Cure	35	—
Aug. 12	14	M	13	Burnt leg ..	Cure	56	—
Sept. 23	15	F	7	Scalded foot ..	Cure	35	—
Nov. 11	16	F	4	Body severely burnt	Death	—	11
1844							
Feb. 17	17	F	5	Ditto ..	Death	—	5
Mar. 30	18	M	2	Ditto ..	Death	—	3
May 18	19	F	20	Scalded foot ..	Cure	7	—
June 1	20	F	12	Ditto	Cure	24	—
4	21	M	14	Ditto leg ..	Cure	33	—
Nov. 30	22	M	6	Severe burn ..	Cure	28	—
30	23	M	12	Burnt chest ..	Cure	28	—
Dec. 7	24	M	16	Body burnt ..	Cure	22	—
1845							
Feb. 8	25	M	12	Ditto	Cure	66	—
22	26	M	28	Severe burns ..	Cure	42	—
Mar. 6	27	F	15	Body severely burnt	Death	—	1
29	28	M	6	Body burnt ..	Cure	30	—
April 12	29	M	4	Ditto	Cure	28	—
26	30	F	27	Burnt leg ..	Cure	84	—
Oct. 11	31	F	12	Severe scalds ..	Cure	14	—
Nov. 3	32	F	20	Body severely burnt	Death	—	5
17	33	F	9	Ditto	Death	—	1
18	34	M	8	Severe burn ..	Cure	23	—
19	35	F	3	Body severely burnt	Death	—	3
1846							
Jan. 9	36	F	4	Body severely burnt	Death	—	2
23	37	F	4	Ditto	Death	—	3
24	38	M	8	Ditto	Not stated	Out-patient April 4	—
Mar. 22	39	M	20	Severe scald ..	Cure	34	—
May 12	40	M	8	Severe burns ..	Cure	53	—
July 3	41	M	50	Body severely scalded	Death	—	Same day
3	42	M	27	Ditto	Death	—	4
Nov. 17	43	M	46	Legs ditto ..	——	—	—
17	44	F	6	Scalded legs ..	Not stated	Out-patient Nov. 28	—
30	45	M	4	Body severely burnt	Death	—	1
Dec. 9	46	F	4	Severe burns ..	Cure	13	—
12	47	F	16	Ditto body ..	Cure	49	—
16	48	F	18	Scalded legs	Cure	31	—
1847							
Feb. 27	49	F	88	Body severely burnt	Death	—	33
Aug. 14	50	F	24	Scalded legs ..	Cure	42	—

Treatment.—Cotton wool has been the invariable application, renewed occasionally till the sloughs came off, when the sores were dressed in the usual way, caustic, lint, and chalk pledget over, &c. &c. The application of the cotton has been so successful that we have rarely found it necessary to give opium. We have generally found brandy necessary, and as much milk as they can drink.

of recovery. In those cases which survived, the cotton-wool was renewed, as required, for three or four days, and then a poultice applied to detach it, the cerate as above being afterwards used.

‡ C. A liniment composed of two parts linseed oil to one part turpentine, was first used, being applied by means of cloths kept constantly wet with it, and laid over the injured parts; in one or two days this was discontinued, and they were dressed with the cerate in the usual manner.

The Unguentum Picis, or Unguentum Creosoti, was sometimes used, to hasten the separation of the sloughs. The Cupri Sulphas was used to check too luxuriant granulation. In two cases strips of lint, dipped in a saturated solution of the Cupri Sulphas, were applied, for the same purpose, but created greater pain, without any better result than the sulphate of copper.

The constitutional treatment was the same in each case; an opiate being first given, and after a short interval stimulants, (ammonia, æther, and Camphor,) combined with small doses of Tinctura Opii. When re-eaction commenced a purgative was administered, and followed by mild salines; when sloughing occurred to great extent, tonics, (Cinchona and Quina,) and a good diet, were adopted.

WORCESTER INFIRMARY.—(*Continued.*)

Out-patients from January, 1843, *to December*, 1847.

CURES.

No.	Sex.	Age.	Nature of Accident.	Days under Treatment.	No.	Sex.	Age.	Nature of Accident.	Days under Treatment.
1	M.	4	Burnt arm ..	21	61	M.	43	Severe burns ..	28
2	F.	14	Ditto hands ..	28	62	F.	28	Ditto ..	17
3	M.	14	Scalded arm ..	24	63	M.	12	Ditto ..	27
4	F.	4	Ditto ..	30	64	M.	42	Scalded arm ..	22
5	F.	8	Ditto hand and leg	25	65	F.	12	Burnt ditto ..	18
6	F.	2	Burnt hand ..	33	66	M.	14	Ditto ..	17
7	F.	3	Ditto ..	37	67	M.	11	Ditto hand ..	13
8	F.	2	Severe burns ..	36	68	M.	12	Ditto arm ..	17
9	M.	4	Burnt arm ..	44	69	F.	8	Severe burns ..	23
10	F.	1	Ditto ..	50	70	M.	4	Ditto ..	22
11	F.	2	Ditto ..	49	71	M.	14	Burns on face	15
12	F.	2	Ditto elbow ..	24	72	M.	8	Scalded arm ..	14
13	M.	4	Ditto arms ..	28	73	F.	3	Burnt foot ..	21
14	M.	2	Scalded arm ..	30	74	F.	4	Severe burns ..	27
15	F.	6	Ditto head ..	34	75	F.	4	Burnt arm ..	21
16	M.	8	Burnt hand ..	31	76	F.	18	Scalded foot ..	17
17	F.	4	Severe scald ..	39	77	M.	11	Burns ..	25
18	M.	4	Scalded thigh ..	28	78	M.	12	Scalded leg ..	25
19	F.	6	Ditto arm ..	21	79	F.	4	Body severely burnt	1
20	F.	6	Ditto foot ..	12	80	M.	38	Burnt eye ..	21
21	M.	12	Ditto hand ..	21	81	F.	43	Burnt arm and hand	28
22	M.	12	Burnt face ..	23	82	M.	12	Severe burns ..	28
23	M.	3	Body burnt ..	46	83	M.	42	Burnt wrist ..	11
24	F.	11	Burnt knee ..	24	84	F.	14	Burns on the face	26
25	F.	21	Ditto hand ..	37	85	M.	4	Ditto ..	21
26	F.	49	Scalded foot ..	27	86	F.	40	Scalded foot ..	21
27	M.	12	Burnt throat ..	19	87	F.	44	Ditto arm ..	24
28	F.	2	Scalded throat ..	12	88	M.	48	Ditto leg ..	29
29	F.	1	Ditto chest ..	18	89	M.	4	Ditto body ..	36
30	M.	6	Ditto hand .	19	90	M.	14	Scald ..	31
31	M.	8	Burnt face ..	32	91	F.	24	Burnt hand ..	41
32	M.	7	Scald ..	32	92	M.	19	Scalded arm ..	27
33	M.	8	Burnt knee ..	21	93	F.	12	Ditto ..	27
34	M.	1½	Ditto leg ..	32	94	M.	12	Burnt arm ..	20
35	M.	2	Ditto ..	24	95	M.	8	Scalded ..	21
36	M.	4	Ditto body ..	28	96	M.	28	Burnt arm ..	12
37	M.	6	Scalded foot ..	29	97	M.	8	Severe burns ..	23
38	M.	16	Burns ..	13	98	M.	8	Burns on the head	23
39	F.	3	Scalded throat ..	20	99	F.	5	Burns on the hand	15
40	M.	3	Scald ..	26	100	M.	43	Scalded throat ..	9
41	F.	12	Burnt foot ..	29	101	M.	4	Burnt face ..	19
42	M.	6	Ditto face ..	30	102	F.	3	Burns ..	14
43	M.	8	Burns ..	31	103	F.	4	Severe burns ..	27
44	M.	8	Ditto ..	17	104	M.	8	Burns on the back	29
45	M.	2	Severe burns ..	29	105	M.	4	Ditto ..	24
46	M.	2	Ditto ..	23	106	F.	6	Burns on the hand	28
47	F.	2	Scalded body ..	32	107	F.	3	Burns on the arm	36
48	F.	4	Burns ..	22	108	M.	14	Scalded leg ..	39
49	M.	3	Ditto ..	28	109	F.	8	Burnt leg ..	23
50	F.	2	Ditto ..	12	110	F.	4	Burnt body ..	23
51	F.	4	Ditto ..	11	111	M.	11	Severe burns ..	28
52	M.	1½	Burnt body ..	35	112	M.	8	Ditto ..	33
53	F.	3	Ditto ..	34	113	M.	4	Scalded leg ..	33
54	F.	11	Severe burns ..	40	114	M.	6	Burnt hand ..	20
55	F.	12	Body severely burnt	53	115	F.	3	Severe burns ..	24
56	F.	8	Burnt body ..	45	116	F.	8	Burnt foot ..	18
57	M.	5	Burns ..	23	117	M.	43	Scalded hand ..	21
58	F.	4	Ditto ..	44	118	M.	21	Burnt foot ..	20
59	F.	2	Ditto ..	11	119	M.	11	Severe burns ..	24
60	F.	12	Severe burns ..	35					

The continuation of Mr. Crompton's Digest of the Depositions made at Inquests on Cases of Burns and Scalds before the Coroner for Manchester, will be given in the next number.

Foreign Department.

ON DROPSY IN PREGNANT WOMEN.

(Translated from the Archives Générales de Médecine, Fevrier et Mars, 1848. By Thomas Crosse, Esq.)

Among the dropsies which may attack the pregnant woman, some are peculiar to her condition, and to the morbid states which become developed in the course of pregnancy, whilst others are altogether special and subject to the influence of various modifications which the puerperal state effects on the economy.

Dropsy of the cellular tissue in pregnant women may be divided into—

1. Œdema or anasarca, either simple, or complicated with affection of the central organs of respiration and circulation.
2. Œdema or anasarca, with albuminuria.

Gestation produces many changes in the system generally, which may bear upon the causes of these dropsies. Its effect upon the fibrin and blood-globules are well known and need not be here referred to. It affects, however, in a remarkable way, a third element, and one which forms an important part in connection with dropsy, and that is the albumen. The result of analysis shews that the quantity of albumen in the blood varies during the different months of pregnancy. The average quantity in 1000 parts, throughout pregnancy, (from the second to the ninth month,) in the analysis of twenty-five cases, was 67.7. During the seven first months the mean average in fifteen analyses was 68.6. In the 8th and 9th months, in ten analyses, 66.4. We thus find that the blood, during pregnancy, suffers a gradual diminution in the quantity of albumen which it contains, possessing least in the latter months; nor is the quantity of that present so good during this period, it is thinner.

This condition of the blood predisposes to serous effusion; according to MM. Becquerel and Rodier, "the decrease of solid constituents in the serum and albumen themselves" in pregnant women has also some influence upon dropsical formations. When a disease such as albuminuria, becomes added to these various changes, there is greater reason to fear the occurrence of dropsies. The presence of albumen in the urine operates in a certain manner upon the blood of women that are pregnant; analysis has shewn a decrease of albumen to 56.37. In some cases of albuminuria, which had been developed solely in the latter months of pregnancy, apart however from these complicated cases, we consider that the normal decrease of albumen in the blood has a share in the production of these dropsies.

Simple Œdema or Anasarca.—By this term we mean those serous infiltrations, which for the most part occupy the lower extremities of the body — sometimes, though rarely, the upper, and which are neither dependant upon any important organic disease, nor upon the presence of albumen in the urine. The causes which produce them may by divided into general, and local or mechanical. Among the former are general or local congestions, fevers, privations, fatigues, unhealthy habitation; those who are exposed to the inclemency of the weather, and who are of lymphatic temperament, are more likely than others to become affected with serous infiltrations.

Among the local or mechanical causes are the disarrangement in the circulation through the lower extremities, produced by the development of the uterus giving rise to congestion and stagnation of the blood in these parts. This will account for the occurrence of the œdema, and its appearance more especially in the latter months of pregnancy.

The inclination of the uterus to one or other side of the body does not appear invariably to produce œdema in the corresponding limb. In forty cases, twelve times it occupied the limb of the same side, twenty-six times the two limbs equally, and twice the limb of the opposite side; the last peculiarity we have found explained by the position of the fœtus in utero. In a woman, twenty-seven years of age, where there was an inclination of the uterus to the right side, with œdema of the left lower extremity, the head presented with the occiput towards the left side of the pelvis. Eight days prior to her accouchment, when this part engaged with the inferior segment of the uterus, in the hollow of the pelvis, the serous infiltration in the extremity rapidly disappeared.

It is possible that the development of the uterus upwards, by impeding the functions of respiration, and the action of the heart, may give rise to dropsy; but this can only happen when either the development of the uterus is excessive, or the thoracic and abdominal cavities are contracted by rachitis, and even then it does not always occur. The same condition is sometimes produced by the presence of a large fœtus, or of twins, or the existence of tumours about the uterus. The occupation of the individual furthermore influences this disease, the higher classes being less subject to it.

Precursory Symptoms.—We have sometimes seen this œdema preceded by pains in those limbs which afterwards became the seat of it; by giddiness, faintness, pain in the head, palpitations and stoppage of the breath. Sometimes it succeeds the decrease in size of varicose veins. It occurs for the most part in the latter months of pregnancy, though sometimes as early as the third month. We have seen it connected with placenta prævia. It lasts sometimes for days, sometimes for weeks or months, and varies likewise in its bulk and extent. In some cases the effusion is confined to the subcutaneous cellular tissue, while in others it occupies the dermis also. One peculiarity to be noticed in these swellings is their fluctuation in size, apparently the result of certain mechanical causes; the size of the uterus, the position of the fœtus, for instance, for any notable change taking place in them may diminish or remove the œdema. With respect to the urine, it is always diminished in quantity, high coloured and turbid. In the latter months of pregnancy, owing to uterine pressure, it is expelled frequently in small quantities, and is free from albumen, unless there is a co-existing disease to cause it.

Complications.—Varicose veins are frequently seen about the lower extremities and genital organs, preceding in some cases the dropsical effusion. There is never any serous effusion into any of the important serous cavities, nor any gangrene or excoriation of the extremities; they generally terminate by resolution at various periods after delivery, according to the health and strength of the patient. Some have endeavoured, by the theory of metastasis, to connect the occurrence of puerperal peritonitis and fever with the resolution of the effused fluid in the extremities. Our experience is opposed to this theory; in a number of cases that have passed under our observation, we have never observed this phenomenon, except perhaps in a case of effusion complicated with albuminuria, and we are inclined to think, that in those cases where this kind of termination has been observed, the case has not been one of simple œdema, but complicated with some organic affection. One may form a favourable prognosis of these cases. The dropsies with which we may confound these œdemas are—1. Those accompanied with organic affections of the heart and other important viscera. 2. Those dependent upon albuminuria. The former may be distinguished by careful examination of the viscera; the latter by the existence of albumen in the urine. It may be distinguished from phlegmasia dolens, by the pain, colour, and the commencement of the latter at the upper part of the limb.

Treatment.—With respect to the treatment, when the œdema is slight all that we recommend is the avoidance of fatigue, the adoption of the horizontal posture, together with the exhibition of purgatives and non-irritant diuretics. Where it is more considerable, the abstraction of blood in small quantities is beneficial, provided the system can bear it; also warm and vapour baths. We do not recommend bandaging, except in some cases after accouchment, where the fluid is slow in its departure; in some cases a course of tonic medicines (even of steel,) is efficacious.

Dropsies, with Affection of the Central Organs of Respiration and Circulation.—When these complications become added to the pre-existing causes mentioned, the case of course becomes an aggravated one. If dropsy has not presented itself prior to pregnancy, it may now be expected; and if it has done so, it will become increased. Effusion into the large serous cavities may now occur, producing great difficulty of breathing, and even premature labour. In the treatment we observe the same rules as in cases of simple œdema; in addition we may evacuate the fluid by puncture, or incision, or, according to Scarpa, draw off any great quantity that may be effused into the abdominal cavity. If these be not sufficient, it may even be necessary to bring on premature labour.

MEMOIR ON THE LOCALIZATION OF SKIN DISEASES.

By M. Baron.

(Translated for the Provincial Medical and Surgical Journal, from the Gazette Médicale, April 1847.)

The present essay was commenced in the year 1837, at which time the author was "*interne*" to the Hospital of St. Louis. The next year it was presented in competition for the prize annually given to the resident pupils of the institution. At that time the elementary forms and seat of cutaneous diseases had attracted but little attention, and several physicians well versed in cutaneous pathology even advised me then to withhold the present publication, as they considered my data as uncertain, for the reason, that the minute anatomy of the skin was not sufficiently elucidated. Now things are altered, and there is scarcely a dermatologist who does not admit the special localization of skin diseases in the various elementary tissues of the skin. Thus Cazenave ("Annales de la Maladies de la Peau, 1843,) says, that every disease of the skin has a different symptomatic expression, accordingly as it occupies this or that portion of the integumentary apparatus. The same opinion is also maintained by Duparc and Rosenbaum, and by several German and English dermatologists. The author, for this reason, believes that no one has preceded him in his views of the localization of skin disease, and publishes his memoir exactly as it was written ten years ago.

"If," observes M. Breschet, "we could localize skin diseases,—that is to say, if we could, by the aid of anatomy, refer each variety to its special organic seat, we should make a veritable progress in the science of dermatology." This idea the author has taken for his motto, and has endeavoured to give to skin diseases an anatomical development, corresponding to that which has been attained for diseases of other organs. What would be said of the pathologist who, in the present day confounded, under one denomination, inflammation of the peritoneum covering, and of the mucous follicles which line the intestine? Yet this is what is done daily in the consideration of skin affections.

It is true that the intimate structure of the skin was for a long time known, but too imperfectly to allow of a correct anatomical classification of its diseases; but since the researches of Breschet and others, the structure of the skin is as well known as that of other organs. It is therefore full time that the diseases of this important part of the human frame should be studied by the light thus afforded by anatomy.

It must be allowed that the localization of skin diseases is not entirely novel, for Astruc attributed a special seat to tinea, ecthyma, acne. Biett also taught the doctrine, to a certain extent, in his clinical lectures, and Rayer distinguishes between diseases of sebaceous glands and hair follicles. The novelty consists in extending the system thus limited to a few structures.

From the localization of these diseases, arises a classification of their elementary forms, in every respect natural, the principles of which were originally laid down by Bichat, who divided skin diseases into four classes:—1. Diseases of the papillæ; 2, diseases of the

dermoid cellular tissue; 3, diseases of the vascular capillary plexus; 4, diseases of the chorion. This classification, although imperfect, is nevertheless valuable, as indicating a step in the right track.

Before we adduce our own classification, let us briefly recapitulate the different tissues of which the skin is composed. These are—the arterial, venous, and lymphatic plexuses; the papillary bodies; the sudoriparous and sudoriferous apparatus, the secretory apparatus of the epidermis, the apparatus which secretes the colouring matters, the sebaceous follicles, the hair follicles; the matter of the nails, and the cellular fibrous structure. We shall see the diseases which affect these several tissues in the subjoined table:—

1. Diseases of the Vascular Plexuses.—Roseola, rubeola, scarlatina, erythema, erysipelas, vesicatio, pemphigus, nævus, purpura.

2. Diseases of the Papillæ.—Urticaria, prurigo, hyperæsthesia, anæsthesia, elephantiasis Græcorum.

3. Diseases of the Sudoriparous Apparatus.—Sudamina, miliaria, herpes.

4. Diseases of the Apparatus which secretes the Epidermis.—Ptyriasis, eczema, psoriasis, ichthyosis, corns, warts.

5. Diseases of the Chromatigenous Apparatus.—Nævus, lentigo, ephelis, melanopathia, vitiligo, albucismus.

6. Diseases of the Sebaceous Follicles.—Acne disseminata, punctata, rosacea; melitagra; mentagra; impetigo; lupus.

7. Diseases of Hair Follicles.—Lichen, favus, trichoma, alopecia, calvities.

8. Diseases of the Nails.—Onychia.

9. Diseases of the Cellulo-fibrous Tissue.—Ecthyma, rupia, varicella, varioloid, variola, vaccinia, furunculus.

10. Diseases affecting several Tissues.—Scabies.

Frambæsia, molluscum, and keloid, cannot at present be referred to any particular seat.

(To be continued.)

COMMITTEE OF POOR-LAW MEDICAL OFFICERS.

Deputation to Sir G. Grey.

On Tuesday, May 30th, Sir George Grey received, by appointment, at the Home-office, a deputation of poor-law union medical officers, accompanied by representatives from the Royal College of Surgeons of England, the Society of Apothecaries, the Provincial Medical and Surgical Association, and the National Institute of Medicine, Surgery, and Midwifery. The deputation was extremely numerous, several gentlemen having come from the country at great distances to be present; but, to meet the convenience of Sir George Grey, the statements of the deputation were addressed to him personally by the following gentlemen:—Benjamin Travers, Esq.; Edward Stanley, Esq.; Edward Bean, Esq.; John Ridout, Esq.; Dr. Cowan, of Reading; Dr. Hodgkin; Dr. Burton, of Walsall; J. Pearson, Esq., of Woolton, near Liverpool; William Cantrell, Esq., of Wirksworth, Derby; Edward Daniell, Esq., of Newport Pagnell; Peter Martin, Esq., of Reigate; Jas. Stedman, Esq., of Guildford; James Vallance, Esq., of Stratford; George Ross, Esq.; T. Piers Healey, Esq., (hon. sec.) The other gentlemen present were Thomas Parker, Esq., Woburn; B. Eddison, Esq., Nottingham; George Bottomley, Esq., Croydon; T. H. Smith, Esq., St. Mary's Cray; Edward Boulger, Esq., Bletchingley; A. Barnett, Esq.; C. F. Lord, Esq.; William Lobb, Esq.; James, Mitchell, Esq.

Dr. Hodgkin introduced the deputation to Sir George Grey.

Mr. Travers, the President of the Royal College of Surgeons, stated that he appeared there, with his colleague, Mr. Stanley, by appointment of the council of the college, to give the weight and sanction of that body, *tale quale*, to the representations to be addressed to him by the Convention of Medical Poor-law Officers. The council were most happy to bear testimony to the high respectability of the gentlemen composing the committee of that body, most of whom were members of that college he represented; and they desired further to say that, without pledging themselves to the minor details contained in the suggestions of the committee, they were strongly of opinion that the prayer contained in the memorial was based on facts which unfortunately could not be denied, and which, for the comfort and content of the poor, as well as for the respectability of the profession, ought no longer to be allowed to exist.

Mr. Bean, the Master of the Society of Apothecaries, and Mr. Ridout, one of the Wardens, in warm terms, urged similar recommendations on Sir George Grey, on behalf of their corporation, and were followed by Dr. Cowan, of Reading, deputed to represent the Provincial Medical and Surgical Association.

Dr. Burton, of Walsall, then entered upon a general statement of the grievances complained of, urging first the necessity of a stricter inspection of the local operation of those portions of the poor-law regulating medical relief. In many cases, but more especially those strictly medical, he contended there was a necessity that the inspector should be a man of medical education, in order to decide whether the intentions of the Legislature were fulfilled. The great defect of the poor-law, especially in regard to medical men, was, that its enactments, even when favourable to them, could not be enforced in local districts, in consequence of the pertinacity of poor-law guardians in some cases, and the ignorance of non-medical commissioners as to the various ways in which their orders may be evaded or successfully obstructed in others; he, therefore, thought it a most important and cardinal point that there should be medical inspectors, understanding the nature of medical officers' rights and duties, and seeing both of them enforced.

Sir George Grey here interposed, stating that this point was already under consideration; and that in Ireland, where a medical man had been appointed

assistant commissioner, without any particular district being assigned to him, being, therefore, at the service of the commission in medical inquiries generally, the result had been most satisfactory.

Upon this admission, Dr. Burton proceeded to point out the mischiefs arising from having appointments frequently held by an annual tenure. With the fear before him of dismissal without cause assigned, the medical man could not do his duty to the poor either comfortably or independently. A further point urged was the extremely low rate of remuneration received for medical services under the poor-law. Owing to the degradation of that rate, the medical officers received a sum which barely covered the cost of drugs and medical appliances, nothing being left to remunerate the union surgeon for his loss of time, and for the exercise of his skill, &c. There was also this anomaly in the mode of payment, that while in a few cases as much as sixteen shillings were paid, in the vast majority the payment was of a very insignificant character, indeed, reaching below sixpence each case—a most conclusive proof that there was an utter want of system and of efficient supervision in the adjustment, if so it could be called, of medical remuneration; and that in these matters the poor-law guardians acted pretty much as they pleased, according to their own caprices, notwithstanding the existence of a central authority.

Sir George Grey remarked that it was the peculiarity of the poor-law to unite the two principles of local management and central superintendence, and the evils complained of were the consequence. It certainly was a matter of very great difficulty to conciliate the arrangements on a uniform plan, with that liberty of local action which formed a characteristic of English government.

Mr. Healey submitted that the central authority was entitled to take a more prominent part in this matter than in the subject of poor-law administration generally, as Government had guaranteed to pay half the poor-law medical expenses from the Consolidated Fund.

Sir George Grey observed that the Government could not lose sight of that view of the case. The same principle had regulated their proceedings in reference to the educational grant, in the cases of schools benefitted by it, and there was no doubt that the Government were bound not to neglect an advantage of the kind referred to.

Mr. Peter Martin, of Reigate, then called the attention of Sir George Grey to the fact, that the utter inadequacy of medical remuneration under the poor-law was now universally confessed by every intelligent person identified with its administration; that it never could have descended to such a disgraceful rate if a system of advertisements and tenders had not been generally adopted, by which, in many cases, the poor were transferred to the care of young men and strangers, and in others, old practitioners, compelled in self-defence to submit to receive salaries entirely inadequate to their labours, duties, and expenses. The evils of this tender-system had, in fact, proved so frightful and unjust that, by the general voice of public opinion, the commissioners were obliged to put an end to it; but, though this was the fact, the great evil originating from the abuse, viz., low remuneration, had still been perpetuated. As a proof of the change in public feeling on this subject, Mr. Martin mentioned that a case had recently occurred in the Guildford union, in which it had been considered necessary to summon a jury, who, without attributing any blame to the medical officer, had found, as a part of their verdict "that the medical officer ought to have a sufficient salary to enable him to keep a horse."

Mr. Stedman, of Guildford, confirmed this statement, and said that the surgeon so ill-remunerated was a stranger to the neighbourhood, and had accepted the appointment after it had been resigned or declined by all the surgeons residing in that locality, because of the pecuniary losses it entailed on its possessor.

Mr. Vallance, of Stratford, pressed for an early attention to this subject, which was not of less importance to the content and well-being of the working classes than of the medical profession, and said that it was not pleasant nor useful for the public to know that the average payments of attendance on prison patients was 13s. 6d., while that of union patients did not exceed one-tenth of that sum.

Some conversation also occurred as to the system of supplying drugs by the unions; but it was shown that the practice was rare, far rarer than Sir George Grey imagined; that where it had been tried it was found to double the expense of poor-law medical attendance, and that there was little hope of accomplishing so great a change.

Mr. Daniell, of Newport Pagnell, adduced in particular his own case, where the ordinary drug price, as charged by a chemist for drugs as supplied by him, had been proved nearly to double the whole salary, and in consequence of which low remuneration, or rather no remuneration, he had felt compelled to resign.

Sir George Grey stated that the question of expense was one subordinate to what was necessary to secure efficient medical relief; the deputation might be assured of the interest he felt in the matter, although the subject more immediately belonged to the department of Mr. Buller, the president of the poor-law commission, with whom he would confer upon it.

The deputation then withdrew, acknowledging the courtesy with which they had been received.

ON THE DOCTRINES OF HOMŒOPATHY.*

The frequent and large doses of drugs ordered into the stomach, an organ destined by nature only for the digestion of food, which function must, of necessity, either permanently, or for a time, be impaired thereby, by practitioners in times past, and by some I fear in the present day; the poisonous nature of many, such as arsenic and mercury, which are introduced into the system with a heroism truly surprising, considering the present state of our knowledge of physiology and chemistry; the pervading nature and consequent and lasting action of these substances on the whole frame;

* Continued from page 217.

the freedom with which venesection has been resorted to—a practice, I am happy to say, of late years much abated:*—Taking, I say, these things into consideration, it is no wonder that patients should have sought relief from such a depressing and destructive system, by rushing to the protection of some homœopathic doctor, who would relieve their disorders through the operation of faith, imagination, and globules.

Another element in the apparent success of these doctors, no doubt consists in their attention to diet and regimen, which the members of the "old school" have in times past too much disregarded. I have carefully studied their directions on this subject, and I must confess, although I do not see the advantage of all their prohibitions, they appear perfectly consistent with health, and rational. One circumstance I may remark on incidentally, that they exclude the use of alcoholic drinks generally, at least, during the treatment of a disease. This appears to be an error, (entertained by them in common with another sect—the Teetotallers,) the more to be wondered at, considering the light which modern chemistry has thrown on this subject. Liebig has asserted, and, as I think, notwithstanding attempted refutations, proved, that alcoholic drinks, such as beer, wine, and spirits, may, in perfect consistence with health, form a material portion of our food, being, as he calls them, "elements of respiration." I would ask, should a traveller, benighted in some cold region, have the option of a flask of wine or spirits, a loaf of bread, or a beef steak, supposing each of equal weight, to form his sustenance for a given time, which would he choose? I think undoubtedly the first; and why? because it would supply that essential of life, animal heat, most rapidly, and by affording, most readily, carbon to the system, would best prevent the action of the oxygen of the atmosphere on the materials of the body. I do not mean that he would reason thus, but that his instinctive feelings would lead him to the choice. If such arguments are applicable in an extreme case, why may not vinous fluids be employed, of course, in moderation, consistently with health, as an article of common and ordinary diet.

There is, I believe, no general condemnation of the *use* of wine in any part of the Holy Scriptures; on the contrary, it is frequently alluded to as a blessing†—one awarded to the most highly-favoured lands. It is spoken of as "making glad the heart of man," an effect contributing, doubtless, to the health of both body and mind, but one quite disregarded by the cold and utilitarian reasoner of the teetotal and homœopathic schools.

Paley has remarked, while comparing the mechanism of the human frame with that of a watch, that the former has this very decided advantage over the latter,—viz., that it can in many cases control and regulate its own actions so far as to be able to restore them to order, when by any cause or accident they may have become disordered—a fact, I humbly suggest, too much overlooked by our profession generally. I hope by this observation I shall not be suspected of belonging to that class of "medical sceptics" which has arisen lately, and who appear to advocate the maxim, "every man his own physician," or at least to argue, that when the physician *is* called in, he has little to do but watch the *vis medicatrix naturæ*; or, in other words, to study, as they call it, "the natural history of disease." A strange phrase truly. A type of this class of practitioners may be found in the gentleman quoted by Dr. Forbes, who, speaking of homœopathy, boasted that he had beaten the practitioners of that school, for while they had been curing their patients with infinitesimal doses, he had been curing his, for the last two years, with *nothing at all.*

I do not see why we should all at once be called upon to renounce the wisdom and experience of our ancestors, in the application of drugs and medicaments: we have the authority of all ages and nations for their employment, and for some we have the accumulated evidence of centuries as to their beneficial effects in certain states of the system. Would it not be better to follow the counsel of the wise man, who says:—"The Lord hath created medicines out of the earth, and he that is wise will not abhor them. With such doth he heal men, and taketh away their pains." Another wise man has said:—

> "O! mickle is the powerful grace that lies—
> In plants, herbs, stones, and their true qualities."
> Rom. and Jul., ii., 3.

I cannot better conclude these brief remarks on the doctrines and practices of homœopathy than by quoting the last paragraph of some excellent remarks on the subject, by the able President of our College of Physicians:—"That amongst the credulous public, a train of knight-errants should be found to enter the lists against science and common sense, is not so extraordinary; but that any professional man, of ordinary education and honesty, should present himself as the defender of a doctrine that contradicts all facts, and confounds all opinions, is wholly unaccountable." "But cures have been performed through its means." True; but on whom? On hypochondriacs who have been drenched for years with physic, and to whom this system has brought a truce, while it has encouraged their faith through the medium of the imagination.—*Paris' Pharmacologia*, edit. 9, p. 55.

---

* I remember a late physician saying in his lecture—"Gentlemen, the lancet is the sword arm, and mercury is the shield arm of our profession." Too much, I fear, may the former, from its abuse, be regarded as a destructive weapon, while the latter may not inaptly be compared to a shield, having so frequently been employed to shield the ignorance of a practitioner.

† Wine is as good as life to a man, if it be drunk moderately; what is life then to a man that is without wine? for it was made to make men glad.

* Wine, measurably drunk, and in season, bringeth gladness of the heart, and cheerfulness of the mind.—Ecclus., Chap. xxxi., ver. 27 and 28.

Give strong drink unto him that is ready to perish, and wine unto those that be of heavy hearts.—Proverbs xxxi., ver. 6.

General Retrospect.

PRACTICAL MEDICINE.

TETANUS CURED BY CHLOROFORM.

Mr. Baker reports the case of a man who had a finger jammed in machinery. On the fifth day he received a very urgent message, stating that he had had no sleep since he saw him, and that he had been dying since two in the morning, and he was requested to meet Dr. Bell Fletcher. At eight oclock he visited the patient with Dr. Fletcher. They found him perfectly stiff with tetanic spasm. He appeared conscious. but had lost all power of articulation and deglutition, The whole surface of his body was bathed in perspiration; every muscle seemed implicated in the spastic action; indeed, he had all the ordinary symptoms of traumatic tetanus, and no hope was entertained of his recovering from this condition. They ordered a turpentine enema to be administered immediately, and the tincture of cannabis sativa to be given in doses of twenty minims every three hours; and thinking it a favourable case for the application of the chloroform, it was arranged that it should be administered on the next visit. At two p.m. Mr. Baker again saw him, and found him in the same state in which they left him in the morning. The attendants could not get him to swallow the medicine, and made ineffectual attempts to give a glyster. Under these circumstances he administered the chloroform on a handkerchief, and in about three minutes the muscles began to relax. The thumb which had been firmly grasped by the fingers into the palm, became quite easily moved; for a short time he muttered incoherently, then answered two or three questions rationally, and finally sank into a sound sleep, with the muscular system relaxed and free from convulsions. Mr. Baker kept up the effect of the chloroform for three quarters of an hour, and left him asleep, having prescribed a blister to be applied to the back of the neck, and two grains of calomel every two hours, to get free action of the bowels. At nine p.m. he again visited him, and learned that an hour after he had left him the patient awoke, as if from sleep, with the free use of his limbs restored, and asking to be assisted to the night-chair, where he had a copious stool, and entered into rational conversation with those around him. From this time his general health gradually improved; but the finger continued much swollen. Finding, on the 3rd ultimo, that the pain had increased, with slight muscular convulsive twitches, and thinking that the finger might be the cause of irritation, and, consequently, being fearful of a return of the tetanic symptoms, Mr. Baker determined to remove the finger at once. Not having the chloroform with him, he amputated it without its use; and since its removal there has been no return of the convulsive symptoms, and the patient is doing well.

The tetanus came on five days after the accident, and the finger was amputated on the eleventh day after the original injury, and six days after the successful administration of chloroform.—*Lancet*, June 3rd.

TREATMENT OF ASPHYXIA.

Dr. Reid, of Liverpool, suggests, that in treating the apparently asphyxiated, a certain proportion of chlorine or nitrous oxide should be used with the atmospheric air employed in artificial respiration. He is led to propose this on the principle that the chief object is, independent of restoring the circulation and temperature, that the dormant irritability should be subjected to an extraordinary stimulant. While the common atmospheric air, or even oxygen gas perfectly pure, has no action, the irritative action of this gas, (the chlorine,) so well known in the living subject, will, in a corresponding manner, be more energetic in the lungs of the apparently drowned. In numerous experiments made on the healthy subject, and also on several different invalids, he has found that in the former, on an average of about 200 individuals, one cubic inch of chlorine, diffused through 200 cubic inches of air, (common air,) could be respired without exciting any irritation; but when the quantity of atmospheric air was reduced, the amount of chlorine remaining the same, more or less irritation was induced. It is unnecessary to remark on the different effects on invalids, as these varied very much, and it would be impossible to make nice applications of the sort in cases of asphyxia.

One cubic inch of chlorine may be diffused through fifty cubic inches of air for this purpose, or even one cubic inch in twenty-five cubic inches of atmospheric air. The respiratory movements once being excited, the amount of chlorine may gradually be reduced. Scarcely any bad effect will supervene which cannot be relieved by ammonia and hot water. The chlorine is readily obtained from the common chloride of lime.—*Lancet*, April 22nd.

SURGERY.

UMBILICAL HERNIA IN CHILDREN.

Mr. Spong, in speaking of the treatment of this disease, says:—Well regulated, constant, and equable pressure, seems all-sufficient for the cure of this disease in infants, and the elastic belt, presently to be described, answers the purpose effectually. It consists of a piece of vulcanized caoutchouc, about six inches in length, and three inches and a half in breadth, to either end of which is attached a piece of fine white linen web, (a species of girthing, used by saddlers, and manufactured of about the same breadth,) with tapes appended, which are tied behind the back. The piece of vulcanized India-rubber should be of such a length, according to the size of the child, as will embrace rather less than one-third of the circumference of the abdomen, the circle being completed by the pieces of linen web. This material is sufficiently stiff to prevent its creasing; its elasticity admits of the various movements of the child, its crying, coughing, &c.; and in whatever position the body is placed, it ever keeps up a determinate pressure. The patient soon becomes accustomed to its use, and it may be worn advantageously by night as well as by day; moreover, it retains its position accurately.

This substance is made of various degrees of thickness; that which is about as thick as half-a-crown will

be found to answer best. Another small circular piece, twice as stout as this, and about two inches in diameter, should be fixed to the centre of the first by a stitch of strong silk passed through the centre of both; this acts well as a pad immediately over the hernia. The curve of this malposition of parts is speedily effected by Nature, and the ring becomes accurately closed, provided the hernia is well maintained. Any requisite degree of pressure can be attained by means of this belt, on approximating the tapes, three or four in number, on each side. On one side they should not be attached close to the end, in order to allow of overlapping when the caoutchouc is put upon the stretch.

This instrument will be found both simple and efficient, and it costs but a few pence—a point of some consideration in the treatment of the poor. I have tried its use in several cases, and with uniform success. The cure usually occupied a period of from three to four months; but in one case, where, from neglect of the mother, the hernia had attained the size of the child's fist, the use of the belt was required for six months. The same belt, made of stouter material, will be found to answer for reducible umbilical hernia of adults, as the instrument is not displaced by exercise, and the patient can employ whatever amount of pressure he finds best for his particular employment.—*Lancet*, June 3rd.

OBSTETRIC MEDICINE.

CHLOROFORM IN MIDWIFERY.

Dr. Murphy concludes as follows from his experience of the action of chloroform in labour:—

1st. It does not interfere with the action of the uterus, unless it be given in very large doses, which is never necessary.

2nd. It causes a greater relaxation in the passages and perinæum; the mucous secretion from the vagina is also increased.

3rd. It subdues the nervous irritation caused by severe pain, and restores nervous energy.

4th. It secures the patient perfect repose for some hours after her delivery. These three last effects consequently render an operation much easier to perform, and the recovery of the patient afterwards much more favourable.

5th. The order of its effects on the vital functions seems to be, loss of sensation, partial loss of voluntary motion, loss of consciousness, complete loss of voluntary motion, stertorous respiration, loss of involuntary motion, cessation of the action of the uterus, of respiration, of the action of the heart.

6th. Its injurious effects, when an ordinary dose is given, seem to depend upon constitutional peculiarities, or on improper management. Much excitement about the patient may render her violent. Catalepsy has occurred in some; clonic contractions in others. Some patients are slow in recovering from the effects of a large dose; they remain giddy during the day, and sometimes faint when they stand upright.

PUERPERAL CONVULSIONS: INHALATION OF CHLOROFORM.

M. P——, aged 22 years, was admitted into the Hôpital St. Louis on the 24th of February, at eight o'clock in the morning. Labour had set in the preceding evening, and the patient had already had convulsions, which had necessitated venesection. Before she was brought to the hospital her constitution was lymphatic, and her habit stout and full.

When the surgeon arrived, the patient was in a state of convulsion, and completely unconscious; the face was swollen, the lips purple, and froth issued from the mouth; the fit lasted one minute after M. Richet first saw the patient, when, having examined per vaginam, he recognized a presentation of the head, which was gradually descending into the pelvis. The attacks succeeded one another with rapidity; the respiration was hurried, stertorous, and the pulse small, frequent, and irregular.

In the intervals, the loss of consciousness was still complete the teeth were set, the hands firmly closed. Chloroform was exhibited at the beginning of each convulsive fit, the duration of which was materially shortened by the inhalation, although their return was equally frequent during the two hours which followed. At half-past two o'clock, parturition was completed, and a large, well-developed boy brought forth; delivery was immediately accomplished. The patient gradually improved during the following days, and left the hospital on the 5th, with a tendency to mental derangement.—*Revue Médico-Chirurgicale.—Medical Times*, April 1st.

PHARMACY.

NEW PROCESS OF PREPARING IODIDE OF POTASSIUM.

By M. Criquelion.

Slake forty parts of quicklime with water, and add twenty-four parts of iron filings to make a complete mixture; add ninety-four parts of iodine by degrees, so as to avoid a too violent action, and let the mixture be stirred the whole of the time.

Should the reaction be too strong, its effect may be reduced by slight additions of water. Triturate the mixture until paper previously imbued with starch does not turn brown by contact with a slight trace of the liquid, but only shows an ochreous spot. Then throw the whole on a filter, and wash it until the water which passes through the filter gives no precipitate on the addition of acetate of lead. The waters which have passed through the filter are now mixed together, and treated with a solution of carbonate of potash, until the liquor gives no further precipitate. Filter well the deposit of calcareous carbonate, and a perfectly colourless solution will be obtained, which may be evaporated and crystallized in the ordinary manner. Ninety-four parts of iodine furnish by this process 119½ of iodide of potassium, perfectly white and pure. The difference of 3½ per cent. between the actual product and that given by theory (123,) results from the greater or less state of purity and dryness of the iodine employed.

When the iodine is first triturated with the iron and the chalk, the mixture acquires a brownish colour, and when the action has ceased it has acquired the ochreous colour of peroxide of iron. The filtered liquor consists entirely of iodide of calcium, without the least trace of iron, so that by double decomposition a pure

white iodide of potassium may be immediately obtained. The deposit of calcareous carbonate when well washed does not contain any iodine, as may be seen on adding nitric acid, and exposing paper imbued with starch to the effervescence produced. The precipitate of peroxide of iron of the first operation shows, by means of the same reaction, that it does not contain any iodine. By the process which is now pointed out, a pure and white iodide of potassium is immediately obtained, whilst the operations are much diminished, and more easily performed.

The iron is added to prevent the production of iodate of lime.—*Pharmaceutical Times.*

IODIZED OIL.

This preparation has superseded the other forms of iodine at the Val-de-Grace. M. Marchal, (De Calvi,) reasoning from the fact of the virtues of cod-liver oil being due to the small portion of iodine it contains, concluded that a far more useful preparation of this substance than the iodide of potassium is found to be might be made by combining it with an organic body. In this way a more complete assimilation of the substance, or, at all events, its longer retention in the economy, might be secured. He chose an oily body, because this, forming an emulsion with the bile, would allow of the substance being digested in the small intestines, and enable the stomach to become relieved of its presence. In this way far larger doses can be administered, if requisite, without irritating the latter organ; while the iodine is eliminated by the urine much more slowly and in far less quantities than is the case with the iodide. The trials which have been made are very satisfactory in their results, the progress of the cure of buboes and other glandular enlargements being much expedited. The iodide is dissolved in fresh almond oil as wanted, in the proportion of one part to fifteen; and this is afterwards worked up into an almond emulsion. The minimum dose is one grain.—*Gazette des Hôp.*, 1848, No. 13.—*Pharm. Times.*

LIFE-ASSURANCE CERTIFICATES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I beg to forward to you the accompanying copy of a correspondence between the Secretary of the Temperance Provident Institution, 39, Moorgate Street, London, and myself, and likewise a copy of an agreement entered into some years ago by the medical men of this town. I am inclined to think, that if a similar agreement were adopted *and adhered to* by the profession generally, we should not so frequently have to complain of being placed by Assurance Societies in collision with our patients, and that, too, without receiving any remuneration for the valuable information which they obtain from us.

Temperance Provident Institution,
39, Moorgate Street, London.

SIR,—A proposal having been made to this Institution for the admission of Mr. Gilbert Dallison as a member, and reference having been made to you for information respecting his present and general state of health, I have to request on his behalf that you will favour the Directors with answers to the enclosed queries. [16 queries.] Permit me to add that it is important to the party himself, that every question should be answered in as full and as correct a manner as possible.

As communications of this nature are considered to be strictly confidential, and a reason for rejection is never assigned, a perfect reliance may be felt, that should the tendency of your answers be such as to induce the Directors not to accept the proposed candidate, the purport of them will never be suffered to transpire, or to become in any way the subject of observation.

I have further to solicit that you will have the kindness to return the accompanying certificate, addressed as above, at your earliest convenience.

I am, &c.,
THEODORE COMPTON, Secretary.

May 23, 1848.

Derby, May 24, 1848.

SIR,—I have just received the form of certificate of health which you request me to fill up for Mr. Gilbert Dallison.

In consequence of the frequent applications made to medical men by Life Assurance Societies, for information respecting the health of persons desirous of having their lives insured, the medical men of this town have entered into an agreement that they *will not* answer the list of queries sent to them on such occasions unless they are accompanied with the fee usually given to the appointed referree of such societies.

Waiting your reply, I remain, Sir, &c.,
JOHN JONES.

Theodore Compton, Esq.

London, May 25th, 1848.

SIR,—In reply to your letter I beg to state that we require every person to give us satisfactory evidence of his health, I can, therefore, only refer you to your patient, if you will not give your answers without a fee. Should we require any special advice, or any examination, we shall be quite ready to pay you, but we cannot think your demand tenable for merely giving such *information* as you have at hand.

I am, Sir,
Your obedient servant,
THEODORE COMPTON.

J. Jones, Esq.

Derby, May 27, 1848.

SIR,—In accordance with your suggestion, I have applied to Mr. Dallison for a fee before I answer the queries contained in the form of certificate of his health forwarded by you to me, which he declines paying, I am, therefore, under the necessity of refusing to fill up the certificate as requested. In doing so I beg to state that I consider Assurance Societies ought not to object to pay the remunerating fee to the medical attendant of the applicant for assurance to whom they apply for information, for the following reasons:—

1st. The information is of the utmost importance to the interests of such societies.

2. The usual medical attendant can generally afford such information as cannot be obtained from any other source.

3. "As communications of this nature are considered to be strictly confidential," the transaction is, in my opinion, entirely and exclusively between the society and the medical man to whom application is made.

I have received from you a similar certificate for Mr. John Hendley, which, for the reasons stated as referring to Mr. Dallison, I must also decline filling up till I receive a fee to the same amount as you are in the habit of paying to your regularly-appointed medical referree.

I am, Sir,

Your most obedient servant,

Theodore Compton, Esq. JOHN JONES.

Copy of Agreement.

It being a common practice for agents of Life Insurance Companies to apply for information respecting the health of the applicant for insurance to his usual medical attendant, and in so doing present a formula of queries to be filled up by him, with an assurance that if an unfavourable report should be made, the applicant shall not be acquainted with the source from whence the Company have derived their information, thus constituting the transaction a private one between the Company and the medical man; and as in many instances the Company refuse to give a compensating fee for information thus obtained, we, the undersigned medical practitioners, of Derby, agree for the future, never to respond to such applications, without receiving from the Company's agents the same remunerating fee as is given to their regularly appointed medical referree:—

W. E. Forrester, M.D.; Thomas Bent, M.D.; Wm. Baker, M.D.; James Heygate, M.D.; Douglas Fox, surgeon; William Bennet, surgeon; Edward Charles Rudkin, surgeon; John Wright, surgeon; John Hill, surgeon; S. W. Fearn, surgeon; Charles Borough, surgeon; John Lindley, surgeon; John Johnson, surgeon; J. Whitaker Johnson, surgeon; John Jones, surgeon; Augustus G. Greaves, surgeon; Henry F. Gisborne, surgeon; Robert Hamilton, surgeon; John Webster, surgeon; Thomas Harwood, surgeon; Allen Borman, surgeon; Thomas Buxton, surgeon; Edward Hoskins, surgeon; Joseph Butler, surgeon; Wm. Moore Wooler, surgeon.

If you agree with me in thinking that the publication of the above might be useful, I shall feel obliged by its insertion in the *Provincial Journal*; and, perhaps, you will not think it too much trouble to cause it to be forwarded for insertion also in the *Lancet*.

I remain, Sir,

Your obedient Servant,

Derby, June 5, 1848. JOHN JONES.

Medical Intelligence.

THE EPIDEMIC CHOLERA.

Accounts from Vienna mention that the cholera has appeared at Galatz, and that 23 persons had been almost simultaneously attacked by the disease in that town.

REPUBLICAN LIBERTY.

M. Foville has been dismisssed from his appointment of first physician to the Charenton. These proceedings of the French government in depriving men of the highest reputation and talent of their offices, on account of political opinions, are but little consonant to English ideas of liberty. Our Continental neighbours would seem to have yet to learn, that freedom of thought and opinion, without being subjected to pains and penalties, is quite as essential to true liberty, as the extension of the elective franchise to all the subjects of the state, or the admission of all to the deliberative council of the nation, without regard to qualification and fitness.

DR. BERNCASTLE'S TESTIMONIAL.

The following additional subscriptions have been received to the fund for this object:—

Dr. Elliotson, F.R.S.	£2	2	0
W. Clark, Esq., Sutton, ...	1	1	0
R. Espie, Esq., R.N.	0	10	6

APPOINTMENTS.

Henry Taylor, Esq., has been elected Surgeon to the Nottingham Dispensary, in the room of Mr. Robert Davison, deceased.

Dr. Cursham and Dr. Theophilus Thompson have been elected Physicians to the Hospital for Consumption, at Brompton; and Dr. Quain, Dr. Cotton, and Dr. Bower, Assistant-physicians to the same Institution.

M. Trousseau is appointed Physician to the Hôpital des Enfans Malades, in the room of M. Guersant, deceased.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

The following gentlemen have been elected officers for the ensuing season:—

PRESIDENT—Robert Harrison; VICE-PRESIDENT—Andrew Ellis; SECRETARY — Alexander Read; COUNCIL — Richard Carmichael, Samuel Wilmot, Alexander Read, William Auchinleck, James W. Cusack, Arthur Jacob, W. H. Porter, William Tagert, R. C. Williams, L. Armstrong, Leonard Trant, Francis Rynd, Robert Adams, James Barker, William Colles, John H. Power, Lewis E. Lipsett, John Macdonnell, Maurice Corr.

ROYAL COLLEGE OF PHYSICIANS.

HARVEIAN ORATION.

The Harveian Oration is appointed to be read on Saturday, June 24th, by Dr. Francis Hawkins.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, June 2nd, 1848:—J. W. Dew; W. A. Gillow; J. Adams; W. Gilbee; H. T. Parke; J. Gunson.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, May 25th:—George Francis Cooper; George Manning, Canada; Peter Hinckes Bird, Birmingham; Robert Abercrombie, Manchester.

OBITUARY.

Died, in January last, Matthew Hall, Esq., M.R.C.S., of Wortley, near Leeds, a Member of the Provincial Medical and Surgical Association.

May 18th, at Scariff, in the county of Clare, aged 44, of fever, Thomas Smith, M.D.

May 24th, at Tunbridge, aged 53, William James West, Esq., Surgeon.

May 24th, aged 52, of fever, John Boast, Esq., M.R.C.S., of Southwark.

Lately, M. Alphonse Dupasquier, Professor of Chemistry at the Medical School of Lyons.

BOOKS RECEIVED.

An Essay on the Epileptic Form of Puerperal Convulsions; &c., &c. By Joseph Thompson, M.R.C.S., Consulting Surgeon to the Union Hospital, and Honorary Surgeon to the General Dispensary, Nottingham. Nottingham. 1848. 8vo. pp. 74.

On the Diagnosis and Treatment of Retroversion of the Unimpregnated Uterus. By J. Y. Simpson, M.D., Professor of Midwifery in the University of Edinburgh. (From the *Dublin Quarterly Journal of Medical Science.*) 1848. 8vo. pp. 31. Plates.

Hospital Elections and Medical Reform, addressed to the Governors of St. George's Hospital, and to the Profession. By Edwin Lee, Fellow of the Royal Medical and Chirurgical Society, &c. &c. London: Churchill. 1848. 8vo. pp. 32 and 12.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The Anniversary Meeting of the Provincial Medical and Surgical Association is appointed to be held at Bath, on Wednesday, August 9th, and Thursday, August 10th, when George Norman, Esq., F.R.C.S., of Bath, will be proposed as President for the ensuing year, in the room of Dr. MacMullen, the President-Elect, who is compelled from ill health to resign the appointment.

NOTICE TO MEMBERS.

Gentlemen who have not yet paid their subscription for the current year, or who are in arrears, are requested immediately to forward the amount due, either to the Secretary of the District in which they reside, or to the Treasurer or Secretary of the Association, as the accounts are now about to be made up for the Annual Meeting.

ROBERT J. N. STREETEN, Secretary.

TAUNTON AND SOMERSET BRANCH.

ANNUAL MEETING.

At the Annual Meeting of the Taunton and Somerset Branch of the Provincial Medical and Surgical Association, held at Taunton on Wednesday, May 7th, 1848, Dr. Brock, President, in the chair, A. F. Edwards, Esq., of Wiveliscombe, was appointed President-Elect. Messrs. Alford, Edwards, Gillett, Kelly, Kidgell, Ling, Randolph, with the President and the Secretary, form the Council for the ensuing year. Dr. Woodforde was appointed Honorary Secretary and Treasurer. Wiveliscombe was fixed on as the place of meeting for the year 1849.

SUFFOLK BRANCH.

ANNUAL MEETING.

The Annual Meeting of the Suffolk Branch of the Provincial Medical and Surgical Association will be held at the Guildhall, Bury St. Edmunds, on Friday, June 16th, T. G. Hake, M.D., President, in the chair.

C. R. BREE, Hon. Sec.

Stowmarket, May 27, 1848.

BATH AND BRISTOL BRANCH.

ANNUAL MEETING.

The Annual Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association will be held at the Royal Literary and Philosophical Institution, Bath, on Thursday, June 22nd, at 2, p.m., Farnham Flower, Esq., President, in the chair.

JOHN S. BARTRUM, Secretary.

SOUTH-EASTERN BRANCH.

ANNUAL MEETING.

The Annual Meeting of the South-Eastern Branch of the Provincial Medical and Surgical Association will be held at Tunbridge Wells, on Wednesday, June 28th.

As Tunbridge Wells in itself may be supposed to have an especial interest for gentlemen from a distance, for those who can arrive over night, or early in the morning of the 28th, there will be a breakfast party at nine o'clock, at the Sussex Hotel.

I. HARGRAVES, President,
THOMAS MARTIN, Reigate,
Secretary.

TO CORRESPONDENTS.

Communications have been received from Dr. Wardell; Mr. Crompton; Dr. Oke; Dr. H. T. Castle; M.R.C.S.; Mr. F. S. Garlick; Mr. J. Jones; Mr. Daniell; Dr. Blackmore; Mr. W. Bush.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels and books for review may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

CLINICAL LECTURE ON DIABETES.

Delivered at King's College Hospital,

By R. B. Todd, M.D., F.R.S., Fellow of the Royal College of Physicians, &c.

(Reported by S. J. A. Salter, Esq., M.R.C.S., A.K.C.,)

Gentlemen,—To-day I have to trouble you with the remaining particulars and termination of the cases of our two diabetic patients, Hardy and Bowles, both of which have come to a conclusion, as far as our clinical study is concerned; the one patient having left the hospital, is consequently removed from our observation, and, to a great degree, from our treatment also, though we still occasionally see him as an out-patient; the other having terminated fatally, in consequence of inflammatory disease of the kidneys, having been produced by the patient's violation of the rules of diet laid down for him, and his too liberal use of spirituous liquors. I shall, therefore, in addition to the clinical remarks, be able to communicate to you some interesting points on the morbid anatomy of diabetes.

You are aware that these men have been subjected to the most rigid dietetic treatment, and that the plan which I proposed has been carried out to the fullest extent that was possible. I will explain to you what this mode of treatment was. The patients were both put into a separate ward; it was sufficiently large, airy, and light, and in this room they were locked up; they went into this ward on the morning of the 22nd of November, and remained there until the 18th of January, a period, both days being included, amounting to about two months, being fifty-eight days. The door was kept constantly locked, and no one was allowed access to the patients, except the house-physician, the clinical clerks, and the nurse; and I chose the nurse to attend on these men, whom I believe to be a thoroughly efficient and trust-worthy person,—indeed, the most so of those in the hospital. Occasionally they took exercise, at first in a cab, and afterwards, when they were strong enough, on foot; but on these occasions they were always accompanied either by the nurse, who was sent with them to prevent them from taking any improper food or drink, for had they done so, it would have upset all our calculations, and we could not have arrived at any definite conclusion, as to the effect of the dietetic mode of treatment we had been pursuing. By this, I believe we precluded every means of imposition; and I think there certainly can be no doubt, but that we knew everything our patients were taking. It is quite necessary to observe all these precautions, for the appetites of diabetic patients are so enormous, and their craving for just those kinds of food which are most improper for them, is so great, that if any possible opportunity of getting such diet be given, they are sure to take advantage of it; their cravings for saccharine and amylaceous food are so great, that they almost deceive themselves, and though they may wish to obey the injunctions of their doctor, their impulses are so strong, that, have they a chance, they will in this particular, disobey him.

I am quite sure that my friends, the house-physician and my clinical clerks, have been too anxious to further my wishes, in the treatment of these patients, not to have exercised due vigilance over them, to prevent them from procuring any food, that I had not ordered them; and if the nurses under whose surveillance they took their exercise, have done their duty, as indeed, I believe they have, then, any inferences to which we may come, relative to the effect and value of the mode of treatment we have adopted, that suggest themselves, will be without fallacy on that score. I am, myself, quite satisfied with our security.

On the morning of the 22nd of November, 1847, they were removed into their solitary ward; but it was not till the next day, that the strictly animal diet was adopted.

I will first, gentlemen, call your attention to Hardy's case. On the day of his admission into the new ward his diet was the following:—

For *Breakfast*—Milk, 1½ pint
Tea, 1 pint,
Bread, 8 ounces.
Dinner—Meat, 14 ounces
Eggs, 2
Porter, 2 pints.
Supper—Meat, 8 ounces
Tea, *ad libitum*.

At this time Hardy was in extremely low condition; he was much emaciated, he suffered greatly from thirst, and was often disturbed in the night by the urgency of his thirst, and the necessity for frequent micturition; he was excessively weak and languid, and could hardly walk up stairs. Three days previous (the 19th,) he was weighed, and it was found that his weight was only 128 pounds, it having been 127 on the 14th, and 129 on the 6th. On this day he drank nine pints of fluid, and passed eleven pints of urine, the specific gravity of

which was 1.034, and which, to all the ordinary tests, yielded unequivocal evidence of holding a large quantity of sugar in solution.

Being anxious to ascertain what amount of sugar might be found in the matters ejected from his stomach, I ordered him an emetic, consisting of twenty-five grains of sulphate of zinc, to be taken on this evening, (the 22nd.) This emetic, however, did not make him vomit, (the same was the case with Bowles,) but made him feel slight nausea for about one hour.

On the 23rd the report states that he was rather weaker; he had had no sickness from the emetic, but it had occasioned profuse diaphoresis in the night, which had materially interfered with his rest. During this day he had no sweet taste in the mouth, less thirst, the saliva not so acid, the tongue cleaner, and the mouth more moist. The quantity of liquid drunk was nine pints, and that voided was eight pints, of specific gravity 1.038. His diet for this day was—

At *Breakfast*—Eggs, 2
Beef tea, 1½ pint.
Dinner—Meat, 14 ounces
Beef tea, 1 pint.
Tea—Meat, 6 ounces
Eggs, 2
Beef tea, 1½ pint.
Supper—Meat, 8 ounces
Beef tea, ½ pint.

On the 24th he had passed a good night, having been disturbed only twice to make water,—this was a great and rapid change in this particular symptom. Very early in the morning he was attacked with a violent itching of the skin, accompanied by an eruption resembling urticaria, which was probably produced by the very different diet he was then taking, from what he had previously. The patient stated that he felt unusually well, and differently from what he had at any time previously, during his residence in the hospital. The skin was slightly moist; the saliva abundant; tongue clean; pulse 90; urine six pints and a half, eight pints of liquid having been drunk; it was acid, and the specific gravity ranged, during the day, from 1.030 to 1.032; one specimen was passed of 1.021.

The following diet was fixed for him—

Breakfast—Meat, 1 pound
Water, *ad libitum.*
Dinner—Meat, 1 pound
Water, *ad libitum*
Greens.
Tea—Meat, 6 ounces
Eggs, 2
Water, *ad libitum.*
Supper—Meat, ½ pound.

He was also to have two bottles of Carrara water during the day.

On the morning of this day he also took an emetic, (Zinci Sulphatis, gr. xxv.;) it did not make him vomit, but produced slight nausea. About 9 o'clock, p.m., he had another attack of cutaneous itching, but it was less intense than the previous one, and only lasted half an hour.

On the 25th the patient felt still better, he had passed a comfortable night, the sulphate of zinc having caused only very slight diaphoresis; he had been disturbed but twice to pass water; the tongue clean and moist; skin damp; thirst less. The urine, which was in quantity eight pints and a quarter, had totally changed, it now contained *no trace* of sugar, and this was the first instance of a specimen of this man's water being destitute of that substance; its specific gravity was 1.028.

From this time his general symptoms underwent a decided change, constantly and steadily improving. The urine became much less abundant; and I would here draw your attention to some of the most striking instances of its diminution in this table, and in showing you this I would also remind you, that on the 19th of October he drank* ten pints ten ounces of liquid, and passed seventeen pints eight ounces of urine; and on the 22nd of November nine pints were drunk, and eleven pints passed; and three days before twelve were passed, while nine were drunk; and I say, remembering how large was the quantity of fluid drunk and passed just previous to this patient entering the new ward, and how fixedly it kept at that high amount, the immediate diminution, and steady decrease, which it subsequently underwent, are very striking:—

Date,	Quantity drunk.	Quantity voided.
Nov. 10	144 ounces	192 ounces.
„ 22	144 „	176 „
„ 24	128 „	104 „
„ 26	120 „	92 „
„ 29	104 „	92 „
Dec. 5	80 „	68 „
„ 9	48 „	80 „
„ 10	48 „	64 „

During the whole of his sojourn in this ward, the quantity of urine passed kept very steadily to about five pints, (80 ounces,) the thirst also became much less, and, as you see in the above table, he did not drink half the quantity of fluid he had at one time; three or four pints would often satisfy him. The saliva was much more abundant, and was less acid; the pulse too had greatly lessened in frequency, and the diminution in its rapidity seemed to keep pace with the improvement in his other symptoms: thus, on November 24th, the pulse was 90; on the 30th, 80; on the 3rd of December, 84; on the 5th, 70; on the 6th, 72; and on the 8th it was 72 likewise. I shall presently show you that a retrograde course in his health, and a partial return to his former mode of life, had the effect of rendering his pulse more frequent and permanently so. The patient at this time (that is, during December,) was much less often troubled to pass his water; he was obliged to get out of bed, during the night, once—more rarely twice, sometimes not at all. Occasionlly he suffered from a violent itching sensation of the skin; this occurred chiefly at night, when warm in bed, and generally when he perspired freely; it was unattended by any cutaneous eruption, and did not appear to be connected with any obvious cause.

Early in December, Hardy took walking exercise along the corridor in the hospital, under the surveillance of the nurse; subsequently his exercise consisted in a ride in a cab, on which occasions he was

* The pint spoken of in these lectures is sixteen ounces.

also accompanied by the nurse. He gained strength so rapidly, that by the 18th or 19th of the month he could take walks of two miles daily, and accompanied by comparatively little fatigue. This change is truly remarkable; for when first he went into the separate ward, he could hardly walk up stairs.

Another very important improvement which occurred in this patient was, that he gained flesh and consequently increased much in weight. I have already told you, that when he went into the new ward, or, what amounts to pretty much the same, three days previous to that, he was weighed, and his weight was 128 pounds; fourteen days after that he was again weighed, and he had then increased half a stone in weight. The following table shows the progress he made in this particular:—

Date.	Weight.
Nov. 19	128 pounds.
Dec. 7	135 „
„ 23	136 „
Jan. 6	138 „
„ 13	140 „
„ 25	144 „

Thus, you see, in about two months he gained a stone and two pounds in weight.

From the 24th of November up to the 25th of December, his diet was very nearly what was fixed for him on the former of those dates, with these exceptions, that he has occasionally had a small quantity of water cresses, and, at other times, he has had no vegetable at all for several days together, not even greens. His meat consisted of roast beef, roast mutton, mutton chops, beef steaks, veal, and occasionally fish. This was the case from the 15th to the 24th of December.

On the 25th of December, (Christmas day,) Hardy pleaded very hard for me to allow him some pudding, and I could not refuse him any longer, so he accordingly had one slice of pudding. This change in diet produced some alteration in his general symptoms; the pulse became quicker, and he was more thirsty, but there was no increase, either in the quantity or specific gravity of the urine. The most remarkable of these changes was the greater frequency of the pulse; it rose from that time, and never, on any subsequent day, while he remained with us, did it fall as low as it had been for many days before. On the 25th of December, the pulse was 76; on the 28th, 90; on the 29th it was 92; on the 30th, 94; on the 1st of January it rose to 96; and on the 4th to 100. During this time (from Christmas-day to the 4th of January,) he had daily a slice of pudding; but I then interdicted it, and substituted for it a little arrow-root, which he did not like, and he ate very little of it; the result was, that on the 5th of January the pulse fell to 90, on the 7th to 86, and on the 8th to 80. On the evening of this day, being very hungry, he ate all his arrow-root; and not only his own, but also that of his companion; and the next day (the 9th,) his pulse rose to 98, on the 10th it was 96, and it ranged, ever afterwards, between that number and 104, never sinking below 96, and generally much above it, averaging 99 or 100.

During the time our patient was subjected to this mode of treatment, the specific gravity of his urine fell very considerably, (you will bear in mind that its healthy range is from 1.015 to 1.025;) it once reached as low as 1.018. The following are some of the records which have been kept by my clinical clerk:—

Date.	Specific Gravity. Night.	Morning.
Nov. 10	1.036	1.037
„ 23	1.038	1.025
Dec. 2	1.029	1.032
„ 13	1.026	1.028
„ 23	1.026	1.026
Jan. 2	1.019	1.024
„ 3	1.026	1.026
„ 14	1.021	1.023
„ 15	1.018	1.025
„ 18	1.019	1.028
„ 19	1.023	1.028
„ 23	1.026	1.026

On the 18th of January, as the room in which my patients had been confined was wanted for other purposes, Hardy and his companion were removed into Rose Ward. For a few days previous to his entering the common ward I had allowed him a little bread, which he had taken without any alteration of his symptoms, but he now took it in larger quantity, and this produced an increase in the amount of his water, from five pints, which it had been previously, to seven pints; there was scarcely any increase in its specific gravity; the pulse was quicker.

I was anxious to ascertain what was the amount of sugar existing in the urine, relatively to its other constituents, and the quantity of liquid that kept it in solution; and whether it underwent any variation in proportion to the quantity of the urine, or the severity of the other symptoms. This could only be known by a careful *quantitative* analysis, made from time to time. The process, by which the sugar is separated from the other principles in the urine, especially from urea, is tedious and difficult, and the task has been kindly undertaken for me by Mr. John Bowman, and was prosecuted in the laboratory at King's College. I will now read the quantities of sugar, *per cent.*, which he found in the several specimens of urine he examined.

Date.	Amount of sugar in the urine, *per cent.**	Date.	Amount of sugar in the urine, *per cent.**
1847.		1848.	
Nov. 30	3.50	Jan. 10	3.60
Dec. 1	4.53	„ 13†	2.85
„ 6	4.07	„ 18	3.40
„ 8	4.60	„ 19	3.39
„ 15	3.80	„ 24	3.39
„ 17	3.10	„ 21	3.41
„ 21	4.00	„ 31	3.36
„ 24	3.91	Feb. 10	3.35

* The urea was never more than 0.1 to 0.2 per cent.

† For the analysis on the 13th of January I am indebted to Mr. Beale; he further examined the urine quantitatively, as to the amount of its other matters. The following is the result:—

Diabetic Urine—(Hardy.)

Reaction, acid.	Specific Gravity, 1.021.
Water	94.600
Urea, Uric Acid, Extractives	2.154
Sugar	2.850
Fixed Salts	.376
Loss	.020
	100.000

You must observe that, for the most part, there was but slight difference in the per-centage amount of sugar, which the urine contained, and what little difference did occur appeared quite irrespective of the quantity of urine passed, or liquid drunk, or of his condition and symptoms generally. Remember, I am speaking of the *per-centage*, and not of the absolute amount of sugar voided.

And now, gentlemen, that I have troubled you with such lengthened and elaborate details, I will make some general deductions from them. I have come to the following conclusions:—

1st. That the change to an exclusively animal diet was very well borne. It produced no fever, as from common prejudice we might have been led to anticipate, and especially taking into consideration the large quantity taken,—about 3lbs. a-day; but, instead of fever, the pulse steadily and regularly lessened in frequency, and did not again rise till he had violated the strict law as to his diet which I had laid down for him, and partially returned to his former mode of feeding. Primary digestion was very well performed—wonderfully so, when we consider the large quantity of food taken in, and the peculiar character of that food.

2ndly. That the most marked effect upon the secretions, and upon the symptoms generally, was produced *immediately* after the change of diet. If you compare his condition at two or three days after we commenced our new mode of treatment, with what he was at a fortnight, (excepting his increased weight and strength, which of course must be gradual,) you will see little difference. Three days after his admission into the separate ward, the urine diminished from 176 to 92 ounces; his skin, which had previously been dry and harsh, was moist and soft, and at night he had abundant perspiration; his mouth, before dry and clammy, was now moistened by plentiful saliva, and this, too, was of a more natural character, for it was less acid. All this occurred in the first two or three days. The increase of weight which the patient underwent must necessarily occupy some time; but still, it is to be remembered, that in the first fourteen days he gained 7 pounds, while he only gained 9 pounds in forty-eight days afterwards. This shows what a marked effect this mode of treatment had upon the disease immediately upon its establishment.

3rdly. The next deduction that I would make from the details of this case, is relative to the quantity of sugar which Hardy voided in his urine. Now, while the *per-centage* amount of that substance underwent but a trivial alteration, so that any given quantity of his water may be said to have contained nearly as much sugar on any one day as the same measure did on any other day; still, it must be remembered that the urine diminished greatly in the amount daily passed, and consequently the aggregate mass of sugar eliminated, and probably, also, generated, must have diminished in the same direct proportion. Take, for instance, these examples:—On the 22nd of November, 11 pints (176 ounces,) of urine were passed, and they contained 6.07 ounces of sugar; on the 30th of the same month, 6 pints and 12 ounces (108 ounces in all,) of urine were voided, containing about 2.60 ounces of sugar; and on the 15th of December, 4 pints 8 ounces (which equal 72 ounces,) of urine were evacuated, containing little more than 2 ounces of sugar. We conclude, then, that while the urinous solution of sugar has been of pretty much the same strength, and with little variation, still, the amount of that solution has greatly varied.

4thly. And lastly, I would say, that the addition of a *little* amylaceous food to Hardy's diet appeared to produce but little unfavourale effect; there was, however, a slight increase of urine, and the pulse was more rapid; but the extreme comfort he derived from a small quantity of vegetable food more than counterbalanced the trivial consequences it produced.

I will now call your attention to Bowles's case, which, unfortunately, is not so favourable as Hardy's; it was always more confirmed, and the remedies which we used had not so marked an effect upon him; his case, moreover, was complicated with a phthisical tendency, which caused a rapid development of tubercles, of which he at last died. But though this case does not show as distinctly all the points which we have observed in the other, still, as far as it goes, it does not in any degree militate against the inferences deducible from the results of the treatment in Hardy's case.

Bowles entered the separate ward at the same time with Hardy, (Nov. 22nd,) and was subjected to nearly the same treatment, and always had the same diet.

When Bowles entered this ward he was very weak indeed; it fatigued him to walk about the room; all his symptoms, thirst, dryness of mouth, sweet taste, craving appetite, parched skin, great diuresis and constipated bowels, were urgent. Two days before his admission he weighed 111 pounds. He was ordered the same diet as Hardy, and, like him, took twenty-five grains of sulphate of zinc on the evening of this day. This emetic produced not the slightest effect upon the stomach; he did not vomit, neither was he nauseated in the least, but it occasioned a profuse diaphoresis during the night, and for the whole of the next day the skin was moister.

On the evening of the 24th he took another emetic, similar to the first; this, however, caused a good deal of nausea, but not vomiting; afterwards he passed a good night, but without sweating; the next day his skin was very slightly moist. The difficulty of exciting vomiting in diabetic subjects has been previously noticed by other observers; it is, perhaps, due to a diminished sensibility of the mucous membrane of the stomach.

On the 30th of this month he had a third emetic, consisting of Zinci Sulphatis, gr. xxx.; Pulveris Ipecacuanhæ, gr. xv. Soon after taking this he felt nausea, and in ten minutes he vomited about an ounce of mucus and water; after this he took some tea, and the nausea immediately left him; he sweated more during the subsequent night than on any previous occasion; he slept well, and was only disturbed once to pass water. The next day the skin was moister.

These matters which were vomited afforded us the only opportunity we had of ascertaining whether sugar might be found in the contents of the stomach; Mr. John Bowman analysed them for me, and he found them to contain diabetic sugar.

The change of treatment which Bowles underwent in this ward produced the same immediate effect upon his symptoms as we have noticed in Hardy. Take, for instance, the quantity of the urine:—

On November	22	192 ounces	were voided.
„	23	92	„ „
„	24	96	„ „
„	25	84	„ „
„	26	80	„ „
„	27	76	„ „

His other symptoms likewise improved; the skin was soft, and often moist; the mouth was also moist; the thirst less; the sweet taste vanished from the palate; the urine lost its diabetic odour; the saliva was abundant, and less acid; he was now seldom disturbed more than once during the night, and on the 29th not once, to micturate.

On the 1st of December, in compliance with his urgent request, I allowed him five ounces of bread, to be continued daily; the result was, that his urine, which amounted to ninety-six ounces on that day, rose to 116 ounces on the 2nd, 112 on the 3rd, 118 on the 4th, 124 on the 5th, and continued thus high till the 11th, on which day the bread was ordered to be discontinued. This produced a diminution to 88 ounces on the 11th, the same on the 12th, and 80 on the 13th of December. His pulse, which was 88 on the 1st, when he began to take bread, rose to 94 on the 2nd, and kept high for some days; his thirst also became greater; the saliva, however, was now alkaline. All the unfavourable symptoms improved when the bread was left off.

I would here point out to you a feature in this case, which was less manifest in Hardy's,—namely, that the per-centage of sugar in the urine seemed to bear somewhat of a direct relation to the other symptoms; that when they increased in severity, it increased in quantity; and, moreover, that the diet appeared to exercise a distinct influence on the amount of sugar.

These are some of Mr. Bowman's analyses of Bowles's urine:—

Date. 1848.	Amount of sugar* in the urine, *per cent.*
November 30	4.46
December 1	4.60
„ 6	6.46
„ 8	6.06
„ 14	3.00
„ 15	4.70
„ 17	3.50
„ 21	4.10
„ 24	4.10

Now you will observe in this table, that while our patient was in an improved state of health, which includes the dates of the 30th of November, and the 1st of December, on which the urine was analysed, then the per-centage of sugar was comparatively low; but after he took the five ounces of bread daily, the sugar increased to 6.46 on one day, and to 6.06 on another, thus rising two per cent. Again, the bread being discontinued on the 11th of December, and from that time forward, (as far as I have yet given you the analyses,) the quantity of sugar again diminished as low as before. Thus, you see the per-centage of sugar increased and decreased, *pari passu*, with the general symptoms, and the farinaceous character of the diet.

From the 11th to the 25th of December, the patient continued to progress very favourably. I will read to you the report from the case-book of the 20th, which describes his condition pretty much as it was during the whole of that interval.

"Feels stronger; can now walk some distance without feeling tired; has no sweet taste in the mouth; tongue clean and moist; bowels regular; the urine is still rendered of a dark colour by heat and Liquor Potassæ; sleeps well at night, but is generally disturbed *once* to make water; says he formerly had to pass water as many as eight or ten times during the night; skin moist; does not complain of thirst; pulse 80; urine 76 ounces; specific gravity, 1.031."

The urine varied, during this period, from 72 to 92 ounces *per diem*, its specific gravity averaging about 1.033.

On the 25th of December, I was obliged to allow Bowles some pudding, and he always had pudding, or something equivalent to it, every day afterwards. The result of this was, that the subsequent reports were unfavourable; I will read you that of the 28th as an example.

"Has passed a bad night, owing to severe headache and nausea; perspired very profusely; he did not take his tea last night, but his appetite is better this morning; tongue furred; skin hot and dry; does not feel thirsty; bowels not open; saliva acid; pulse 120."

I was obliged to allow Bowles some farinaceous food every day; he would no longer submit to the exclusive diet of animal food; so, on the 1st of January, I fixed the following for his daily diet, distributed through the day, as might best suit his own inclination.

Meat, 4 pounds.
Brown bread, 5 ounces.
Light pudding.
Carrara water, two bottles.
Water, 4 or 5 pints.

After this the general symptoms continued not so well; the pulse was never again below 90, and it was only once as low as that; 98 was its general frequency, and it once or twice reached 120.

The specific gravity of the urine now rose to 1.037, 1.040, and 1.042, and kept high always afterwards.

The per-centage quantity of the sugar also underwent a great increase. You will remember that on the 24th of December, when the patient was so much better, and whilst he was taking no bread or pudding, the sugar was 4.1 per cent. The following table shows how it had augmented during the month of January, when a different diet was being taken:—

* The amount of urea was the same as in Hardy's urine.

Date. 1848.	Amount of sugar in the urine, *per cent.*
Jan. 10	6.20
„ 18	6.12
„ 19	6.10
„ 24	6.31
„ 28	5.90
„ 31	5.86

It is remarkable that there does not appear to have been any increase in the amount of water passed by Bowles, notwithstanding the augmentation of his other symptoms, and the larger quantity of sugar which he generated. I am inclined to believe, however, (at least, after the 18th of January, when he was admitted into the common ward,) that he made away with some of his urine, after passing it when he went to the water closet.

There is one more item that I wish to notice, which I have not yet referred to, and that is, the patient's weight at different periods. The following are the records which have been kept on that subject:—

Date.	Weight.
Nov. 19th	111 pounds.
Dec. 23rd	112 „
„ 30th	115 „
Jan. 6th	112 „
„ 13th	109 „

These figures show that, at the early part of the treatment, when Bowles was getting so much better and stronger, and whilst he was using a diet almost destitute of vegetable matter, he gained in weight; but that after these measures had been laid aside he again lost weight. The only peculiar circumstance is, that the increase of weight went on after the 25th of December for a few days; but that soon changed, for a fortnight after, we find he had lost six pounds.

I had all along noticed that Bowles appeared more gravely affected than Hardy; but it was not till the 11th of January that the phthisical symptoms made their first appearance. On that day we noticed *cough*; this was at first slight, but the next day it was more severe, and troubled him greatly. He was then ordered some Vin. Ipecacuanhæ and Tinct. Hyoscyami; this appeared to benefit the cough, for the next day he was rather better; however, it soon became a good deal worse, and disturbed his rest at night; it was unaccompanied by expectoration.

On the 18th of January he was removed from the private ward into the Rose Ward; and from that time the cough and diabetic symptoms grew more severe. He now became very feverish; the pulse was 112 on the 18th, 116 on the 19th, and 120 on the 20th. Upon examination of the chest we were unable to discover any particular dulness on percussion, or deficiency of respiratory murmur, but we noticed a prolonged expiratory murmur on both sides.

During the last few days of January, Bowles got rapidly worse; he became much thinner and very weak; the tongue was furred, and the appetite much diminished; his cough became still more troublesome, especially at night, and his pulse kept up at 116 or 118; the thirst was greater than before.

On the 5th of February the report states, that, added to the prolonged expiratory murmur, there were observed slight dulness under both clavicles and the supra-spinal fossæ of both sides, roughness of breathing, and increased resonance of voice; the pulse this day was 122. He was ordered ammonia and wine.

From the 5th he rapidly sank. On the 6th he was very low and weak, felt a total disregard for all food and was more feverish; the pulse was 132; he lay in bed in a dozing state, groaning and muttering to himself in a sort of low delirium. He remained in the same condition during the 7th, but on the 8th he became still worse; he was then almost comatose; the breathing was hurried, respirations 48 in the minute; pulse 134, thready and very compressible; he passed his water unconsciously in bed; he could not be got to swallow any nourishment. On the morning of the 9th of February he died. The urine, during the last two days, contained fibrinous casts of the tubes of the kidney, a trace of albumen, and also a considerable quantity of fat. The comatose state which appeared just before Bowles died, arose, in all probability, from a poisoned state of the blood, the kidneys failing to some extent to remove the sugar or the urea, or perhaps both.

You will observe that it was about the middle of January that Bowles got so much worse; and I am informed that about that time, having been allowed one day to go out for a walk with Hardy, unacccompanied by the nurse or porter, he went to visit one of his relatives, and had what, to them, was a sumptuous repast of bread and butter, gin, beer, and apples. It would have been difficult for them to have chosen anything which could have been more improper for them; and I believe that this must have hastened Bowles's death, by producing an inflammatory state of the kidneys, which materially impaired their eliminative power.

We had a *post-mortem* examination of the body about twenty-four hours after death, and I will now give you the particulars of it, for it was one of unusual interest.

Post-mortem.—The body was much emaciated, and on cutting through the skin, very little subcutaneous adipose tissue was seen.

Head.—The brain appeared shrunk; there was an unusual quantity of cerebro-spinal fluid in the sub-arachnoid space, and there was much serum in the ventricles.

Thorax.—The serous cavities of the chest were dry; there were no pleuritic adhesions.

The *lungs* partially collapsed when the chest was opened; they were of a brighter red than natural, and were dotted all over with very numerous white spots. On cutting into the substance of the organ, they were found studded throughout with thousands of minute tubercles, about the size of a pin's head, and remarkably uniform in size; they were scarcely more plentiful in the upper than in the lower lobes of the lungs. These tubercles were white, opaque, and soft. When the lungs were cut into, they exhaled very powerfully the peculiar sweet odour so characteristic of the breath of diabetic patients, and some portions which were kept for three or four days out of spirit, exhaled this smell to the last. The lungs were everywhere pervious to air; crepitated under pressure, and floated in water. At the anterior part of the root of the right lung was a cyst, containing

about two drachms of pus, apparently formed by the suppuration of a lymphatic gland in this locality.

Abdomen.—The *stomach* was unnaturally large; it contained about two ounces of thick fluid, consisting principally of mucus. The mucous membrane had an unusual quantity of rugæ. Upon a microscopical examination of the membrane, I found the stomach tubes wonderfully well marked; the same was the case with the cells, and they contained an abundance of epithelium—in fact they were stuffed with epithelium. This highly developed state of the mucous membrane no doubt was connected with the activity of the digestive functions in the stomach.

I may here mention that I subjected some starch to artificial digestion, with the mucous membrane of the stomach, and found that it was converted into sugar. You are aware that the healthy gastric mucous membrane does not possess this power.

In the *duodenum* the tubes of Lieberkühn, and Brunner's glands were also found largely developed, and containing a similar abundance of epithelium.

The *colon*, throughout its entire length, was full of hardened fæces.

The *pancreas* was large, and exhibited the same exuberance of epithelium that I noticed in Brunner's glands and the tubes of the mucous membrane.

The *liver*, from the hosts of miliary tubercles with which it was studded, exhibited a more speckled aspect than the lungs; the tubercles were, some of them, smaller and some larger than those of the lungs, (they were all very small,) but they had the same physical characters, and their white colour contrasted remarkably with the dark parenchyma of the liver: their presence had caused no inflammation of the hepatic peritoneum. Under the microscope the cells of the liver were found to contain scarcely any fat or biliary matter. The *bile* which was found in the gall-bladder was analysed for me by Mr. Beale, and he found that it contained diabetic sugar.

The *spleen* contained a large number of minute tubercles, but presented no other peculiarity.

Being unable, from various engagements, to give my immediate attention to the *kidneys*, I requested Dr. Johnson to examine them carefully for me, and I have since seen portions of them with him. Dr. Johnson has kindly drawn up an account of the appearances, which I shall read to you.

"The kidneys were slightly above the natural size, vascular; in the cortical portion there were numerous small tubercles. On a microscopic examination the uriniferous tubes were found of a yellowish colour, from an abundance of granular matter and oil in the epithelial cells. The appearance of the renal cells contrasted remarkably with that of the liver cells, the latter being very transparent and colourless, and containing scarcely any biliary particles or oil; they had the appearance of being starved and emaciated, while the kidney cells were over-fed and plethoric.

"The urine passed about two days before death contained a small quantity of albumen, and some fine granular cylindrical moulds of the tubes. The albumen and the casts were probably connected with the tubercular deposit. The tubercles in the kidney had the same microscopic characters as those in the lung."

The existence of an unusual quantity of fat in the kidney has not only been shown microscopically, but also chemically, for Mr. Beale has made for me the following analysis:—

Kidney—(Bowles.)

Water - - -	76.800
Animal matter - -	18.792
Fatty matter - -	3.016
Fixed salts - -	1.392
	100.000

The amount of fat here found is triple that of a healthy kidney, for in health one per cent. is about the quantity it contains.

Not a trace of sugar could be discovered in the substance of the kidney.

I may here remark, that this is not the first case of diabetes in which I have found fat in the tubes of the kidney. The kidneys of a woman who died here last year of diabetes, contained fat in considerable quantity.

And now, in conclusion, I will call your attention to some inferences which the cases we have been considering suggest.

1. The first of these is, that the azotized dietetic plan of treatment is efficacious; that the patients were more benefited by it than by any other means; and that the admixture of a small quantity of vegetable food did not very materially interfere with its favourable operation.

2. The evidence furnished by these cases is opposed to Bouchardat's theory, that the sugar is wholly derived from amylaceous food, and is little, if anything, short of a refutation of it. Take, for instance, Hardy's case: when he was put into the solitary ward he was deprived of all amylaceous food, and yet he still continued passing from two to three ounces of sugar daily. But it may be said that this was furnished by the greens, which he then took; this, however, could not be the case, for they would hardly weigh as much as the sugar that was evacuated; but there was one period in which he did not even take greens; he took no vegetable food whatever, but lived entirely on meat, and that deprived of fat as much as possible. This period was from the 15th to the 24th of December; notwithstanding, however, this total exclusion of all vegetable matters from his diet for nine days, he evacuated in that time from twenty-five to thirty ounces of sugar, and his own bodily weight was all the while increasing. Whence, I would ask, could all this sugar have been obtained? The same circumstances occurred in Bowles's case, though not, perhaps, to so striking a degree.

3. The great increase of the power of the stomach is truly remarkable; these men found no difficulty in digesting four pounds of meat, besides several eggs, in one day, a task twice as great as any ordinary stomach could perform. The highly developed condition of the mucous membrane of the stomach was, no doubt, associated with this exalted power of digestion, and probably exists in all these cases.

4. The fact, that sugar could not be detected in the substance of the kidney, goes to show that it is not

there secreted, that it does not enter into any organic connection with the elements of the kidney, but merely percolates in solution through it; hence the disease of the kidney must be secondary. The sugar doubtless reaches the kidney in solution in the blood, and there acts upon that organ as a diuretic, passing possibly dissolved in the water that filters through the Malpighian bodies, and not being attracted from the blood through the walls of the tubes.

5. The comparative conditions of the epithelium of the liver and kidneys are very singular, and I am not aware that a similar observation has been previously made; it would tend to shew with what avidity all carbonaceous matters, fat as well as sugar, are directed to the kidney, in this disease. Most probably, to some extent, the fat of the liver goes, in common with fat from other parts of the body, to the formation of sugar; but this does not account for the deposition of fat in the epithelium of the kidneys.

Lastly, these cases justify the conclusion that this disease is essentially one of the primary organs of digestion, whereby all substances readily convertible into sugar are quickly so converted; and that sugar is not digested, but passes into the blood unchanged, whence it is rapidly eliminated by the kidneys. We must not forget that this was, in fact, the view taken of this disease by Dr. Rollo, an English physician, who was the first to suggest the plan of treatment, which all experience proves to be the most beneficial.

SHORT NOTES ON THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Phlegmone Testis.—This term implies inflammation of the testis, connected with gonorrhœa; but as the appearance of the swelling in this case does not differ from the swelling of the testis from any other cause, it is necessary to obtain a correct history of the disease. It is preceded by darting pains in one or both testicles; the scrotum is red and projecting, and pain is felt also in the loins; and sometimes before the local symptoms are developed, the constitutional disturbance is severe; the patient feels ill and faints, perhaps vomits, and has a frequent pulse, with general uneasiness.

Cases occur in which the constitution is remarkably low—in a state similar to that which precedes typhus fever—for a day or two prior to the accession of the inflammation, after which there are frequently the general symptoms of inflammation present, with pain in the lower intestines, and even delirium, particularly if the spermatic cord be involved as high as the abdominal ring.

The disease is situated in the body of the testicle, and extends to the tunica vaginalis and cord, producing, perhaps, a little hardness in the pubic region, but it does not primarily proceed down the cord to the testis.

When the disease proceeds unchecked by appropriate treatment, the tunica vaginalis testis contracts adhesions to the scrotum, and these often become the seat of abscess.

The testis seldom suppurates, but when it does, great attention is necessary lest the tubular portion protrude, or be pushed out in mistake for pus. This has occurred. These cases are tedious and difficult of cure.

It seldom happens that both testicles are simultaneously inflamed from gonorrhœal causes, although each may be affected in succession; and the left testicle, perhaps, is more frequently inflamed than the right.

A patient subject to rheumatism, who has had phlegmone testis, may, by exposure to cold, be severely attacked by rheumatic inflammation of the testicle, producing violent pain in the gland, extending down the thigh, and attended with spasmodic action of the external muscles of the thigh and leg.

Inflammation of the testicle most frequently attacks those who are recovering from gonorrhœa, where the discharge is very trifling, and where the symptoms are apparently favourable. It may be the result of taking cold, or may come on even without any evident cause.

It scarcely ever arises when the inflammatory symptoms are running high, and the discharge is profuse; but at the conclusion of these very cases, it is likely to take place, especially when they have been of long standing.

It has been said that phlegmone testis is frequently produced by the long use of irritating injections. This does not appear to be the fact; but it is to be admitted, that injudicous applications to the urethra, in the early stage of the disease, to check the discharge suddenly, will often produce inflammation of the testis.

The opinions of writers as to the *rationale* of phlegmone testis are various; some think that the inflammation is propagated down one of the vasa deferentia to the testicle, whilst others think the disease is caused by metastasis. Neither of these opinions is correct; the simple explanation is, that it is an inflammation of one part communicated to another, in close and natural relation to it.

Hence inflammation of the testis may be produced when the discharge from the urethra has ceased; and on the other hand, the return of the discharge may carry off the inflammation of the testicle.

The suppression of an accustomed discharge in one part of the body may produce a disease in another part. This is exemplfied in certain affections of the head, from the healing of an ulcer, or the suppression of an hæmorrhoidal flux.

Phlegmone testis is not the cure of gonorrhœa; it causes only a cessation or diminution of its symptoms,

* Continued from page 260.

which frequently return when the supervenient disease is removed.

Previously to the coming on of this affection of the testicle, there often appears to be a morbid sensibility of the gland, indicated by shooting pains and uneasiness; in this state, if proper means be used, the disease may probably be prevented.

This morbid sensibility of the testicle may, perhaps, be the remote cause of the inflammation; it will sometimes remain when the latter has been removed; indeed, the epididymis, or even the whole gland, may continue for a long time in this state, and is with much difficulty cured. In some instances the tenderness is so great, that the person cannot bear his clothes on, and is obliged to wear a bag truss to suspend the testis, and prevent the return of the inflammation.

In some of these cases the testicle may be examined by manipulation, without giving any pain at the time; but some time afterwards the uneasiness comes on.

Inflammation may be communicated to other parts as well as to the testicle—to Cooper's glands, the neck of the bladder, and to the perinæum, inducing a febrile disturbance of the system very much resembling low fever.

Dysuria Venerea sicca.—This is a morbid state of some part of the urethra, from impure intercourse, in which all the symptoms of urethral inflammation are present, except the discharge.

The patient is affected with ardor urinæ, expels the last drops of urine with great pain and spasmodic action; the orifice of the meatus urinarius externus is red, and the redness extends as far up the canal as usual. There is sometimes also chordee.

This form of the disease may exist in two states—1st, as an original complaint; and 2ndly, as the consequence of a common gonorrhœa. It comes on ten or fourteen days after infection when derived from that cause, and it is questionable whether it admits of a natural cure. When it is the result of gonorrhœa and has been produced by astringent injections, there will be great irritability and spasm; and when the discharge has been suppressed without any assignable cause, the uneasiness will often remain for a protracted period, probably by the irritation having been transferred to the corpus spongiosum.

Dysuria sicca may run through its whole course without the least discharge or even any particular redness of the meatus; but certainly a far greater number of cases will occur as merely preceding obstinate gonorrhœa.

Gonorrhœa in Females.—This disease in females is by no means so troublesome to manage, nor so severe in its symptoms, as in males; the inconveniences attending it are not more than would be felt for a slight inflammation of the nymphæ, or inner membrane of the vagina.

There is usually difficulty and pain in passing the urine, a redness and sense of fulness in the parts, and sometimes uneasiness in walking, or in sitting down on a hard seat.

In some cases there will be tumefaction of the prolabia, with pains of the groins, inside of the thighs, or lower parts of the abdomen; and in delicate women the stomach now and then becomes affected with flatulence and sickness; but these symptoms may very probably be produced by mental uneasiness, rather than from the disease.

When the parts are generally inflamed, all these symptoms are proportionately increased; the discharge becomes more profuse, and is often of a brownish or greenish colour, and sometimes tinged with blood; the urethra is involved, and the bladder becomes extremely irritable.

Anomalous Symptoms.—If the inflammation runs high, it will sometimes proceed to suppuration, and the abscess commonly bursts on the internal part of one of the labia, or into the vestibulum; abscess, however, is not a frequent occurrence in these cases, nor is it attended with any serious results.

An absorbent in the groin will sometimes enlarge, but it seldom suppurates; when it does take place, the formation of matter is attended with great pain.

There are two large laminæ situated on each side of the vagina, near the carunculæ myrtiformes, and leading to glands analagous to Cooper's glands in the male. These may inflame and discharge matter, or the inflammation may be extended to the glands themselves.

When this takes place, the tumour may increase to the size of an egg, filling up the os externum, and irritating the bladder and rectum; the tumefaction often extends to the labium pudendi, forming a red, shining, and transparent tumour.

The abscess will sometimes burst into the narrow ducts of these glands, producing a discharge from them as if it came from the vagina, and causing the patient to suppose that it came only from that membrane; when the abscess bursts through the parietes, the opening is generally small, and, if not enlarged, will become fistulous.

Inflammation of these glands may likewise proceed from various other sources; and it is extremely difficult to distinguish the discharge of gonorrhœa from the discharge from other causes of vaginal inflammation.

In leucorrhœa the colour of the discharge may be yellow, or green, or tinged with blood. Ardor urinæ is sometimes wanting in gonorrhœa, but it may occur in the more acrid discharge of fluor albus; this symptom, therefore, is no sure criterion. Inflammation or abscess of the labia or of the mucous glands may arise from other diseases as well as from gonorrhœa; and enlargement of the inguinal glands may also be produced by a very acrid discharge in leucorrhœa.

In this kind of inguinal swelling, it will always be better to form a judgment from the character the disease assumes, and from the history of the case, rather than from the character of the discharge.

In this place the question may be put:—Is gonorrhœa a local disease, or is it capable of infecting the system with lues venerea?

This question may be answered in the following manner:—A purulent discharge from the urethra may occur under various circumstances.

1st. A urethral puriform discharge may arise from excess of venery, intemperance, and hard riding; this species is not capable of communicating infection.

2nd. There is a purulent discharge from the urethra which arises from a morbiferous cause; this species will produce infection, but it will communicate a disease of its own kind, and nothing more. The system will not be contaminated, and no mercury will be required.

3rd. There is a form of gonorrhœa which will sometimes communicate lues, and many instances may be adduced to establish the fact; but certainly the far greater number of urethral purulent discharges must be considered as incapable of producing lues venerea.

[If this doctrine be correct, there is every reason to conclude that those cases of gonorrhœa which communicate lues arise from, or are complicated with, urethral chancre. But M. Ricord has established this as a fact, from extensive experience and close observation, in his important and valuable lectures now in the course of publication in the *Lancet*. He asserts, that in the course of sixteen years' practice he has discovered two urethral chancres on dissecting the canal after death; and that since January last he "has had no less than ten cases of blennorrhagia symptomatic of urethral chancre." It were vain to bring Hunter's two cases of gonorrhœa in criminals, whose urethræ he dissected after their execution, and in which he could find no breach of surface whatsoever, against the overwhelming testimony of M. Ricord. Urethral chancre, whether common gonorrhœa and lues be or be not derived from the same morbiferous cause, satisfactorily accounts for the production of lues from *some cases* of urethral purulent discharge.

There is nothing more extraordinary in the fact of an ulcer occuring on the mucous surface of the urethra, than that of an ulcer occurring on any other mucous surface.]

Gonorrhœa symptomatica.—This species of gonorrhœa takes its origin from gout, rheumatism, affections of the viscera, and also from stricture of the urethra. Gonorrhœa from gout is not at all uncommon; and when the discharge is suddenly checked, the pains of the joints will be greatly aggravated, and sometimes accompanied with erysipelatous inflammation of the superjacent integuments.

[At this time I have a case of rheumatic gonorrhœa in a middle-aged man in the Royal South Hants Infirmary. He had been under treatment a considerable time for chronic rheumatism, and the disease had nearly subsided under the use of the iodide of potassium, with alterative doses of blue pill, when the sclerotic membrane of the right eye became slightly inflamed, and soon afterwards a purulent discharge from the urethra began, which could not be traced to any other cause. It was treated with the balsam of copaiba, and it soon subsided. Purulent discharge from the vagina in children is not an unfrequent occurrence, and which, in a great majority of cases, cannot be traced to any contagious cause, and is, therefore, probably derived from some disorder of the functions of the viscera.]

Treatment of the first species of Gonorrhœa.—Gonorrhœa is considered as capable of natural cure, and this doctrine is not without foundation, as many instances of the disease, both in males and females, do become milder, and at length disappear, where no medicines are employed. A strict regimen is all that is required in most cases; many cases, however, will remain a long time, and retain the power of infection.

Notwithstanding this fact it cannot be known *a priori* which cases will admit of a natural cure, and which will proceed to aggravated symptoms and serious results.

By an appropriate mode of treatment this complaint may be mitigated, its duration shortened, and its consequences prevented; indeed there are cases of gonorrhœa which would never be cured by the unassisted efforts of the constitution, especially if they be of that species capable of communicating lues venerea.

In the cure of gonorrhœa there are two indications:—

1st. To destroy or correct the morbiferous poison.

2nd. To remove the symptoms, and thus put an entire stop to the disease.

With regard to the first, unfortunately there is no medicine that is capable of destroying the contagious and irritating properties of gonorrhœal matter; mercury, though a specific in lues, is not in gonorrhœa, since it is often found that when mercury has cured every symptom in lues, the discharge from the urethra remains. To fulfil the second indication, the antiphlogistic treatment must be strictly enjoined; the patient must abstain from venery; from all violent exercise, especially riding on horseback; from fermented and spirituous liquors, and all highly-seasoned food.

The parts are to be kept clean and cool, the bowels gently acted upon by mild aperients; violent purging aggravates, and will sometimes bring on the inflammatory symptoms. The patient should drink barley water, linseed decoction, and, in the summer months, rennet whey, and take small doses of nitre, with gum arabic, or tragacanth.

Some practitioners object to nitre upon the ground of its impregnating the urine with an addition of

neutral salts; but as no harm, at least, has resulted from its employment, and as something will reasonably be expected to be done, it will be right to give nitre, combined with the compound powder of tragacanth.

By this gentle treatment the first species of gonorrhœa will generally be cured in from five to eight weeks, although it would seem that little more is done than removing impediments to a natural cure.

(*To be continued.*)

FOREIGN BODY IMPACTED IN THE UTERUS.

By William Bush, Esq.

Senior Surgeon to the Bath Ear and Eye Infirmary, and to the Eastern Dispensary of Bath.

In the report of the Birmingham Pathological Society, recorded in the *Provincial Medical and Surgical Journal* of May 31st, I remarked a case by Dr. Fletcher, of a foreign body—a wooden skewer, an inch in length—having found its way into the rectum, the presence of which the patient could not explain. Having just previously met with a case of a foreign body thrust into the uterus, I am induced to make it public, believing it may be read with some interest by many of the profession.

On the 8th of May last I was requested to see professionally, a French lady, about 60 years of age, visiting this city. On enquiry, I found that she had been suffering from a leucorrhœal discharge for some years, arising, as she had been informed by her French medical attendant, from a tumour in the uterus, (which, however, on examination, I could not detect,) for which she was frequently in the habit of injecting water (or endeavouring to do so,) into the uterus, by means of a common metallic apparatus. Finding, however, that the tube of the instrument, in her opinion, was not sufficiently long to reach the womb, her ingenuity contrived to invaginate the metallic tube within a piece of an elastic one. On using, in the morning, this home-made apparatus, she found that it answered the purpose intended of entering the womb, but on removing the metallic instrument, she perceived, to her dismay, that the elastic tube (three inches in length,) was left behind. She immediately attempted to remove it, but her efforts to effect this only served to thrust it still further into the uterus, and under these circumstances I was sent for. On examination by the speculum vaginæ, I found that the os uteri and neck of the uterus were extraordinarily flaccid, and the former as wide open as if she had been recently confined. The tube was lying *within* and *directly across*, the dilated womb; little difficulty, however, was found, in extricating it from its perilous position.

Remarks.—This case is not given as affording any particular analogy to Dr. Fletcher's, still I cannot but consider it may throw some light upon the manner in which the piece of skewer found its way into the rectum, for it is scarcely possible to suppose a piece of wood of the size mentioned being swallowed without being known to the patient, either in the act of mastication or otherwise. The above case points out the injurious consequences of introducing injections into the womb; its flaccid and dilated condition and its discharge might be attributed to the remedy in which she was persisting. If injections are used, they should be used alone to the vagina; and if this case is a sample of the method adopted in France for leucorrhœal discharges, &c., no wonder that we hear of simple ulceration of the neck of the uterus being so common a disease there. My friend, Dr. Samuel Edwards, late of this city, has long believed from his experience, that mechanical violence is not unfrequently the cause of this disease in virgins, and those who have not borne children.

In conclusion, may not the frequent injections resorted to by the French throw some light on the fact, (which is, I believe, proverbial,) that women rarely have more than two or three children in that country? On mentioning the particulars of the above case to a medical friend of mine to-day, he stated, from what he had heard, that the last-named circumstance might be accounted for by their resorting to mechanical means to prevent conception from taking place. How far this may be the case, I will leave for others to determine.

28, Gay Street, Bath.
June 8, 1848.

POISONING BY FOWLER'S SOLUTION: ABORTION: MORTAL FAINTING.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

If you think that the annexed case of fatal poisoning by arsenic, besides being remarkable for the minute quantity taken, presents also some points of medico-legal interest, will you obligingly allow it a place in your Journal.

I am, Sir,
Your obedient servant,
HENRY T. CASTLE, M.D., (Edin.)

Leeds, June, 1848.

H. T———, a widow, being reported to have died suddenly from poison administered to her by a man with whom she cohabited, a legal examination was deemed requisite.

Fifty hours after death the body presented the following appearances:—Under parts of the body generally discoloured, from cadaveric extravasation; extremities of the fingers blue; abdomen tense. On opening the abdomen the stomach and intestines were seen distended with gas; inflammation of the former and of the small intestines was at once detected through their coats, and on exposing their mucous surface it was found to be general and intense. At the cardiac extremity of the stomach, and towards the lesser arch, several patches were seen of a deeper tint than the surrounding inflammation. Passing the colon the inflammation re-appeared in the rectum, which had apparently suffered in an equal degree with the stomach.

The uterus contained no fœtus, but was considerably enlarged; its internal surface was in colour modena-red, and copiously bedewed with mucus. The vagina was healthy. In dividing the ovaries, the scalpel had, in one, passed through the centre of, (what I believe to be,) a corpus luteum; this body is a perfectly empty cyst, the walls consist of two or more membranes, and the cavity will contain a good-sized pea. A slight mark, as of a cicatrix, is to be seen on the surface of the ovary, corresponding with the position of the cyst. The bladder was not examined. There was no appearance of recent disease in the chest or head. The heart was flabby, and contained a little fluid blood. The stomach, its scanty contents, and part of the liver, were sent to an able chemist, who found traces of arsenic in each.

From the imperfect evidence adduced at the inquest, it appeared that the deceased had taken, between Saturday and the following Wednesday, half an ounce of "Fowler's solution," in unknown doses. On the Friday following she grew worse, complained of general illness and fever, but of no sickness, purging, nor particular pain of the stomach. On Saturday she had frequent "fainting fits," but on Sunday appeared to be a little better, till, after eating a small quantity of pudding, and drinking some ginger beer, she had another fainting fit, and in a few minutes expired.

The chief points in this case appear to be:—

1. The small quantity of the poison that sufficed to prove fatal—perhaps the smallest on record, the (apparent) absence of vomiting and diarrhœa, and the unusual termination by mortal fainting.

2. The relation between the state of the intestinal mucous membrane and that of the uterus. Four months previous to her death the deceased had borne a child, which she had not suckled, and she was stated not to have been "unwell" since her delivery. There was also some reason to suspect that "herbs," to procure abortion, had been purchased for her only a fortnight before death. Assuming that emmenagogues had been taken, I incline to the opinion that the arsenic caused abortion.

Had the man who procured the "solution" been committed for manslaughter, which he narrowly escaped, the last question would have assumed a grave importance. In conclusion, I, as a young man, take the liberty to put to the elders of our profession the following query:—Can the date of the rupture of a Graafian vesicle, and escape of an ovum, be determined with any precision from the appearance of the corpus luteum? The ovary in question is very much at their service.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, JUNE 28, 1848.

We have elsewhere inserted the regulations adopted by the Council of Queen's College, Birmingham, for the foundation of a College of Literature and Arts. The measure is one of much importance to the fitting qualification of the young medical student for the proper understanding of the subjects which are to engage his attention, in the course of his professional education, and the enlightened founders of the Birmingham School of Medicine have done well to attach such an institution to their College.

The advantages resulting from the pursuits of literature, and from the formation of a taste for them in early youth, can scarcely be too highly estimated. The study of some branch of knowledge, whether of the purely literary, of arts, or of science, is an admirable means of disciplining the intellectual faculties, and strengthening the powers of the mind, and is indeed the main object of such studies for the youth of families of wealth, who are educated at our Colleges and Universities. But the early acquirement of knowledge, whether literary or scientific, which shall afford occupation for the leisure hours in after life, and give a taste for elegant and harmless, if not strictly utilitarian, pursuits, is scarcely secondary in importance. The tone of the mind is thus improved, and a healthy condition of the faculties encouraged and preserved, preventing their dissipation in a vicious excitement, (to which the man without purer tastes is peculiarly liable,) or in the listless inactivity of helpless idleness.

These, however, are merely general inducements to cultivation of the intellect, and of the several branches of knowledge, which must operate, more or less, with all. How much more important are such intellectual pursuits to those whose future avocations must derive, and indeed require, positive aid from them. The advantages of the mental training experienced in the study of languages and of the mathematical sciences, to the divine, the physician, or the lawyer, can scarcely be too highly estimated; and the actual knowledge acquired by them in various departments of these living arts, is most important in its results in their future intercourse with their fellow-men, and in the active pursuits of professional life. The strictness and certainty of mathematical induction are invaluable to the genuine physician, as enabling him to discriminate between the positive truths of his science on the one hand, and the fallacious reasonings with which it is encumbered on the other, at the same time that he assigns to probable, but not yet established, opinions and theories their just

importance. A knowledge of the ancient languages will often enable him to trace the vaunted discoveries of modern times in the records of almost forgotten ages, and may save investigation for many a weary hour, or direct his inquiries by many a useful hint into the right channel; while those who reflect how the mind is apt to impress its own preceptions and colouring on all that is foreign to itself, will at once see the advantages of searching out the meaning of an author, whether ancient or modern, in the original words in which such meaning was attempted to be conveyed.

This position is well illustrated in the eloquent Hunterian Oration, lately delivered before the Royal College of Surgeons, by Mr. Grainger—

"It is, perhaps," says the author, "one of the highest glories of HUNTER, that in proportion as the philisophic culture of organization has advanced, he who would attempt to record its progress, and especially to trace out the causes that have led to it, must ever and again return to him as to a beacon, which, in place of being obscured by waning years, has only shone forth in all its fulness and significance in these late and advanced times. * * * * We can at length perceive with the latest aids of sciences, that he neither was, nor could be, understood, in the time in which he lived. * * * * Amidst the innumerable additions that have from all quarters flowed in, there are scarcely any which do not find their place among the great principles announced by HUNTER; while not a few of the most profound discoveries, equally with the most minute, are but the repetitions of truths which he had long since proclaimed in a language *now* become clear and expressive.

Is it possible then, we would ask, to suppose that the conceptions of Hunter, not understood by his contemporaries of his own country, using the very language in which his ideas were attempted to be conveyed, could be rendered intelligible through the medium of translation into any other? The mere words might indeed be rendered, but the spirit which animated them could only be there where the mind of the translator was equal to its comprehension. And if it require all the light of modern discovery to clear up the so-called obscurities of the language in which his immortal works were written, how could any translation into a language foreign to his own be made the medium of conveying it to others. *Ex uno disce omnes.* The Greek and the German author, the ancient and the modern, must in like manner speak for themselves in their own words, and the physician who really wishes to understand either aright, should be familiar with the languages in which the thoughts are expressed. Let him then be fully prepared for all emergencies, by a liberal preliminary education, and whether in the cultivation of the powers of mind, or in the acquisition of knowledge which will most assuredly turn to future account, he cannot fail ultimately to receive his reward.

The Members of the Association will not fail to notice the alteration which has unavoidably taken place in the days of holding the Anniversary Meeting, as pointed out in the last page, and published in the advertising columns, of the present number.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

INFANT MORTALITY FROM BURNS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Since I forwarded to you the continuation of the abstract of the depositions before the coroner of Manchester, I have received from Dr. Barham, Physician to the Cornwall Infirmary, and President of the South Western Branch of the Provincial Medical and Surgical Association, a pamphlet on the burning of children. The title of it is "The Infant Martyrs," being the substance of Reports on the Burning of Children, communicated to the Royal Institution of Cornwall, August 11th, 1843." I have read this little pamphlet with great interest. It gives a very full statement of the frightful loss of life from burns, with valuable suggestions for the prevention of this accident. I strongly recommend the members of the Association to mention it to the clergy and benevolent of their respective neighbourhoods, as a useful and cheap tract for distribution among the labouring classes. The following quotations will be read with interest:—

"We may now enter on the consideration of the *causes* of this terrible havoc among our countrymen. There can be no question that the mode in which persons are burnt to death is, in a vast majority of cases, by their clothes catching fire. This is especially true as to children, and it is in them we are most interested in this inquiry, their protection being in a different sense and degree from that of adults, entrusted to the general care, and more likely also to be affected by extraneous interference, such as that to which it is in the power of our Societies to lend a helping hand. The proportion which the several periods of life bear to each other in the amount of mortality in each, from particular causes, is always an interesting and valuable object of research; but it is additionally important in the present inquiry, from its affording the means of inferring the mode of burning with great probability,

a point on which the *direct* evidence is rather defective. It has been very seldom stated in the registers of deaths how the burning occurred. In those for the Stafford District, Great Boughton Union, and Manchester, it is recorded that it arose from the clothes catching fire in 103 cases out of 160; and in the most accurate of these returns, that from South Staffordshire it is stated that of ninety-four who perished by burning, eighty-one were destroyed by their *clothes catching fire*, and of this number sixty-one were under ten of years of age. We shall now give the indirect evidence to the same effect, derived from the ages at which the burning has occurred among the three millions, in regard to whom we are in possession of precise information, and we shall at the same time perceive in how heavy a proportion this calamity has fallen on those who may fairly be considered as the infants of the community at large, entitled by their feebleness of body and mind to the guardianship of the public, and more especially so, inasmuch as they are commonly deprived of their natural protectors by the demand of the labours of the mothers made by that public. The total number of deaths by burning among the three millions in 1838 was 723; the ages at which they perished were as follows:—

Age.	Total Burnt.	Proportion for each year of age.
Under 1	5	5.
1 to 2	24	24.
2 to 3	69	69.
3 to 4	104	104.
4 to 5	117	117.
5 to 6	79	79.
6 to 8	105	52.5
8 to 10	38	19.
10 to 15	42	8.4
15 to 20	22	4.4
20 to 30	22	2.2
30 to 40	16	1.6
40 to 50	16	1.6
50 to 60	16	1.6
60 to 70	10	1.0
70 to 95	38	1.52.

"We here see that of 723 deaths by *burning*, 541 occurred under 10 years of age, 503 under 8, and 290 between the ages of 2 and 5. The general scale presents a regular gradation of mortality from this cause, ascending steadily from birth up to 5 years of age, then descending by progressive stages to 70. It tells us more clearly than words could do, who are the sufferers, and what the causes of their sacrifice. We have before us the infant less than a year old, necessarily protected by its own incapability of locomotion; in the course of the second year the power of getting at the fire is gradually attained, and is exhibited in the increased number of deaths. From 2 to 5 years of age the vivacity and curiosity of childhood are daily growing, together with the activity of movement, whilst the liability to falls is still great, the cautiousness of experience has been little acquired, and the lessons of others are slightly heeded. At this period of life both sexes are likewise nearly similarly attired in a light and combustive dress, readily drawn into the flames by the draught of the chimney. From this time the increase of knowledge, strength, care, and obedience, produces, slowly at first, afterwards with accelerated improvement, a steadily progressive diminution of the frequency of these fatal accidents; and the abandonment by the boy of the frock and the pinafore contributes materially to his safety.

"Few perhaps will have been prepared for the exhibition of such a host of sufferers, yet worse of such a multitude of little ones, who may demand our protection as their right, dying a death of agony from a cause which may be said to be, in its own nature, almost wholly within the scope of human prevention. But the death of these individuals is only one of the evils produced by this class of accident. We cannot accurately ascertain the number who escape with life, often to find it a burthen to themselves, and to constitute blemishes on the face of society,—objects at once of pity and disgust.

"A glance may be now given at the means most appropriate and available for the lessening of the frightful amount of destruction and suffering which has been shown to throw a cloud over the childhood of England, and in more than due proportion of our own county, (Cornwall.) The remedial measures which have suggested themselves are of a simple character, and are calculated either to prevent the near approach of children to the fire; to render their dress less inflammable, so that the risk of its catching fire may be lessened when they do get near it; and, thirdly, to cause the adoption of the most effectual methods of extinguishing the flames when an accident has actually happened. For effecting the first object, nothing is so much to be recommended as the use of substantial fire-guards, or, better still, of high fenders fastened to the sides of the hearth; these give the greatest amount of security at the cheapest rate, and they do away with the necessity of imposing much restraint upon the children; but in the lack of these, imprisonment of some sort is quite necessary where there is no trustworthy superintendence, and expedients for this purpose will present themselves too readily to require mention here. For the compassing of the second end, the rendering of the dress less inflammable, various suggestions have been offered. The cheapness of cotton goods, and their showiness, constitute attractions which make the substitution of the ancient woollen garments a matter of very difficult accomplishment; it is, however, the point to be aimed at, affording as it would do many other advantages to the poor besides comparative immunity for their offspring from the risk of the most horrible of deaths. It has been proposed, likewise, that the manufacturers should make their linen and cotton less combustible, by means of a chemical solution. This hint deserves consideration. A very simple expedient may be recommended for immediate adoption, as materially obviating the drawing of loose articles of dress into the fire by the draught,—it is the putting of a strong piece of tape at the bottom of the pinafore behind, securing the two sides together with sufficient

closeness to keep the dress in contact with the body without impeding freedom of movement. When the clothes are actually on fire, the first thing to be done is to obviate the mischief generally resulting to the head, from the natural tendency of flame to ascend; this is most readily attained by placing the sufferer in a horizontal position,—throwing him down; the fire will thus have little food in an upward direction, and it will be easily extinguished by rolling him on the floor, wrapping him in the carpet, or rug, or a blanket, sousing him with water, or applying a wet towel firmly to the burning clothes."

The foregoing extracts will give a fair idea of the contents of this useful little pamphlet. I was not aware till I received it, that the attention of the profession and public had been directed so ably to the great mortality from burns, and to the means of lessening it.

I forward to you a table of the cases of burns treated in the Royal Berkshire Hospital, from January, 1845, to January, 1848, together with a continuation of our abstracts of the depositions on burns, made at inquests held before the coroner of Manchester. These occupy a good deal of space in the Journal, but it appears to me that they are valuable in other respects than as explaining how the accidents happened. It will be seen that nearly all the cases are taken to the Infirmary. Hereafter I shall state what has been the treatment pursued in this institution at different periods, and compare it with that adopted in other institutions. The table will be of further interest as exhibiting, on the best evidence, the period when death usually takes place after burns.

I am, Sir, Your obedient servant,
SAMUEL CROMPTON.

71, Grosvenor Street, Manchester.

TABLE OF CASES OF BURNS TREATED IN THE ROYAL BERKSHIRE HOSPITAL.

(*From January, 1845, to January, 1848.*)

Communicated by F. A Bulley, Esq., Surgeon to the Hospital.

Date of Burn.	Sex.	Age.	Parts which were burnt.	Treatment.	Days Treated.	Results.
1845						
Jan. 7	F	4	Arm	Flour	13	Died Jan. 20, 1845
Dec. 5	F	3	Lower part of the face and both arms	Flour	2	Died Dec. 7, ..
1846						
Oct. 7	F	17	Arms, neck, and face	Tepid treacle and water ..	131	Discharged Feb. 16, 1847
Oct. 19	F	6	Right side of the body	Flour	8	Died Oct. 27, 1846
Dec. 4	F	10	Head, back, abdomen, and legs	Simple dressing	—	Died same day at two o'clock.
Dec. 8	F	9	Neck, &c. ..	Tepid treacle and water ..	104	Made out-patient March 23, 1847
Dec. 15	F	4	Face, arms, and shoulders	Simple dressing	8	Died Dec. 23, 1846
Dec. 31	F	6	Neck, &c. ..	Tepid treacle and water ..	82	Made out-patient March 23, 1847
1847						
Mar. 2	M	—	Leg	Tepid treacle and water ..	18	Cured, March 20, 1847.
Mar. 13	M	3	Face, neck, & breast	Flour	15	Died Mar. 28, 1847
Mar. 19	M	4	Abdomen ..	Simple dressing and Ung. Plumb.	73	Cured June 1, ..
April 3	F	10	Abdomen, arm, and thighs	Flour	28	Died May 1, ..
June 11	F	3½	Right side, arm, and leg	Simple dressing	5	Died June 15, ..
Aug. 13	F	14 mos.	Chest, face, and arm	Tepid treacle and water ..	31	Cured Sept. 14, 1847
Sept. 14	F	4	Arm and forehead	Ol. Lini, and Aqua Calcis	56	Cured Nov. 30, 1847
Dec. 2	M	10	Arms and chest ..	Tepid treacle and water ..	82	Relieved & made out-patient, Feb. 22, 1848
Dec. 27	M	31	Body and extremities	None	—	Died immediately

Continuation of Mr. Crompton's Digest of the Depositions on Burns and Scalds, made at Inquests held before James Chapman, Esq., Coroner for the Borough of Manchester.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death	Parts which were burnt.	How the accident occurred.	Remarks.
			1840				
96	M.	3 yrs.	Sept. 19	7 days	Body, both arms and face	Pinafore caught fire. Only another child of eight years in the house	Infirmary.
97	F.	11 yrs.	Sept. 26	3 days	Body, arms & face	Of weak intellect. Playing with lighted paper. Mother out	Infirmary.
98	M.	45 yrs.	Oct. 13	10½ hrs.	Arms, legs, & other parts	Under a steam-engine boiler, fastening a plate, when the boiling water escaped upon him. Wrapped in cotton immediately	Infirmary.
99	M.	3½ yrs.	Oct. 14	35 hrs.	Body, right arm, cheek, & ear	Lighting shavings	Infirmary, (out-patient.)
100	M.	6½ yrs.	Oct. 24	3½ hrs.	All over his body	Left alone. Pinafore caught fire in putting cinders on the fire	Infirmary.
101	F.	42 yrs.	Oct. 11	14 days	Legs and lower part of the body	Carrying boiling water in the dark; fell, and it flowed over her	Infirmary.
102	M.	8 mos.	Oct. 24	4 days	Lower part of back, belly & legs	Grandmother had him upon her knee, when he upset a saucepanful of boiling water by touching the handle	Infirmary, (out-patient.)
103	M.	1½ yr.	Nov. 5	35 hrs.	Chest and chin	Pulled the teapot, full of hot tea, upon himself	Flour immediately
104	M.	10 yrs.	Oct. 23	23 days	Thighs and lower part of body	Lucifer match "stuff" ignited in his pocket	———
105	F.	6 yrs.	Nov. 18	18 hrs.	Arms, thighs, and face	Alone. Lighted a stick "for a pipe"	Infirmary.
106	M.	5¼ yrs.	Nov. 25	3 days	Neck, face, arms, and hands	A blind boy. Mother in another room. Supposed that his pinafore caught fire	Infirmary, (out-patient.)
107	M.	3½ yrs.	Nov. 28	20 hrs.	Breast, face, hands, and arms	Left alone. Seen in flames by a person passing the cellar in which he lived	Infirmary, (out-patient.)
108	F.	4 yrs.	Nov. 27	24 hrs.	Neck, chest, face, & arms	Warming her feet, and reaching a cinder from the back of the fire. Mother out selling matches	Infirmary.
109	F.	7 yrs.	Dec. 3	5½ hrs.	All over the body	Stirring the fire. Parents out.	Infirmary.
110	F.	7½ yrs.	Dec. 4	10 hrs.	Ditto ..	Left with two younger children alone. Frock caught in reaching a comb off the chimney piece. Mother at factory	Infirmary.
111	F.	6¼ yrs.	Dec. 3	15 hours	Arms, breast, and face	Left with two younger children. Stirring the fire, when her clothes caught	Infirmary.
112	F.	6 yrs.	Dec. 8	26 hrs.	All over body, except legs and feet	Left alone for a few minutes	Infirmary.
113	F.	5¼ yrs.	Dec. 9	—	Upper parts of body, face and head	Lighting a paper, when her clothes caught. Cellar seemed to be full of smoke. She was found dead, and almost burnt to a cinder	———
114	F.	27 yrs.	Dec. 9	20 hrs.	All over except face & breast	While picking up nails from the floor, with her back to the fire, her clothes caught. She ran into the street, and it was with difficulty that she could be caught, and the fire extinguished	Infirmary.
115	F.	9 yrs.	Dec. 9	5 hours	Lower part of back, right arm, & thighs	Parents at factory. The deceased left in charge of three younger children. Clothes caught.	Infirmary.
116	F.	5 yrs.	Dec. 11	15 hrs.	All over body, except left arm	Clothes caught when she was standing on the fender. No mother. Father in another room	Infirmary.
117	M.	6½ yrs.	Dec. 14	26 hrs.	Face, arms, neck, & body	Mother at factory. Child crept out of bed in which there was a woman asleep, and was lighting a stick.	Infirmary.
118	M.	6 yrs.	Dec. 14	24 hrs.	Face, hands, neck, back, and shoulders	Clothes caught fire in lifting the kettle upon the fire. Parents out	Cotton applied immediately.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death.	Parts which were burnt.	How the Accident occurred.	Remarks.
119	M.	4 yrs.	Dec. 18	20 mins.	Burnt all over	Mother chatting with a neighbour about twenty yards from the house in which this child had been left alone	House full of smoke. Child perhaps partly suffocated.
120	M.	2½ yrs.	Dec. 18	6 hours.	Head, throat, and all over the body	Mother out. Left in charge of a little boy. Deceased was lighting paper	———
121	F.	4¼ ys.	Dec. 26	13 hrs.	Arms, face, & body	Pinafore caught fire. No one in the house except a little boy, aged seven years	Infirmary.
122	M.	1¼ yrs.	Dec. 14	11 days	Chest and left arm	Pulled over a basin of hot broth which was standing upon a table	Under Mr. Mann
123	F.	5½ yrs.	Dec. 28	22 hrs.	Belly, chest, nck. chin, & right leg & shoulder	Mother out. Father in bed. Clothes caught in lighting the fire	Linseed oil and lime water.
124	F.	6 yrs.	Dec. 30	19 hrs.	All over the body except legs	Left with a child, aged two years. Clothes caught fire in putting a pan on the fire	Infirmary.

Proceedings of Societies.

YORKSHIRE BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

At the Annual Meeting held at Leeds, on Thursday, June 8th, 1848, W. Hey, Esq., President, in the Chair, it was resolved to hold the next meeting at York, and that C. Williams, Esq., be the President-Elect. The Branch Council was re-appointed, and Mr. Husband re-elected Treasurer and Secretary.

After the ordinary business the following papers were read:—

The conclusion of a "Case of Fæcal Abscess," by Dr. Thurnam.

"On the Exploration of the Pelvic Viscera by the Rectum," by Mr. Teale.

"On the Local Effects of Chloroform on Animals," by Mr. Nunneley.

"On some Questions in Pathology," by Dr. Hudson.

LOCAL EFFECTS OF CHLOROFORM AND OTHER ANÆSTHETIC AGENTS.

Mr. Nunneley stated that for many months he had been engaged in making experimental researches on these agents, with a view to ascertain, as far as possible, the modus operandi, the doses which may be borne with impunity, and the different modes of application; as well as in case of an overdose, the best means to be adopted to counteract it. His experiments have not merely extended to the common anæsthetic agents employed, such as ether and chloroform, but he has been endeavouring to ascertain whether or not there may be some others, which may either be more safely administered, or may possess still greater advantages than the usual agents employed; which appeared to him to be by no means impossible, inasmuch as, so far as he could ascertain, the selection of those now employed, rather than others, seemed to have depended rather upon accident than deduction from experimental research, proving them to be in all respects the best. He stated that he believed it not improbable that it would ultimately be found, that all those preparations which have a *radical basis*, (in the language of modern chemistry,) such as acetic ether, bisulphuret of carbon, aldehyde, and many others of an analogous character, upon some of which he had made extensive experiments, would possess similar properties on the animal economy.

Mr. Nunneley was also prepared to state, *that chloroform appeared to be the most deleterious to life*, to require the greatest care in its administration, and that the boundary up to a fatal dose is by no means well marked—that of two animals, in apparently the same condition, the same dose being given in precisely the same way to both, the one will speedily die, while the other will bear it with impunity,—that from the effects observed, he has reason to think the ultimate effects are in some respects not dissimilar to those produced by prussic acid,—that to some animals, as for instance the newt, the frog, the toad, some fish, slugs, snails, and some insects, the effects are *more* rapidly fatal than prussic acid of Scheele's strength; and that even in higher animals, when under the influence of an incomplete dose, or recovering from the effects of a large dose of either chloroform or prussic acid, the phenomena are in many respects very similar,—and further, that the numerous *post-mortem* examinations which he he has made, fully corroborated this opinion. He stated that acetic ether, with which he had made numerous experiments, possesses very considerable anæsthetic powers,—that bisulphuret of carbon does also possess to some extent similar power, and so far as his experiments go, it is very important to add, that this power is of a safe character, the animal speedily recovering. But of all these remedies he believes that sulphuric ether will be found to be the safest and least noxious to life.

On these points Mr. Nunneley intends hereafter to lay his experiments, already very numerous and varied, before the profession. His chief object on the present occasion was to call the attention of the profession to experiments proving, as he thinks, the value and safety of a *new mode* of administering these agents, and to show that the action of all, or most of

these agents, might be produced *locally by local application*, the sensorium being unaffected, consciousness being retained, and the limbs not subjected to their influence being unaffected. He stated that either by *immersion* in a small quantity, or by the *vapour applied* merely for a limited period, a limb may be rendered *perfectly motionless and senseless*, and what may be an additional advantage *fixed in any desired position*. He had immersed his finger in these fluids for about half an hour or an hour, and at the end of this period the finger was nearly powerless and insensible, and that it was forty-eight hours before the effects entirely disappeared, a sensation of heat and discomfort extending along the tract of the nerves to the axilla. Before operating on a difficult case for artificial pupil, he had applied for twenty minutes a small quantity of the vapour of chloroform to the eye by means of a small jar which accurately fitted the orbit, with the effect of rendering the parts nearly insensible. The first effect of these agents when locally applied is to produce redness, heat, and smarting, which subside, followed by swelling and redness of the integuments, which remain for some time. Mr. Nunneley stated that he could completely paralyse any limb of frogs or toads by immersion or exposure to the vapour, in about five minutes or less; and he mentioned, as a curious fact, that if the exposure to the influence were continued longer than was sufficient to produce a local effect, this influence extended to the corresponding limb of the other side: thus, for instance, if one hind leg became *too much* influenced, the other hind leg partook of the same effect—if the fore leg were too much affected, then the other fore leg became so likewise, and subsequently, the whole body—a result which Mr. Nunneley mentioned as strongly corroborative of his experiments with prussic acid, as detailed in the last volume of the "Provincial Transantions," and strongly supporting the opinions of Dr. Marshall Hall on "reflex action." By this new mode of application to the hind legs of rabbits he had also been enabled to amputate the toes without the least indication of feeling.

These views were illustrated by a series of interesting experiments on frogs and toads, in which, after immersion for a few minutes, the limbs became insensible, and were amputated in repeated portions without any symptoms of pain whatever.

[We are indebted to Mr. Nunneley for the foregoing account, (taken from the forthcoming volume of Mr. Braithwaite's "Retrospect,") and also for a letter on the mode of performing the experiments on animals, from which the following is an extract:]—

"For showing the local effect, nothing is better adapted than the living leg or legs of a frog. All that is necessary is to put a few drops of the agent we wish to ascertain the effect of, into an ounce, ounce and a half, or two ounce vial, according to the size of the frog, having such a mouth as to receive the limb, and just fit round the upper part of the thigh, without, however, compressing it, and in order to avoid the vapour escaping, then passing round a few folds of a strip of linen or other bandage. If it is wished to see the effects of the vapour, the bottle should be sufficiently long not to allow the toes to touch the fluid, and the bottle should be kept quite still in an upright position; but if it be wished to apply the fluid itself, then the toes should touch the bottom, or the bottle be from time to time placed on the side in order to allow the fluid to pass over the limb, by which proceeding but little of the substance is required. At first the creature struggles, the fluid evidently acting as a stimulant, and at that time a little effort is required to keep it in position; presently it will remain *in situ*, for the immersed member becomes still and motionless. In from two to five minutes the full effect is produced, and the limb is perfectly insensible. If one leg be kept in too long, the other hind leg is affected, or the whole body is brought under the influence of it; when the experiment is less satisfactory, and the animal is liable to die. After the application the limb remains for some time swollen, and the colour of the skin is altered.

"In the case of other animals, the time necessary for immersion, before complete insensibility takes place, will vary with circumstances, as to the temperature, but more especially the aptitude of the integument for absorption, and the nature of its covering. Thus, if the skin be hard, the epidermis thick, with the hair stiff and long, then a considerable period will be required. In the case of a rabbit, the other night, after an hour's immersion, I cut off the whole of the toes in succession, and then amputated the entire foot, cutting through the metatarsal, and then the tarsal bone, the creature lying upon my knees in the most quiescent state possible, there not being the least disturbance of the countenance during these operations. But the moment either of the other limbs were touched, and also what is of great interest, the *same limb above where the chloroform had reached*, it at once started up, with every indication of pain, shewing how precisely the effect may be limited. The same operations I have also performed upon a kitten, and upon two dogs, (old;) these were, as might be expected, after a similar length of immersion, though considerable diminution of sensibility was produced, not rendered entirely devoid of feeling.

"I may mention that to-day, (June 22nd,) I have operated upon a staphylatomatous eye, in a man from a distance, after the local action of chloroform, when I removed the entire cornea with a small portion of sclerotic coat and iris, with hardly any infliction of pain; and what is singular, so completely were the muscles of the globe affected, that for some time afterwards the remains of the eye did not collapse, although their attachments were not cut through. The fluid had been applied longer than necessary, or I had intended, as, after having given directions for it to be applied until my arrival, I was detained away longer than I had expected.

"I have been making experiments upon two new agents, both of which I find to possess considerable anæsthetic property, and one of which I believe will prove to be superior in every respect to chloroform."

The communications elicited considerable discussion, and the Members who contributed them, received the thanks of the Meeting, and were requested to publish them in the Journal.

BIRMINGHAM PATHOLOGICAL SOCIETY.

May 4th, 1848.

Dr. FLETCHER in the Chair.

HEMIPLEGIA: SOFTENING OF THE BRAIN: DISEASED AORTIC VALVES.

Dr. Russell exhibited a heart, with bony spiculæ about the aortic valves, from a patient who had died hemiplegic, in whom the right hemisphere of the brain above the floor of the ventricle was destroyed.

F. R———, aged 67, shoe-maker, has been occasionally rather intemperate lately; some years ago he drank a good deal. Previous health good. I found him in bed, hemiplegic on his left side. His illness had been rather gradual in its approach; before its commencement he had been complaining of feeling unusually tired and weary, and of being unable to go to fetch his work. On December 8th his wife being ill, he went for his work, a distance of one mile and a half: he had great difficulty in getting home, and said he felt sure that he had been for the last time. The next three days he kept his bed, and seemed to be getting weaker in his left side. On the 4th day, when attempting to get out of bed, he found he could not stand; since that time he has been confined to bed entirely. I saw him December 30th, 1847. His state was as follows:—No power over his left arm; partial power over his left leg and thigh; mouth a little drawn to the left side; left cheek somewhat fallen in, and vibrated when he spoke; tongue deviated slightly to the left; sensation of left side somewhat blunted; senses entire; speech less distinct than natural for the preceding day or two; pupils natural; perfect control over the sphincters; some pain in the head, but relieved by a blister; tongue rather furred; bowels required aperient medicine; urine loaded with lithates; a loud systolic bellows-sound over the base of the heart, and along the aorta, carotids, and subclavians. His case was protracted till April 15th, 1848. For the first fortnight after I saw him he seemed to be gaining power over the leg, and to be getting stronger, but he soon fell off again. He preserved a remarkably good appetite through his illness, but grew weaker slowly. Early in January he began to have delirium by night, and his sleep was greatly disturbed thereby; about that time he began also to suffer much pain in his extremities, particularly in the left arm, when the limb was handled. He then complained of frontal headache, though the pain in the head was never a prominent symptom. The pains in the limbs became more severe, and distressed him greatly, so that he was entirely dependent on morphine, in one grain and a half doses, for relief; the pain was seldom referred to any one part, though the right leg was often most complained of. The delirium, soon after its appearance, came on occasionally in the course of the day, when he imagined himself at his work, but he was easily induced to talk rationally; partly from this cause, but more from the great pain excited by handling or moving him, he resisted the necessary changes of linen, and towards the end of his life a large slough added to his sufferings. After the beginning of February, his urine was occasionally passed involuntarily, during two or three days at a time, and occasionally, also, his stools; his bowels required the constant administration of castor oil. His pupils continued natural; his tongue deviated, as at my first report; the degree of power in the left side underwent little change, and the right side continued under his control. In the course of the last month of his illness, I made the following reports of the state of the paralysed limbs:—The lower extremities were equally emaciated; the left foot and ankle somewhat œdematous; the muscles of the left leg act slightly when the sole of the foot is irritated; the left ankle is in a state of constant extreme extension; the left hand half closed, and the left elbow half bent; the fingers and forearm resisted extension; he cannot always localize the sensation excited by touching the left side, but the skin is very sensitive on contact with anything. Died quickly April 15th, having enjoyed his tea two hours before death. The treatment throughout consisted entirely of tonics; afterwards of stimulants, of sedatives, and of purgatives, as required.

Post-mortem sixty hours after death. Body not particularly emaciated. *Head*:—On removing the dura mater, the right hemisphere was observed to be remarkably yielding, and when the brain was placed on the table, the right hemisphere seemed unable to support the weight of the left, and a quantity of soft pultaceous matter issued from its anterior lobe. Surface of the brain healthy; left hemisphere firm and healthy. On cutting into the right hemisphere, it was found to consist of a large irregular cavity, covered in by a thin layer of cerebral matter, and having for its floor the parts which constitute the floor of the lateral ventricle. The wall of this cavity above was formed of cerebral matter, about half an inch in thickness, and tolerably healthy in its appearance; the cavity contained a brownish pultaceous matter, which flowed out when it was opened; the floor of the cavity was covered with a layer of similar matter, but of somewhat firmer consistence, and apparently mixed with blood. The destructive process had not extended into the parts forming the floor of the lateral ventricle, and the base of the brain was healthy. The arteries at the base of the brain were also healthy. The heart was healthy, excepting some bony spiculæ in the aortic valves, and in the muscular structure near the orifice of the aorta. The aorta healthy. The liver was of a deep yellow colour, its cut surface very smooth, and the acini less distinct than usual; its texture very friable. The cells of the organ were enormously gorged with oil-globules. A small proportion of the cells of the right kidney also contained some oil-globules. The left kidney was not examined by the microscope.

HYPERTROPHY OF THE HEART, WITH DILATATION.

Dr. Mackay presented the heart, with the left ventricle hypertrophied and dilated, of a child who had died suddenly with pulmonary symptoms.

The heart was taken from the body of a girl fourteen months old; it is as large as it usually is in a child three or four years of age. The left ventricle is disproportionately capacious, but in other respects the organ is in a state of enlargement simply, without any mark of disease in the valves or elsewhere. Nothing unusual could be detected in the aorta, as far as its arch, or in its valves. The heart filled the left side of the chest so as to conceal the lung, and extended beyond the centre of the sternum, towards the right side, over which space percussion elicited a dull sound.

Nothing had occurred during the life of the child calculated to excite suspicion of this abnormal condition of the heart. It was during its brief life a healthy though rather a delicate looking child. Upon the day preceding its death it seemed indisposed, but so slightly as to prevent any apprehension regarding it. On the following morning, about nine a.m., it was seen by the surgeon of the family, who found it breathing rather hurriedly and coughing a little, with slight sonorous rales on both sides of the chest. The child sat upon its mother's knee and really seemed to have little the matter with it. In this state it continued till its death, which took place about twelve at noon, suddenly, without any change in its appearance or state. Both lungs were somewhat congested; the abdominal viscera were healthy.

FUNGOID TUMOUR OF THE ARM.

Mr. W. H. Partridge presented a tumour of a fungoid character, removed from the right arm.

A gentleman, aged 60, of good constitution, florid complexion, and temperate in his habits, but has occasional gout in the foot, in getting on the top of a coach, while standing on the wheel, by a sudden movement of the vehicle, lost his footing, and remained suspended by the right arm and hand, by which he held the rail. The arm was painful and weak for some time, and at the end of a month he perceived a small tumour at the insertion of the deltoid. This gradually increased to the size of a hen's egg, when it was proposed to remove it by operation. At this time there were two openings in it, from which an amber-coloured glutinous fluid flowed, and by the introduction of a probe, and moving it about, a large quantity of cellular membrane, filled with the same kind of fluid could be pressed out. The tumour increased, and seemed to have no firm attachment, but the fear of the operation prevented his having it removed by the knife. He then placed himself under the care of a woman near Dudley, and at the end of two months returned, with the tumour increased to the size of a melon, and with a raw bleeding surface, from the use of caustic applications. He now consented to its removal, which was accordingly done. The wound healed, and remained well for two years, when at the upper part of the cicatrix a new tumour began to form, increasing rapidly, having, in little more than two months, acquired the magnitude of a large orange; and the integuments having given way at the apex, a bleeding fungus shot forth. It was removed about a fortnight ago, and is what I now present to the inspection of the society. It had to be dissected from the surface of the deltoid, to which it was firmly attached by condensed cellular membrane, resembling a portion of a cyst or fascia. The wound is healing kindly, but the disease will probably return at no very distant period.

EMPYEMA.

Dr. Fletcher exhibited some fluid removed from the chest of a patient, by the operation of empyema.

Dr. Fletcher presented this fluid on the present occasion, as its characters would not be preserved if he waited for the termination of the case; he promised a full report of the case on a future occasion. The upper portion of the liquid was nearly clear, but the lower half contained a copious half-membranous deposit, of a whitish colour, most probably the coagulated fibrin contained in the fluid; it partially floated in the liquid, was semitransparent, and appeared of the consistence of a soft fine membrane. The quantity of fluid drawn off from the chest, amounted to more than a gallon. The operation afforded great relief.

ANEURISM OF THE THORACIC AORTA.

Dr. Fletcher presented a large aneurism of the thoracic aorta, just below the arch. The history of the case had been drawn up by Mr. Blount.

Noah Butler, aged 65, has been a lock-filer and a screw-turner, but for the last five years a milkman, carrying six or seven gallons of milk for two miles, every night and morning. His illness came on in June, 1845, with pain down the spine; numbness over the left side of the body, and dyspnœa, which gradually become so severe that he could not assume a recumbent posture, were the symptoms. Physical signs of aneurism we may fairly suppose were not present, as several intelligent practitioners, under whose care he had been during this time, failed to notice them.

April 20th, 1846. I saw him first, and detected a pulsating tumour, which neither he nor his wife had before noticed. It was situated between the spine and left scapula, was covered merely by integument of a natural colour, the ribs having been removed by absorption, and was about the size of half a lemon. Dr. Fletcher saw him about this time, and noticed almost complete absence of respiratory sound in the left lung, but no arterial sound was audible in the tumour. It gradually increased in size, rising higher towards the superior angle of the scapula, with great dyspnœa, cough, and expectoration, often coloured; great pain in the side, back and loins; pulse generally about 112; emaciation increasing. The integument covering it became red, and progressively deepened in colour to purple, but did not give way.

June 24th, 25th, and 28th. Hæmoptysis to nearly a pint each day, which ceased, but returned again during the first week in September. He died suddenly, September 7th, 1846, having expectorated an immense quantity of blood.

Dr. Fletcher was not present at the *post-mortem* examination, and did not receive the specimen until some time afterwards. The thoracic aorta was dilated into a very large aneurism, commencing just below the termination of the arch: it did not contain any fibrinous deposit. Portions of carious ribs were attached to the wall of the sac. The aneurism had burst into the left bronchus; there were, besides, communications with some of the smaller bronchi, which seem to have been plugged up by fibrine. The left lung was consolidated.

Mr. W. H. Partridge presented a pendulous tumour, or large fleshy wart, removed from the loins of an aged female.

Foreign Department.

CLINICAL MEDICINE AND SURGERY IN THE CONTINENTAL HOSPITALS.

Fractional Doses of Mercury.—Dr. Fleming, in the *Monthly Journal*, (June,) mentions that M. Trousseau gives calomel in repeated small doses, as 1-20th of a

grain every hour, which, when necessary, he continues till the gums are touched. This event sometimes occurs at the end of the first day, or when one grain has been taken, and rarely is postponed beyond the third. The advantages of this method are stated to be—1st. The system is brought under mercurial influence as rapidly as by any other mode of exhibition. 2nd. The ptyalism is readily controllable.

In the treatment of puerperal fever, MM. Trousseau and Velpeau insist strongly on the necessity of rapidly inducing mercurialism. With this view, large doses of calomel were administered internally, and, at the same time, mercurial ointment, to the extent often of a pound daily, was rubbed into the skin. Although they had reason to believe that this heroic medication frequently saved the lives of their patients, they had often to deplore the baneful effects of excessive mercurial action,—viz., gangrenous inflammation of the vulva, serious lesions of the mouth, &c. For the last two years, Trousseau has adopted the method *à doses réfractées* in the treatment of this disease, and is convinced that he thus obtains all the good, and completely avoids the evil effects of the remedy.

In *chronic* diseases, or where it is desired to bring on mercurialism gradually, the same dose (1-24th of a grain) may be given every third or fourth hour, when tenderness of the gums will probably not appear before the fifth or eighth day.

In the treatment of constitutional syphilis, lupus, &c., Hebra of Vienna prescribes corrosive sublimate in a similar manner. One grain of the bichloride is dissolved in twelve ounces of water, and of this solution half an ounce is taken thrice daily. In the cases which Dr. Fleming observed of this mode of treatment, salivation presented itself rarely before the eighth day, more commonly about the eleventh or twelfth day.

The merit of having first directed attention to this mode of administering calomel is due to Dr. Law, of Dublin, whose paper on the subject, which appeared in 1839, seems not to have attracted much attention in this country. Dr. Douglas Maclagan has had occasion more than once to verify the statements of Dr. Law.

Dr. Fleming has himself, during the last six months, adopted the practice in about twelve instances with success, in so far as regards the physiological action of the drug. He places in connection with the above, the views of Mialhe on the changes which calomel undergoes in the stomach previous to absorption, and which certainly enable us to understand the *modus operandi* of Law's method of exhibiting calomel.—(*Traité de l'Art de Formuler*, p. 5.) It has long been known, that, placed in contact with a solution of an alkaline chloride, as common salt, accompanied or not with muriatic or other acids, calomel undergoes a partial transformation into the bichloride and metallic mercury, and as calomel itself is insoluble, and consequently incapable of absorption, we must attribute its remote physiological action to this change. The interesting experiments of Mialhe show that the quantity of corrosive sublimate formed, bears no proportion to the amount of calomel employed, but is in exact relation to the quantity of alkaline chloride present in the solution. Thus, the quantity of alkaline chloride present in the stomach at any one time, being generally not more than sufficient to convert a very small quantity of calomel into bichloride, it is immaterial, in so far as absorption is concerned, whether one grain or one drachm of calomel is administered, as in either case the quantity of bichloride formed is the same. The frequent administration of small doses, as in Law's method, has the advantage of exposing the calomel to the action of a large quantity of the gastro-intestinal fluids.

According to this view, the exhibition of common salt with the calomel ought to increase its activity in a marked degree, and perhaps the cases of so-called idiosyncrasy, where a small quantity of chloride has given rise to severe salivation, may find in this circumstance a rational explanation. On the other hand, the changes in chemical composition which the gastro-intestinal fluids undergo during disease, will modify powerfully the action of calomel.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS.

The revolution appears to have materially interfered with the sittings of the scientific academies of Paris, for the communications have of late been few and far between. We have very little to communicate of value during the month just expired, but the following comprise the most important.

M. Capuron presented a new instrument for craniotomy, but a description of it without illustrations would be useless.

M. Mialhe read an "Essay on Purgatives." He believes that all medicines of this class act through chemical decomposition. He divides them into general and special purgatives, the first acting upon the whole length of the intestinal tube, the other upon a limited portion only.

M. Durand Fardel, reported on a memoir entitled, "On Cerebral Congestion, in its relations to Hæmorrhage and Softening." But this memoir is also destitute of interest.

The Academy of Sciences has not received a single communication since the last report.

QUEEN'S COLLEGE, BIRMINGHAM.

In the Journal for March 23rd, we published the first Report of the Sub-Committee appointed to draw up rules for the establishment and government of a "Department of General Literature," we now submit to our professional friends the second Report adopted at a highly influential meeting of the Council held on the 3rd inst., at which the Right Honourable the Principal, Lord Lyttelton, presided.

Your Committee, in obedience to the wishes of the Council, having given their best attention to the important subject referred to them, beg to offer the following suggestions:—

1. That the College be called the "Department of General Literature."

2. That the Collegiate system in this department be the same as in the medical department.

3. That the houses in the Crescent, numbered 7 and 8, be the site of the said department.

4. That preparations be made for opening the said department for the admission of students on the first of October next.

5. That the Lord Bishop of the Diocese be the visitor.

6. That the ex-officio members of the Council of Queen's College, with the Warden, constitute a Senatus Academicus.

7. That the said ex-officio members do appoint the Warden, and the said Senatus do appoint the Classical and Mathematical tutors.

8. That the Senatus do appoint, under such regulations as they shall think advisable, the "Fellows."

9. That until the appointment of such Fellows the said Senatus do transact all the general business of the department.

10. That not less than five members of the Senatus, including the Warden, do form a quorum.

11. That after the appointment of the Fellows, any number of them, not exceeding twelve, shall be elected for a Board of Management by the Senatus.

12. That such Board of Management be called "The Council of the Department of General Literature."

13. That an annual meeting of such Council be held on the last Wednesday in August every year.

14. That the Warden be a priest of the Church of England, and the Tutors priests or deacons and graduates of Cambridge or Oxford, or other chartered University.

15. That the Classical Tutor be the Senior Tutor.

16. That such Senior Tutor be responsible for the discipline of the College subject to the general supervision of the Warden.

17. That in the absence of the Senior Tutor, the Mathematical Tutor do take his place, and perform his duties.

18. That all the Tutors be expected to take their meals in the Hall with the students, the Senior Tutor occupying the head of the table.

19. That the Warden do fill the same position in the College of General Literature, as the heads of houses in Cambridge and Oxford do with regard to their respective Colleges, excepting that the lectures on the subjects below specified be delivered by him, or more especially under his direction.

20. That the students in the "Department of General Literature" do attend Queen's College chapel twice every Sunday.

21. That the Warden, Tutors, and students, do wear their gowns in the Hall, in chapel, and at lectures.

22. That each student have a room to himself.

23. That they have a common room.

24. That all meals be taken in Hall, except in cases of illness with an *ægrotat*, or of absence with leave.

25. That the vacations be for three months every year,—two months in the summer, (August and September,) two weeks at Christmas, and two weeks at Easter.

26. That the porter do close the College gates every night at ten o'clock, and that all students be expected to be within gates at that hour.

27. Students entering College at a later period of the night to be reported to the Tutor by the porter, who shall have a book provided for that purpose.

28. That for neglect or misconduct on the part of any student, the Senior Tutor shall have the power of imposing restraint within the College walls, and literary exercises called impositions.

29. That the Warden, in conjunction with the Classical and Mathematical Tutors, shall have the power of rustication for any period not exceeding two months.

30. That all cases, which in the opinion of the Warden and Tutors subject a student to dismissal or expulsion, be referred to the Council, who are to investigate and decide thereupon.

31. That the Senior Tutor have the management of the domestic arrangements of the College.

32. That the finance department be under the supervision of the Warden, who is every three months to lay a statement before the Council, and that the Council do every year appoint an Auditor.

33. That a monthly meeting be held on the first Tuesday in every month.

34. That the College be self-supporting, except as far as it may be aided by individuals endowing Fellowships, Scholarships, and Professorships, establishing prizes, and making donations of books.

35. That an examination on all the subjects of the Tutors' lectures be held at the close of every term.

36. That certificates of merit be awarded after each examination, and that any such annual prizes as the friends of the Institution may offer, be decided at the termination of the midsummer examination.

37. That students be expected to matriculate at the University at the end of their first year, if they have not done so previously, and that they be expected to take their degrees of B.A., or B.C.L., or such other degrees as their standing in the University will permit, at the end of the third year.

38. That such students as have been regular in their attendance at chapel and lectures, and have conducted themselves satisfactorily in *statu pupillari*, be eligible to be appointed Fellows, on their attaining to the degree of B.A or B.C.L.

39. That a commemoration day be held once every year, in honour of the founder, Mr. William Sands Cox, that the Members of the Council and the Fellows and their respective friends be invited to attend.

PLAN OF STUDY.

1. That the *curriculum* of study do extend over three years.

2. That the students of each year have distinct courses of lectures.

3. That the subjects of study be Greek, Latin, Mathematics, Logic, the Modern Languages, History, Civil Engineering, Natural, Political, and Moral Philosophy, and more especially Christian Ethics, and the Doctrines of the Church of England.

4. That each student do attend four lectures every day,—namely for one hour in the morning a lecture in Greek, for another hour a lecture in Mathematics, and for one hour in the afternoon a lecture in Latin, and another hour a lecture on History, Logic, one of the above described branches of Philosophy or Civil Engineering.

5. That the subjects selected have particular reference

to the requirements for the examinations of the University of London.

6. That the Tutors do confer with the Warden at the commencement of every year, as to such selections, and that no deviations be afterwards made therefrom, without his express permission.

7. That the Warden be responsible for the instruction in Christian Ethics, Church History, and the Doctrines of the Church of England.

8. That Drawing, French, and German, be expected to be learnt during the two years when the Students are in the Junior Department; but if they have not then completed such courses of study, or require for any purpose, during their residence in the College, instruction in the modern languages, the same to be supplied at the rate of three guineas each course per annum.

Scale of Fees.

That the annual College expenses be according to the following scale:—

Furnished rooms and board, with coals, candles, &c. &c.	50	0	0
Lectures in Divinity, Classics, Mathematics, Civil Engineering, History, Philosophy, and Logic	20	0	0
College Fees	5	0	0
	£75	0	0

2. That the sum of twenty-five pounds be paid at the commencement of each term.

James Thomas Law, Chancellor of the Diocese of Lichfield, Vice-Principal.
John Birt Davies, M.D.
William Sands Cox, F.R.S.

The following report was adopted to prevent students incurring debt, both in the "Medical Department," as well as in the "Department of Literature."

"That in the judgment of your Committee, it is exceedingly desirable that every precaution be taken to prevent students incurring debts, and that in their opinion that object may be accomplished."

1. By suggesting to each parent or guardian, on placing a student at the College, to inform the authorities what sum it is contemplated by such parent or guardian to allow such student for expenses beyond the necessary and direct payments to the College.

2. By periodically cautioning tradesmen, by a public notice, in suitable terms, not to allow of the purchase of articles on credit, without the express sanction of parents or guardians, or of some officer of the College to whom that duty shall be specially delegated.

3. By desiring also, through the medium of the same notice, that all tradesmen's bills for articles supplied to students shall be regularly delivered to the same officer, and forwarded by him to the parents and guardians, at the end of every term.

4. By furnishing each student on entering the College with a list of such tradesmen as are sanctioned by the College authorities.

5. By providing in the bye-laws that all cases of extravagance which become known to the tutors, shall be immediately reported to the Council, and by the Council forwarded to the parents or guardians.

6. That every student three times proved to the Council to have incurred debts beyond his means, shall be dismissed.

James Thomas Law, Vice-Principal.
Charles Geach, Mayor.
John Birt Davies, M.D.
William Sands Cox, F.R.S.

General Retrospect.

PATHOLOGY.

INJURY OF THE SPINE: OBSTINATE CONSTIPATION.

While in Western New York, last summer, Mr. C. A. Green, of Milbury, Mass, U.S., saw a remarkable case, in the person of a young lady, who had had *but three fæcal discharges in nine years.*

The patient's name is Ellen R. Allis, daughter of Joel Allis. She lives about three miles from the centre of Batavia. When about twelve years of age, she attended a singing school, and being ensnared in a trap made of a rope by some boys, was thrown down, and her spine injured. She became quite sick, went to her bed, and there has remained up to the present time, perfectly bed-ridden. She is now aged 21. She lays in her bed, her body being at an angle of forty-five degrees with her extremities, nor can she be removed from that position without producing intense pain, and much dyspnœa. From her waist down, there has been no increase in size since her first injury, but above the umbilical region she has grown like other girls. She is wonderfully intellectual for one thus circumstanced, and has shown a remarkable skill in the formation of different curiosities. She has but little physical strength. Her heart beats like an infant's; her respiration is peculiar, and so slight is the effort, that it is hardly distinguished by a careful observer. Two days previous, and about three days after, the movements of her bowels referred to, she was perfectly insensible, and in a comatose state. About a teacupful of thin viscid discharge came from her at each time. There has been an attempt on the part of physicians in the region of Batavia to remove this difficulty, (whether it be a partial stricture of some portion of the intestines, or a want of action in them, is unknown,) but in vain. Her diet is very light, consisting mostly of white sugar and tea, and occasionally a thin broth. She has had but *three stools in nine years.* Oliver, in his physiology, makes mention of some persons having no discharge in one year; but no instance like the above has been recorded.—*Boston Medical and Surgical Journal.*

SURGERY.

REDUCTION OF DISLOCATED SHOULDER.

The patient being placed on a sofa or bed, or on the floor, the heel is to be placed in the axilla, (the same as for reduction by extension at the wrist,) and a long towel or narrow sheet is to be applied immediately above the elbow, embracing the condyles of the humerus, by means of the noose, and the two ends brought forward and tied firmly behind the back of the surgeon, he leaning forward a little while doing so. The towel

or sheet should be rendered damp at that portion which encircles the arm, and it should cross the back low down, over the lumbar region. The knee being kept straight, or nearly so, powerful extension can now be made, as the position of body is well adapted for the outlay of great physical strength, all the powerful muscles of the back being advantageously brought into play. At the same time the hand and arms are free, and the patient's forearm, being bent to a right angle with the upper arm, can be used as a lever in manipulating the reduction.—*Lancet*, June 3rd.

OBSTETRIC MEDICINE.

EXTRA-UTERINE FŒTATION.

The patient whose case is here narrated by Mr. Donald Dalrymple, was thirty-two years of age, in good health, and had borne five children. She said she became pregnant early in January, 1847, and quickened early in April. About the latter period she strained herself, and her subsequent feelings were different from what she had experienced on some former occasions. Shortly after this the uterus descended, and the author first saw her at the latter end of June, in consequence of this prolapse, the womb then protruding, of the size of a full-grown fœtal head, and presenting on its anterior surface a large ulcerated patch, of a purplish hue. The beat of the fœtal heart could be distinctly heard high up, but the placental murmur was not distinguishable. Rest and the recumbent posture were enjoined. At the end of September she had irregular labour-pains, which gradually subsided without the os uteri becoming dilated. From this time she ceased to feel the movements of the child, and soon diminished in size, and improved in health, until the middle of November, when her health became seriously affected. She suffered from increase in the size of the abdomen, great pain, shortness of breath, &c., and she died on December 23rd. On laying back the abdominal parietes, a thick layer of yellow lymph was found to line the internal surface of the peritoneum, within which was a large accumulation of thick sanious pus, not putrid. Immediately across the abdomen, above the umbilicus, lay a full-grown fœtus, which occupied a cavity, formed and bounded above by the intestines and omentum, and below by the pelvis: this space was covered by lymph, organized and highly vascular at parts. The head of the child was in the left hypochondrium, and the cord could be traced to a large, deep-coloured, spongy mass, apparently attached to the uterus, though that organ could not itself be made out, so irregular and confused was the mass. The child was well-formed, and weighed eleven pounds and a half. The author concluded by stating his belief, that the fœtus had escaped through an aperture in the uterus, which he conjectures was ruptured at the end of April, during the act of coitus, at which period, he was informed by the husband, a peculiar sensation was perceptible after a violent movement of his wife's body. He also remarked that the present is a case in which abdominal section would have completely failed, had a correct diagnosis been formed, and such an operation attempted.—*Lancet*.

REMARKS ON MR. NEWNHAM'S "PRESENT ASPECT OF MEDICINE."

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The concluding paragraphs in one of Mr. Newnham's communications to the Journal, on the "Present Aspect of Medicine," (p. 285,) have struck me rather forcibly, and have induced me to pen a few thoughts upon the subject to which those paragraphs refer. All who know Mr. Newnham, whether personally, or through the medium of his works, know well that he has typified his own character, when presenting us with the qualifications necessary to form a good practitioner. We know that he is conversant with those preliminary points which he regards as essential in the structure of a mind destined for the medical profession. To such a condition of mind who can raise an objection? Such vigour of intellectual capacity—who does not covet? Yet, Mr. Newaham knows that Nature has granted these privileges to very few, and that labour itself will not wholly overcome physical deficiency; for I do not think he belongs to that sect of philosophers who make the human mind a *tabula rasa*, upon which impressions may be made at will. Should such be his view, I am a dissentient. Nevertheless, to aim at perfection—to realize the utmost of which the mind is capable, is a privilege and a duty as imperative upon man in the advancement of his intellectual powers, as food is to the development and growth of his body,—nay, I will say more so, for the unerring standard of Divine truth tells us—

"Wisdom is the principle thing."

But Mr. Newnham has somewhat gratuitously assumed the possession of one article, at the command of practitioners, which I am disposed to believe is a commodity not so readily at their disposal. I allude to the article of "time;" and, moreover, he condemns those little meals of intellect which many of us are compelled to take, gathered from Retrospects and Journals. Now, I think Mr. Newnham must be sufficiently acquainted with the nature of general practice, to have learnt that the medical man's time is not his own,—that it is in the market, is offered for sale, is retailed at all hours;—that unlike the tradesman, he cannot close at nine o'clock, and refuse his customers because his shutters are up;—nay, that oftentimes the repose of nature is invaded, and his vigils are when others sleep.

I would not say that men in very extensive practice have not time for reading—I believe they have, and that many very precious moments are wasted; at the same time the difficulty is obvious for such men to digest voluminous tomes, either on medicine or any other subject, for in the midst of their reading and their ratiocination comes a voice at the study door—"Please Sir, you're wanted." The "tome" is left hastily on the study table, the intellectual feeder is galloping through storm and sleet, sunshine or shower, in light or darkness, and is perhaps compelled to sojourn for hours, listening to the garrulity of some antiquated nurse in a mob-cap, or half a dozen old

women, whose gabble is frightfully at variance both with his reading and his reasoning. I would remind Mr. Newnham of a very quaint but very ancient axiom—

"All work and no play, makes Jack a dull boy;"

And if he, in his extensive practice, has done what he advises others, let him thank God for a good constitution, as well as an active and vigilant mind.

After all, the man of true science—the really thinking man—wants no outward stimulant to urge him onwards; to cultivate his mind and to enlarge his capacity, is his enjoyment; and he does steal from the hours which nature has allotted for sleep, and the moments of respite from onerous and painful duties, to gratify his thirst for knowledge. If Mr. Newnham had the tongue of angels, he would never rouse the man to study who had not the inward impulse.

But the "Aspect of Medicine" exhibits a phase upon which your highly gifted and excellent correspondent would do well to enlarge. "The unspeakable luxury of ministering to the wants and weaknesses, and the infirmities of our fellow creatures," is a luxury, I admit, and under the operation of the New Poor-Law Bill, the only luxury the poor doctor is allowed to enjoy, the salary being a sort of legal fiction, as it is not only notoriously inadequate to pay him, but notoriously inadequate to furnish common appliances; while the fetters forged to bind him to his duties are so strong, that he requires the temerity, as well as unctuousness, of an eel, to slip them. Like the miserable horse harnessed to a thrashing machine, day by day his wonted circle must be fulfilled. But the phase to which I alluded, is the little estimate the public put upon his *science* and *attainments*. Men have no outward motives for labour and research, while they serve a community unable to appreciate either the ability or the service. Do the public employ practitioners according to their extent of reading? Do they judge of men wholly by their intellectual endowment, or by the force and energy of superior capacity? They may do so in localities where the petty influence of party or interest has no weight, but in the aggregate such valueless influence consigns a population to the tender mercies of consummate ignorance and impudence. And why is this? The public have no test for the talents and ability of professional men; and Mr. Newnham will not fail to answer—too true—when I assert, that the majority of gifted, reading, intelligent medical practitioners, will be found amongst the ranks of those who are least encouraged—have the least to do.

The "PRACTICAL MAN," so graphically described in the last "Journal," skims the cream of practice, and intrudes his ignorance, where intellect would do so much. The routine practitioner who has not a "tome," *who never reads*, who does not even dip into JOURNALS and RETROSPECTS, has no sympathy with science, except the science of gastronomy, no taste for improvement in his art, no desire to cultivate an acquaintance with progressive practice, who settles down upon the lees of an ancient *regime*, is full of nostrums for febrifuges and diaphoretics,—knows that blue pill acts *somehow* on the liver,—that sulphuric acid, water, and colouring matter, is an admirable remedy for paupers, let their ailments be as they may, because it looks nice, and is very *cheap*,—is heroic in his attacks on inflammation,—Quixotic in making mountains of mole-hills, and fighting windmills for giants. Now, these are the men, and numerous enough they are, Heaven knows, who, by *gossip*, by tact, by being "all things to all men," having a little of every thing, and much of nothing,—who are brass farthings burnished with little gold, looking like sovereigns, which pass current amongst the great and little vulgar, who hug them as though they were pure metal, and have not penetration enough to discover they are a base coinage. This is a phase in the "Aspect of Medicine" painful to every thinking and judicious mind, and marvellously galling to the *reader* and the man of science.

The man who follows his profession *con amore*, and really studies it because he loves it, requires no excitement but his own internal impulses to urge him in the pursuit, ardently, unweariedly; but, apart from this, what are the external inducements to make him wiser, and more truly practical, than the PRACTICAL or *routine practitioner?* Mr. Newnham has answered the query,—"The consciousness of his own deservings."—Very gratifying to his own feelings, but singularly inadequate in meeting the claims of the butcher, the baker, the tailor, and other necessary adjuvants to every establishment.

The "Aspect of Medicine"—the *countenance* of *our* Goddess has, through all ages of her sojurn amongst us, been so completely veiled, that the uninitiated are ignorant of her simplest features,—the public have never yet beheld even the glance of her eye. No wonder the world has been open to imposition, and that meretricious pretenders have assumed the habit, and walked in the pathway of the legitimate divinity. Hence quackery, with her bold and daring front, obtrudes her Protean shape, and in the highways, and even in the city streets, proclaims aloud, "I am she," and Princes and Dukes, and Lords and Commons, believe and worship. Give to the public some test whereby they can distinguish the true from the false; fear not to enlarge the intellect of mankind, for where is the practitioner who would not prefer to administer to a patient capable of understanding the principles of his practice, rather than to one who swallows compounds as a mystical means of cure, analogous to the obsolete system of philtres and incantations.

The elegant mind of Mr. Newnham,—the ease and freedom with which he can commit the workings of that mind to paper,—his extensive reading and acknowledged erudition, admirably fit him for the task of developing general principles,—not to the *elite* of the profession, for they are free, and need no spur,—not to the stupid and besotted, for the voice of the "charmer" will never rouse them, "charm he ever so wisely;" but to a sensible and thinking community, before whom the true "Aspect of Medicine" has never been properly exhibited, and consequently its real claims neither appreciated or nor understood. Why are the sons of the church and of the bar valued in proportion to their talent? The public itself possesses the touchstone

in these cases, and can separate the worthy from the unworthy. The genuine "Aspect of Medicine" would be beautiful, could they do so in our case.

I am, Sir,

Your obedient servant,

EDWARD DANIELL.

Newport Pagnell, June 5, 1848.

TESTIMONIAL TO JOSEPH HODGSON, ESQ., F.R.S., OF BIRMINGHAM.

A meeting (convened by Mr. Russell, Mr. Wickenden, and Mr. Thos. Chavasse,) of the professional and other friends of Mr. Hodgson, to consider the propriety of presenting him with some testimonial of respect and esteem, was held on Tuesday afternoon in the Concert Room of Dee's Hotel, and was attended by a highly respectable and most numerous audience, the room being completely filled. Amongst the gentlemen present were Richard Spooner, Esq., M.P., W. S. Dugdale, Esq., Hon. and Rev. G. M. Yorke; Messrs. Fowke, Wolverhampton; John Prichard, Leamington; Soden, Sunbury; Dr. Russell, Messrs. Russell, W. H. Partridge, Wickenden, Chavasse, W. P. Hodgson; Professor Partridge, King's College, London; Messrs. G. Edwards, Wolverhampton; Frederick Ryland, Alfred Baker, George Elkington, Francis Elkington, Dr. Bell Fletcher, Messrs. Bindley, Pye Chavasse; Dr. Conolly, London; Dr. Mackay, Dr. Wright, Mr. Thos. Freer, &c., &c., including a large number of the clergy and leading inhabitants of the town and neighbourhood.

The chair was taken at three o'clock by the Right Hon. Sir Robert Peel, Bart., M.P.

In opening the proceedings, the Right Hon. Baronet said, Gentlemen, I am satisfied it is quite unnecessary that I should detain you from the proper object of this meeting by any lengthened observations. That object is to mark our respect for the professional and private character of one of the most distinguished members of the medical profession. (Applause.) You are aware, gentlemen, that Mr. Hodgson has very recently signified to the Governors of the General Hospital of Birmingham, his desire to retire from the situation which he has held in connection with that Hospital. You are aware, also, that the Governors of the Hospital, at a special meeting, have come to an unanimous resolution, marking their deep sense of the services which have been rendered by Mr. Hodgson to that institution, and to all connected with it, for the long period of a course of twenty-six years. Gentlemen, we are assembled here for a similar purpose. We are assembled here, men of different pursuits, entertaining, probably, very various opinions on matters of public concern, but united this day for one common object—the desire publicly to acknowledge our respect for the professional and private character of Mr. Hodgson. (Applause.) Gentlemen, it is not, perhaps, altogether unsuitable that the duty of presiding on this occasion should be devolved, not upon an inhabitant of this great and important town, but should be devolved on one who has no immediate connection with the town, but residing at a considerable distance from it, and therefore, by occupying the chair on this day, marking in a significant manner that the services of Mr. Hodgson have not been rendered merely to this town or its immediate precincts; that they embrace a much wider sphere, and that respect for his character, and gratitude for his services—(applause)—are diffused over a very wide area. Gentlemen, there are many here who probably desire to express their gratitude, as members of the same profession, for opportunities of improvement in that profession, through the example and instruction of Mr. Hodgson. There are many here also, who, like myself, are desirous of expressing our gratitude for proofs of his professional skill—(applause)—who are desirous of bearing testimony not only to that professional skill, but to the zeal and assiduity with which he performed all his professional duties—to the sacrifice which he readily made of ease and comfort when the indulgence of them would have interfered with his professional labours—(applause)—and especially to that kindness and benevolence which has borne with indulgence the querulous impatience which sometimes is inseparable from severe suffering. (Applause.) Gentlemen, we are desirous, also, on this day, to mark our respect, not only for the professional merits of Mr. Hodgson, but for those private virtues which adorn his character. We are desirous of marking our respect for his high integrity—for his scrupulous honour—for those qualities which adorn the character of the Christian and the gentleman. (Applause.) And, gentlemen, it is not unfitting that we should on this occasion mark our respect for those virtues, for it is their possession that strengthens the resources and adds to the efficacy of mere medical skill. (Applause) It is the possession of those virtues that inspires the confidence which in many cases is essential to the successful treatment of disease. The possession of those virtues does more. It enables the physician, in cases where even the hope of prolonging life is extinct, to speak to the patient with a tone of authority, and to administer consolation and inspire hope when the narrow prospects of this world are about to close. (Applause.) Gentlemen, I know not what may be the intentions of Mr. Hodgson with respect to his continuance in this town in the exercise of the active duties of his profession. I earnestly hope that although relieved from his connection with the General Hospital at Birmingham, yet the wide district which has derived benefit from his exertions is not about to suffer the great injury which would follow his retirement from general practice. (Applause.) I trust, therefore, gentlemen, that we are not about to lose the great benefit of his continued pursuit of the profession to which he is an ornament; but I am sure when the time shall arrive when it will be fully necessary for him to retire from active occupation, and to quit its service, that he will recognize the claim which the public still have upon him to make the knowledge and experience which he has acquired by his connection with an institution which, perhaps, above all others, enables a medical man to become familiar with some of those accidents and diseases to which the human frame is liable,—I say I am sure that if Mr. Hodgson should contemplate his retirement, still he would not permit those lights of knowledge which can only be supplied by the practice and experience of near thirty years to be entirely extinguished—(applause)—that still you would have the benefit of his knowledge; for if any members of the profession might desire to repair to him for the purpose

of profiting by his experience, we know so much of his kindness and benevolence as to suppose that he would devote even his retirement to the public, if they could derive any advantage from his knowledge and enlightened understanding. Gentlemen, I speak on this point with the more confidence from having been desired to read to this meeting a letter from a most warm and sincere friend of Mr. Hodgson—from one who has been one of the greatest ornaments to that profession from the active pursuits of which he has retired. The letter is from a friend and neighbour of mine, Sir Charles Mansfield Clarke. He says, addressing myself and the committee of gentlemen :—

"Gentlemen,—The illness of my eldest son called me hastily from home to London, where the same cause detains me. Nothing short of such a circumstance should have interfered with my attendance at Birmingham on Tuesday, to testify the respect which I entertain for the professional zeal and talents of Mr. Hodgson, and my regard for him as a friend. I need hardly say that it will afford me great pleasure to assist in promoting the object you have in view.

"I remain, gentlemen, yours very faithfully,

"Charles M. Clarke.

"London, June 10, 1848."

Gentlemen, this letter is from one who, having attained every object which he could desire in his profession—having satisfied every desire for pecuniary gain—having received the highest distinctions which it has been the habit of the crown to confer, has retired from the active pursuit of his profession, but has not retired from the benevolent exercise of it on every occasion on which an appeal can be made to him. He has come into the immediate neighbourhood in which I reside; and, gentlemen, I can say with truth, that no one medical man has resorted to him in vain for advice in any difficult case,—there is no one, rich or poor, who felt anxiety for any near relation, whose appeal for aid he would not attend to with as much of kindness, of devotion, and self-sacrifice, as would have marked his career at the most active period of his life. (Applause.) And it is gratifying to me to be enabled on the same occasion to pay a tribute of respect to Mr. Hodgson, and also to convey the thanks of the neighbourhood, who feel the residence of Sir Charles Mansfield Clarke to be a blessing, and to express their unanimous feeling of gratitude for his constant disposition to render his great knowledge and experience availing for the mitigation of human suffering. Whenever Mr. Hodgson shall follow his example as to retirement, I feel convinced that Mr. Hodgson will follow also his example, of making the knowledge and experience which he has acquired during a long course of professional practice equally conducive to the mitigation of human suffering. (Applause.) Gentlemen, I have peculiar pleasure in attending on this occasion, because having had many opportunities of intercourse with the medical profession, I am proud to acknowledge in as marked a manner as I can, my deep conviction, that in no profession can there be found more frequent instances of liberal and dignified sentiment, or more proofs of active and enlightened humanity. (Applause.) Gentlemen, it seems to me, that their familarity with pain and suffering tends largely to brace the nerves, and gives that presence of mind, the exercise of which is indispensable to the treatment of severe affliction; yet at the same time this familiarity with pain and suffering softens the mind, and disposes them to the exercise of benevolence to those who suffer. (Applause.) And, gentlemen, by expressing our gratitude for the services, and our respect for the character of one of the most distinguished ornaments of that profession, I consider we are not merely acting in accordance with private feeling. I consider we are performing a public duty, and promoting a public object—that we are supplying to other members of that profession a stimulus to continued exertion—that we are proving to them that we generally believe they are influenced by other motives than the mere desire of pecuniary gain—that we believe they are influenced by the honourable ambition of doing good, and of acquiring an honourable fame. I say we are promoting a public object, and supplying them with a powerful stimulus to exertion, when we prove (as we shall prove by the result of this meeting,) that years of severe and successful labour will not pass unnoticed in this immense district, including this great town—including all the precincts which border upon it—including that great area within which the name of Mr. Hodgson is known and respected;—when we shall prove that after years of public service there is a disposition on the part of those who respect talent, combined with virtue, to leave some permanent record of their respect, their admiration, and their gratitude. (Applause.) Gentlemen, with these observations, I propose that we now proceed to the immediate business of the day.

Mr. Russell offered some remarks in explanation of the motives which had influenced himself, and the two friends who were associated with him in the business, to take upon themselves the responsibility of convening the present meeting. It was the anxious wish of Mr. Hodgson's friends that some testimonial should be offered to him, and they were of opinion that the occasion of his retiring from his public duties at the General Hospital was a fit opportunity for the presentation of such testimonial. They had endeavoured to carry out their views in such manner as they believed would be most in accordance with the wishes of their medical brethren and of the public at large, and he did not think they would be charged with having presumed to undertake an office to which they were not entitled. He had been the attached friend of Mr. Hodgson for near half a century, and he and the two friends in question were now getting into the rank of senior members of the profession. They were all three, moreover, dissociated from the various medical charitable institutions in the town. It was a source of deep gratification to them that their humble efforts were so warmly responded to. The first office was to select a chairman for that occasion, and he felt assured all present would agree that they had not shown themselves altogether incompetent to the task. There were various circumstances to direct their attention to Sir Robert Peel, the principal being the deep debt of gratitude under which the medical profession, as well as mankind at large, lay to the Right Hon. Baronet for having introduced the Anatomy Bill into Parliament; upon which occasion Sir Robert Peel passed a high eulogium upon Mr. Hodgson. They also knew that Sir Robert Peel had reposed great confidence in the professional skill of Mr. Hodgson. For these various

reasons, they had no hesitation in believing that if a respectful request that he would preside was conveyed to him, the Right Hon. Baronet would have the kindness to comply with their wishes. They had, accordingly, put themselves in communication with him, through the medium of their friends Professor Partridge and Mr. Parkes. Their application was successful, and he begged to tender their cordial thanks to Sir Robert Peel for having so kindly consented to take the chair.

It was then resolved that a subscription should be entered into for the presentation of a portrait of Mr. Hodgson, to be painted by some artist of eminence, to the General Hospital, Birmingham, the subscribers to be severally entitled to engravings of the portrait on India paper, to proofs with the autograph, or to copies with the name printed according to the sum subscribed.

Medical Intelligence.

THE EPIDEMIC CHOLERA.

Accounts from St. Petersburgh state that the cholera is making alarming progress at Moscow; 464 fresh cases, and 205 deaths, occurred in the last week of May. The cholera has also broken out with severity at Jaroslaw, Robinsk, and Kalouga.

PUBLIC HEALTH BILL.

The Public Health Bill was read a third time, and passed the House of Commons on Monday, June 19th.

TESTIMONIAL TO DR. RANSFORD.

The Royal College of Physicians of Edinburgh have voted a piece of plate of the value of fifty guineas, to Dr. Charles Ransford, late Treasurer to the College, who has left Edinburgh.

RETIREMENT OF DR. CHAMBERS.

We regret to learn that this distinguished physician is compelled by ill-health to retire from the metropolis into the country, with little probability, it is said, of being able again to take an active part in the arduous duties of his profession.

APPOINTMENT.

Alfred Baker, Esq., has been elected one of the Surgeons to the General Hospital, Birmingham, in the room of Mr. Hodgson, resigned.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members Friday, June 16th:—C. W. M. Bloxham; S. Ffolliott; R. E. Price; W. B. Norcott; E. W. Sullivan; J. Morris; J. Sinclair; J. E. Elam; C. S. Smith.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, June 8th:—William Costall May, London; Thos. Limbury, Appledore, Devon; Charles Crighton Bramwell, North Shields; Robert Thomas Deakins, Bicester; James Eyres Coward, Tiverton; John Sinclair, Liverpool.

Thursday, June 15th:—Edward Marshall; Henry Wright Slack, Liverpool.

OBITUARY.

Died, May 29th, at Malta, Arnold John Burmeister, M.D., from the accidental discharge of a pistol in his own hand.

June 8th, at Leamington, aged 63, Thomas Hiron, Esq., Surgeon for nearly forty years, an eminent practitioner at Warwick.

June 15th, at Cambridge, aged 35, John Linley Sudbury, Esq., Surgeon.

June 17th, at Mile-end, aged 65, George Edwardes Carruthers, Esq., Surgeon to the Queen's Own Light Infantry Militia.

At his residence, Mary Street House, Taunton, aged 71, Stephen Henry Macmullen, M.D., F.R.C.P., Edin., H. P. Army Medical Staff. Dr. Macmullen entered the Army at an early age, and served with the 59th Regiment in the East and West Indies, and in the Peninsula. He was appointed President Elect of the Provincial Medical and Surgical Association, at the last Anniversary Meeting of the Association, at Derby.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

In consequence of the Annual Meeting of the British Association having being fixed to be held at Swansea on the 9th and 10th of August, it has been found necessary to postpone the Meeting of the Provincial Medical and Surgical Association to the following week. The Anniversary will therefore now be held at Bath, on Wednesday, the 16th, and Thursday, the 17th of August.

R. J. N. STREETEN, Secretary.

NEWTON BRANCH.

ANNUAL MEETING.

The Annual Meeting of the Newton Branch of the Provincial Medical and Surgical Association, will be held at the Leigh Arms Hotel, Newton, on Thursday, June 29th, Sir Arnold Knight, M.D., President, in the chair.

JOHN HATTON, Manchester,
G. C. WATSON, M.D., Liverpool, } Secs.

ERRATUM.

At page 325, in the heading of the seventh column of the table, for "*death*," read "*cure*."

TO CORRESPONDENTS.

Communications have been received from Mr. Nunneley; Mr. H. Hanks; Dr. Blackmore; the Birmingham Pathological Society; Mr. Crompton; Mr. W. S. Cox; Mr. Husband; Mr. Bree; Dr. Forbes.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

LOCAL ANÆSTHESIA:

NOTES ON ITS ARTIFICIAL PRODUCTION BY CHLOROFORM, &c., IN THE LOWER ANIMALS, AND IN MAN.

By J. Y. Simpson, M.D., F.R.S.E.
Professor of Midwifery in the University of Edinburgh.

A few months ago I published some remarks with the object of shewing that the artificial production of a state of general anæsthesia before the performance of surgical operations was not, altogether, an idea of modern times.* Several ancient writers aver that such a state of general anæsthesia can be produced by using mandragore,—as Dioscorides'† Pliny,‡ Apuleius,§ &c.‖ In the thirteenth century, Theodoric,¶ published a receipt for producing it by the *inhalation* of vapours arising from the watery extracts of various narcotic herbs, and in our own days, (1832,) this receipt of Theodoric's has been, apparently, found quite sufficient for the purpose by Dauriol.**

The ancients also seem to have entertained the idea of the possibility of producing a state of *local* and limited anæsthesia in any part to be operated upon. Dioscorides, who, as we have seen repeatedly, mentions the production of general anæsthesia by mandragore states it as a matter of report that local anæsthesia in a part was capable of being produced by the Memphian stone. "The Memphian stone (says he,) is found in Egypt near Memphis, of the size of a calculus, fatty and of different colours. They say that this, when bruised, and spread over parts that are to be cut or cauterized, so anæsthetizes these parts that they do not feel pain."††

Whilst we may entirely doubt whether local anæsthesia was capable of being produced by such an apocryphal application as the above, the passage is curious, as evidence that the idea of obtunding a single part of the body against the pain of an operation was not unknown nor unthought of in former times. Nay, many old authorities believed that against the fire-ordeal any part of the body could be so protected and

---

* "Monthly Journal of Medical Science," Vol. for 1847-48. p. 451.

† Dioscoridis Opera. Liber iv. Cap. 76. In this chapter on the mandragore, Dioscorides mentions its anæsthetic virtues repeatedly. 1. "Some (says he,) boil down the roots in wine to a third part, and preserve the juice thus procured, and give one cyathus of it in sleeplessness and severe pains of whatever part; also (it is given) *to cause the insensibility* (ποιειν ανεσθησιαν) *of those who are to be cut or cauterized.*"

2. "There is prepared also, besides the decoction, a wine from the bark of the root, three *minæ* being thrown into a cask of sweet wine; and of this three cyathi are *to be given to those who are to be cut or cauterized, as aforesaid; for, being thrown into a deep sleep, they do not perceive pain.*"

3. Again, of another mandragore, called "morion," Dioscorides observes, "Medical men use it also for those who are to be cut or cauterized."

‡ C. Plinii Secundi Natur. Hist. Lib. xx. Cap. 13. Speaking of the circeius or mandragora, he says, "It is drunk against serpents and *before* cuttings and puncturings, *lest they be felt.* (*Bibitur et contra serpentes et ante sectiones punctionesque, ne sentiantur.*)

§ *L. Apuleii de medicam. herbarum Liber*, published in a collection of works, entitled, "*Parabilium medicamentorum scriptores antiqui.*" p. 294. Apuleius remarks, "If any one is to have a member mutilated, burned or sawed, *(mutilandum, comburendum, vel serrandum,)* let him drink half an ounce with wine, and let him sleep till the member be cut away without any pain or sensation, *(et tantum dormiat, quousque abscindatur membrum aliqno sine dolore et sensu.*"

‖ Ambrose Paré's Works. Liber xxi. Cap. 35. When "Mandrage is taken in great quantity, (says Paré,) the patient falls asleep in the same posture as he was in, just as if he were in a lethargy. Wherefore, in times past they gave mandrage to such as were to be dismembered."

¶ See page 146 of a collection of Surgical Treatises in blackletter, printed at Venice, in the year 1519, and entitled, "Cyrurgia Gurdonis de Canbaco, et Cyrurgia Bruni, Theodorici, Rolandi, &c. In the rubric of the work the receipt is described as "Spongia somnifera," and is described thus:—"The preparation of a scent for performing surgical operations, according to Master Hugo; it is made thus:—Take, of opium, and of the juice of the unripe mulberry, of hyoscyamus, of the juice of the hemlock, of the juice of the leaves of mandragore, of the juice of the woody ivy, of the juice of the forest mulberry, of the seeds of lettuce, of the seeds of the burdock which has large and round apples, and of the water hemlock, each oz. j.; mix the whole of these together in a brazen vessel, and then in it place a new sponge, and let the whole boil; and as long as the sun on the dog days, till it (the sponge) consumes it all, and let it be boiled away in it, [or, in other words, let a watery extract be so formed.] As often as there is need of it, place this same sponge into warm water for an hour, and let it be applied to the nostrils till he who is to be operated upon *(qui incidendus est,)* has fallen asleep, and in this state let the operation be performed, *(et sic fiat chirurgia.)* When this is finished, in order to rouse him, place another sponge dipped in vinegar frequently to his nose; or let the juice of the roots of fenugreek be squirted into his nostrils. Presently he awakens."

** "Journal de Médec. et de Chirurg. de Toulouse," Tom. x.

†† Dioscoridis Opera. Liber v. Cap. 158. "Hoc tradunt trito et illito partes quæ urendæ secandæve sunt, citra periculum, ita obstupescere ut non sentiant cruciatum, (ανεσθησιαν ακινδυνον επιφερειν.)

defended by previous applications; that the human hand, for instance, should not feel the contact of the red-hot iron. The writings of Eusebe, Salverte, and of Beckmann, contain ample notices on this disputed question. Upwards of half a century ago, our countryman, Dr. Moore, ingeniously proposed to effect a local anæsthesia of any limb that was to be operated upon, by previously compressing with tourniquets and pads the nervous trunks going to that limb; and he has left us one interesting account* of a case of amputation at St. George's Hospital, in which this plan was tried, with partial success, by John Hunter.

The possible production of local anæsthesia by this or other means is certainly an object well worthy of study and attainment. Surgeons everywhere seem to be more and more acknowledging the facility, certainty, and safety, with which the state of general anæsthesia can be produced at will before operating, and the moral and professional necessity of saving their patients from all unrequisite pain. But if we could by any means induce a local anæsthesia without that temporary absence of consciousness which is found in the state of general anæsthesia, many would regard it as a still greater improvement in this branch of practice. If a man, for instance, could have his hand so obtunded that he could *see* and yet not *feel* the performance of amputation upon his own fingers, the practice of anæsthesia in surgery would, in all likelihood, advance and progress still more rapidly than ever it has done.

In the following remarks it is my object to state the results of a number of experiments which I have performed upon the lower animals, and two upon man, with a view to the possibility of the production of such a state of local anæsthesia, by the local application of chloroform or other anæsthetic agents, to individual parts of the body.

I. The Production of Local Anæsthesia in the Lower Animals.

At a meeting of the Medico-Chirurgical Society of Edinburgh, held on the 17th March, I took occasion to state that I had successfully chloroformed several of the lower animals,—annelida, crustacea, fishes, &c.; that in some, especially in the common earthworm, (*Lumbricus terrestris*,) I had been able to produce local anæsthesia by applying the chloroform vapour locally, and had thus, at will, rendered anæsthetic, individual parts and portions of the worm, as the head merely, or the tail merely, or the middle part of the worm merely, the head and tail remaining unaffected. At the same time I recapitulated what I had stated at one of the February meetings,—that, in the human subject, local anæsthesia of a portion of the gums could be produced by rubbing the part with hydrocyanic acid. After the date of the above meeting, I was led to make some additional experiments upon the possible production of local anæsthesia in man; and in reporting the proceedings of the preceding sederunt of the Society, in the last number of the "Monthly Journal of Medical Science," the Editor has stated, in a short foot note, some of the results of those experiments upon the human subject, which I here intend to detail at greater length.—See "Monthly Journal," No. xci., p. 48.

Nothing could be more curious or satisfactory than the experiments alluded to on the production of local anæsthesia by the local application of chloroform vapour to different parts of the body of the earth-worm. The resulting degree of local anæsthesia in the part exposed is generally, in the course of two or three minutes, most complete, as regards both sensation and motion; in fact, after being sufficiently exposed, the chloroformed portion of the animal is quite flat and flaccid, does not move under any irritation, and can be doubled and twisted up upon itself like a piece of loose wetted cord. If the part paralysed by the chloroform is small, it will be dragged along by the movements of the other unaffected portions of the worm. Generally, in the course of a few minutes,

---

* *A Method of Preventing or Diminishing Pain in several Operations of Surgery. By James Moore, Member of the Surgeons' Company London.*—"I communicated (says Mr. Moore, p. 30.) the experiments I had made, and all my ideas on the subject, to Mr. Hunter, who was so obliging as immediately to offer me an opportunity of trying the effect of my compressor, at St. George's Hospital, on a man whose leg he was to take off below the knee within a few days. I went to the Hospital the day before the operation to try the instrument. The patient had lost all his toes, and had a large ulcer on his foot. This was so much inflamed and so irritable that dressing it in the gentlest manner gave him acute pain. I applied the instrument; after the compression had been continued for about half an hour, his limb became so insensible that rubbing pretty smartly with the finger upon the ulcer gave no pain. Next morning, the patient being carried into the operation room, I began the compression of the nerves at a quarter before eleven o'clock. The numbness of the limb followed at the usual time. At a quarter before twelve I gave him one grain of opium to diminish the smarting of the wound after the operation, when the compression should be taken off. A few minutes after twelve the tourniquet was applied, and the amputation performed by Mr. Hunter, at the usual place below the knee.

"At the circular incision through the skin, the patient did not cry out, change a muscle of his face, or shew any symptoms of pain. At the subsequent parts of the operation, particularly during the sawing of the bones, he shewed marks of uneasiness in his countenance, but did not cry out. As it was thought necessary to take up no less than five arteries, the operation lasted a longer time than is usual, and towards the end he grew faintish, and desired to have some water, and afterwards asked if they were nearly done. When the operation seemed to be over, and the bleeding stopt, the tourniquet was relaxed, and I also removed the compressor; but a small vessel bleeding unexpectedly, it was thought necessary to tie it also. Here the patient shewed very strong marks of pain, and afterwards declared that tying this last vessel gave him much more pain than all the others, although the great nerves had been included in the ligatures. When he was put to bed the wound smarted, as is usual after amputations. The compressor being now entirely removed, this was to be expected. But some time after, being questioned concerning the pain he had suffered during the operation, he declared that he had felt hardly any, except (as he himself expressed it,) at the rasping of the bones, which, he added, had shaken his whole limb. This seems a little extraordinary, as sawing the bones is usually the least painful part of amputations." * * * "This trial had all the success I expected; there was evidently a most remarkable diminution of pain, particularly during the first incisions through the skin and muscles, which are generally by far the most severe parts of the operation, and I am convinced that what pain the patient felt was chiefly owing to some small branches of the lumbar nerves which extend below the knee, and were not compressed."

it gradually regains its powers of motion, and its irritability and contraction under stimuli.*

The easiest method of performing this experiment, is to place a small quantity of chloroform in the bottom of a tumbler, paste over the mouth of it a covering of paper, and making an aperture in this covering sufficient only to admit the portion of the animal that is to be chloroformed. When held in this position, the part of the animal below the paper and exposed to the vapour of chloroform, is generally thrown into violent movements, for a minute or two before the state of anæsthesia supervenes. I have repeated the same experiments with the vapours of sulphuric æther and of bisulphuret of carbon.

I have tried the same experiment with the same results upon the medicinal leech.

The results were, if possible, still more marked in another of the articulata that was submitted to experiment. A small myriapede or centipede, *(Iulus sabulosus?)* was rendered completely anæsthetic and motionless in the posterior segments of its body, by exposing that part alone for a few minutes to the vapour of chloroform. The five or six last rings of the centipede, with the suspended and motionless feet attached to them, were, for a short time afterwards, dragged about in a kind of paraplegic state, by the brisk and lively movements of the anterior and unaffected portion of the animal. The animal soon and completely recovered, each segment with its corresponding feet regaining its power of motion, and this in regular order from before backwards.

In other centipedes experimented upon, a small quantity of fluid chloroform was applied by a slight brush to the head, or to two or three of the middle rings of the animal, or to the tail, and always with the effect of anæsthetizing and paralysing the part or parts only with which the chloroform came in contact. Sometimes when the head and anterior rings were alone touched, the animal after vainly trying to push its motionless head forwards, reversed the movements of all its limbs for a time, and dragged the paralysed head behind it. All of the centipedes experimented on recovered in a few minutes from the effects of the chloroform.

By immersing the tail of the water-newt in chloroform vapour, the insensibility and motions of that part were rapidly destroyed, and returned in a few minutes afterwards. By a longer degree of immersion of the tail alone, the whole animal became anæsthetic; and in several experiments it was found possible, but difficult, to give the animal in this way a fatal dose of the vapour.

The hind-leg of the frog becomes anæsthetic when exposed for four or five minutes to the vapour of chloroform. Immediately after, it drags the limb in progressing, and bears, apparently without feeling, pricking and irritation of it; but a galvanic current passed through it excites both sensation and motion. In one case, the motory power of the limb was not restored at the end of the third day. No effect appeared to result from keeping the hind-leg of this animal immersed in strong tincture of Indian hemp.

One hind-leg of a healthy, active rabbit, was confined in a large bladder containing the vapour of chloroform. At the end of an hour the common sensibility of the limb to pinching and squeezing was much impaired; but a current of galvanism passed through it produced crying and signs of pain. The power of moving the limb seemed unimpaired.

The hind-leg of a guinea-pig, similarly treated, exhibited the same phenomena at the end of an hour; but the anæsthesia was more complete. The skin of the leg was red and congested.

The posterior extremities and pelvis of a strong guinea-pig were enclosed in a bag containing the vapour of chloroform. At the end of an hour, no signs of pain could be extracted by pinching and squeezing either limb; and a current of electricity passed through a hind-leg evidently caused much less pain than when the same current was passed through a fore-leg. The whole hinder parts were very red and congested. The animal was also, in some degree, paraplegic, and dragged itself along by strong efforts with its anterior limbs.

In an interesting communication addressed on the 7th of June to the Yorkshire Branch of the Provincial Association, and published in the last number of the *Provincial Journal*, Mr. Nunneley, of Leeds, has stated that he has produced complete paralysis of the individual limbs of frogs and toads, by immersion or exposure of them for a few minutes, to the vapour of chloroform; that by a similar but longer immersion, he had rendered the leg of the rabbit sufficiently anæsthetic to bear mutilation without pain; that he had immersed his own finger in anæsthetic fluids for about half an hour or an hour, and at the end of that time it was nearly powerless and insensible, nor was entirely recovered for forty-eight hours; that in operating on the human eye he had rendered the organ anæsthetic by previously exposing it for about twenty minutes to the vapour of chloroform; and that, in his opinion, the action of all, or of most anæsthetic agents might be produced locally by their local application, the sensorium being unaffected, consciousness retained, and the limbs not subjected to their influence being unaffected. This naturally leads us to the consideration of—

II. The Production of Local Anæsthesia in the Human Subject.

Early in February last I was led to make the experiments to which I have previously alluded, relative to the artificial production of *local anæsthesia* in a portion of the human gums by friction with hydrocyanic acid, in consequence of being assured, on what I believe to be satisfactory evidence, that a dentist at Limoges, in France, M. Pernot, had the secret of extracting teeth with little or no pain, in consequence of previously applying some obtunding agent to the gums. I tried at the time a great variety of substances, in order to obtain this local anæsthesia, such as various æthers, bisulphuret

* These experiments become the more interesting in a physiological and toxicological point of view, when we recollect, that in the articulata the vascular system is general and distributed longitudinally, while both the nervous and respiratory system of this class of animals is, in a great measure, segmentary and isolated, like the action of the anæsthetic.

of carbon, benzin, aconite, &c. Among all the agents employed, the effect of prussic acid was by far the most decided and complete; any part of the gum strongly rubbed by it, speedily became benumbed and insensible; but the resulting degree of anæsthesia was by no means sufficient for the purpose required. The results of these experiments were stated orally to the Edinburgh Medico-Chirurgical Society, at their meeting on the 16th February.

Before that date I had met with one instance in which local anæsthesia of the human hand had been produced in a young lady, in consequence of her accidentally holding in it for a considerable time a scent-bottle containing some chloroform. I tried at various times to reproduce a similar result in myself and in others, by keeping my hand wrapped in a napkin soaked in chloroform and other anæsthetic agents, but with little or, indeed, no decided success, till I used the vapour of chloroform raised by heat, the hand for the purpose having been immersed in a deep jar, into which a small quantity of chloroform was poured—the jar temporarily placed in a basin of water of the temperature of 130° or upwards, and the wrist or fore-arm being surrounded by handkerchiefs, so as to prevent the escape of the vapour.

A number of circumstances influence, however, the effect and the degree of it; and as I have made a considerable variety of experiments, both upon myself and upon others, in order to ascertain these points, I will shortly state the results. Let me premise, that in the experiments upon which the following results are founded, the hands of the same individual were generally held simultaneously in two different jars, differently arranged in regard to material or otherwise, in order to make two different and comparative experiments at the same time; and the relative degree of anæsthesia in each hand was ascertained during the experiment by pincing the fingers with the thumb nail, without removing the hand from the jar. After they were removed, these and other more severe measures were used with the same view, as tests of the degree of anæsthesia. Most of the experiments referred to were repeated and tried upon several different individuals. The general results were the following:—

1. When the hand is exposed to an anæsthetic vapour, it betimes presents the sensations of a limb benumbed, by compression of its larger nervous trunks,—the sensations, in fact, of partial or commencing paralysis. Usually after a short time, a glowing or burning feeling is perceived in the parts most exposed, and gradually there supervenes a sensation of thrilling and prickling (like a limb asleep,) which deepens more and more. The skin turns red, and the hand at last becomes stiff and clumsy, and feels as if enlarged, and painful impressions, as pricking, pinching, &c., are felt less and less than in the other unexposed hand. After the hand experimented upon is removed from the vapour, it is generally half an hour or more before its usual normal feelings are quite restored: The nerves of motion are usually apparently as much affected as the nerves of sensation.

2. When the jar containing the chloroform or other anæsthetic fluid experimented upon, was immersed in warm water, so as to raise the vapour of the fluid more fully and quickly, the resulting anæsthetic effect was always greatly increased, both in rapidity and intensity.

3. The vapour of chloroform proved stronger than any other that was tried. When one hand, for instance, was immersed in a jar containing the vapour of sulphuric æther, and the other in a jar containing the vapour of chloroform, (both jars containing similar quantities, and being subjected to the same degree of heat,) the hand in the chloroform jar was both more speedily and more deeply affected than the other. In addition to the vapour of chloroform and æther, I have tried comparative experiments with the vapours of aldehyde, bisulphuret of carbon, iodide of methyle,* &c. The aldehyde had little or no effect of any kind. The iodide of methyle produced a very severe burning sensation, and left the hand intensely red and erythematous for a day or two afterwards, but with no marked anæsthetic influence. Among several of us that tried the vapour of bisulphuret of carbon, only one bore it for any length of time, (about an hour,) and in him it did not render the hand anæsthetic in any very appreciable degree; in myself and others the sensation of heat and burning became so utterly intolerable, as to force us to withdraw the hand in two or three minutes. Immersion of the hand for half an hour in Dr. Fleming's very powerful tincture of aconite,† or in a strong tincture of opium and of Indian hemp, and in a strong solution of belladonna, produced no appreciable anæsthetic effect.

4. The hand, when plunged in liquid chloroform, is usually somewhat more deeply apathized than the other hand simultaneously held in the vapour of chloroform. This was the more general result with those who tried the experiment; but in some the chloroform vapour was as anæsthetic, or more so, than the liquid. Few persons can keep the hand for any adequate length of time in liquid chloroform; the sensation of burning becomes so intense and insufferable, as to force them to withdraw it in a very few minutes. On one occasion I held my hand for upwards of an hour in liquid chloroform without the part being more deeply apathized than it would have been by exposure to the vapour. One of my pupils, Mr. Adams, perseveringly retained his hand in the liquid chloroform for upwards of two hours: no great or very marked degree of local anæsthesia resulted. In these cases, in which the hand was long steeped in liquid

* Two or three months ago I began a series of experiments with the intention of testing the anæsthetic effects (if any) of the various respirable compounds of methyle, acetyle, &c. I was proceeding far in the inquiry, in consequence of the effects following the inhalation of the compound mentioned in the text,—viz., iodide of methyle. I found it very powerfully anæsthetic, but dangerously so. After inhaling a small quantity of it for two or three minutes, I remained for some seconds without feeling much effect; but objects immediately began to multiply before my eyes, and I fell down in a state of insensibility, which continued for upwards of an hour. I did not recover from the effects of it for some days.

† Some other forms of preparations of this and the other substances may possibly produce different results, as we know that aconite, when chewed, causes a numbness and tingling in the lips and tongue, lasting for some hours,—See "Christison on Poisons," p. 2.

chloroform, the sensations of burning returned severely, from time to time, as if in waves, during the experiment; and on removing it from the jar, the feelings of heat were temporarily aggravated; the normal sensibility of the parts speedily returned, and was completely restored within an hour or two in all, but the skin sometimes remained red and injected for a longer period, occasionally for several hours.

5. The anæsthetic effect of chloroform, &c., is increased, both in rapidity and in degree, by immersing the hand, with the cuticle softened and moist. When one hand, for instance, is immersed without any preparation, and the other is prepared by being bathed and fomented for ten or twenty minutes previously, the latter almost immediately begins to tingle under exposure to the vapour, the dry hand not for some minutes; the degree of anæsthesia is also ultimately deeper in the moistened hand.

6. The degree of delicacy of skin in the person or part exposed to the anæsthetic vapour influences the result. In females I have seen the degree of the local anæsthesia of the hand that was produced, much greater and deeper than I could ever render it in the male subject. In applying the vapour of chloroform in small cupping glasses, &c., to different parts of the body, as the insides of the arms, &c., the resulting degree of local anæsthesia seemed, in a great measure, regulated by the tenuity of the skin of the part experimented upon. The skin of the axilla seems two tender to allow of the vapour being applied for a length of time sufficient to produce anæsthesia. One of my students, who kept both his lower extremities enveloped in strong chloroform vapour for three continuous hours, felt no appreciable local anæsthetic effect from it.

When strong chloroform vapour is locally applied to mucous surfaces, the attendant sensations of heat and smarting are too severe to allow of its sufficient continuance; at least, this is the result that I have obtained in applying it with small glasses to the inside of the lips, the tongue, and eye. Mr. Nunneley states, as we have already mentioned, that before operating on a difficult case of artificial pupil, he had applied for twenty minutes, a small quantity of the vapour of chloroform to the eye, by means of a small jar which accurately filled the orbit, with the effect of rendering the parts nearly insensible. Dr. Duncan and myself have repeatedly tried this experiment upon ourselves; but in none of the trials which we made, with the eye either shut or open, could we endure the burning action of the vapour upon the part above two or three minutes, and with no other result except always rendering the eye experimented upon red and injected, and suffused with tears.*

The degree of anæsthesia produced in the hand by exposure of it to the strong vapour of chloroform, does not, in general, perceptibly increase after fifteen or twenty minutes. The same sensations continue if the hand is still retained in the jar; but an increased length of exposure does not, after a time, produce a corresponding increased degree of local insensibility.

But, finally and specially, I would observe that the degree of local anæsthesia produced in the human hand or skin, by exposing it to the local action of the vapour of chloroform, has never, in my experiments, been by any means so deep and complete in its character as to give the chance of annulling the pain of any severe operation, such as the deep incision, or amputation of a finger. As compared with the other non-exposed hand, the chloroformed hand is generally rendered, to a marked amount, *less* sensitive; but the insensibility is never, I fear, so entire and perfect as will save the patient from the pain of the surgeon's knife. In short, I entirely doubt, whether, in the human subject, we shall ever be able to reduce the knowledge of this possible production of partial local anæsthesia to any practical purpose. It is principally interesting in a toxicological and physiological point of view, and in relation to the doctrine of the mode of action of anæsthetic agents.† Its bearings are more upon the theory than upon the practice of anæsthesia.

These remarks relate to local anæsthesia as capable of being produced by the anæsthetic agents with which we are at present acquainted. Others may no doubt yet be detected, much more powerful than any we at present know,‡ and their local application may enable us to

* I have tried the application of various anæsthetic gases and vapours to the vagina, in cases of vaginal irritation and neuralgia, but hitherto without much success. The stronger forms cannot be borne. I was induced to try them in consequence of the following curious statement regarding carbonic acid, published by Dr. Pereira, ("Materia Medica," Vol. I., p. 155,)—"A lady who had suffered a considerable time from some uterine affection, and had derived no relief from the treatment adopted, was advised to consult a physician in Italy. (Dr. Rossi.) After he had examined the condition of the uterus, he assured her there was no organic disease, but merely a considerable degree of irritation, for which he proposed to apply carbonic acid as a sedative. This was done by means of a pipe and tube, communicating with a gasometer situated in another room. The patient obtained immediate relief, and although she had been obliged to be carried to the doctor's house on account of the pain experienced in walking, she left it in perfect ease. On her return to England, she had a relapse of the complaint, and applied to Dr. Clutterbuck to know whether she could have the same remedy applied in London, in order to save her the necessity of returning to Italy."

† The distinction which exists between the structure and functions even of the skin in the lower animals, as compared with the skin of the human subject perhaps sufficiently explains the differences in the degree of local anæsthesia, capable of being produced by the local application of anæsthetic vapours and fluids in the one and in the other. "In animals, (says Mr. Jackson, see American Cyclopædia of Pract. Med. and Surgery, &c., vol. i. p. 115,) whose skin is moist, and which possesses a very delicate cuticle, cutaneous absorption is a constant and important function. Such are frogs, salamanders and similar animals. The experiments of Edwards have established the skin in them to be entirely absorbing, and instrumental in their support. It is the opinion of Fohmann, that while the fœtus is in utero, cutaneous absorption from the liquor amnios by which it is surrounded, is one of the means of its nutrition."

‡ Perhaps some special modification in the application of galvanism or magnetism to the part to be locally anæsthetized, may yet be found capable of effecting this object. I have tried several experiments, but hitherto without much success. The possibility of deep *local* anæsthesia existing in diseased states, (as in colica pictonum, hysteria, hypochondriasis, &c.,) without the general sensibility or consciousness being affected, is well shewn in a late interesting essay of M. Beau, in the "Archives Générales de Médecine" for January, 1848. He relates one case of an

effect the local anæsthesia desired. At the same time, this consummation, even, seems doubtful; for, perhaps, any agent possessing a deeper and more rapid anæsthetic local power, would, by absorption, affect the system generally, and it may be, dangerously, before complete local insensibility of a part could be effected. Some time ago, in attempting to produce local anæsthesia in my hand, by exposing it to the vapour of hydrocyanic acid, ere the hand was much, or very perceptibly benumbed, I began to feel the constitutional effects of the poison; my respiration became irregular, and I felt giddy and faint, when my assistant removed my hand from the jar. All due care was taken to prevent me breathing any of the vapour, and I sat during the experiment in a current of air. I felt the benumbing influence of the acid extending from the hand upwards along the arm a minute or two before the experiment was stopped.

In addition to the liquids and vapours experimented upon, I have tried long immersion of the hand in various gases, as carbonic acid and common coal gas, (both of them powerful general anæsthetics when inhaled,) without any effect. Chaptal, however, alleges that he had felt the limbs plunged in carbonic acid much benumbed; and Collard de Martigny* found that when the general surface of his body was immersed in carbonic acid, (arrangements being made so that none of it was breathed,) giddiness, ringing in the ears, and the other symptoms produced by the action of this gas supervened in eight or ten minutes, proving that it was absorbed. Davy† felt the premonitory exhilaration of nitrous oxide gas by exposing the surface of his body to it in the same way.

Chaussier‡ inclosed the leg of a dog in a bag containing sulphuretted hydrogen, and found that he could in this way, in a few minutes, induce the poisonous effects of this gas; and similar experiments were repeated by Lebkuchner§ and Nysten,‖ and my friend Dr. Madden,¶ on the rabbit, &c., with similar results. I have held my hand inclosed in a bag filled with the constantly renewed vapour of sulphuretted hydrogen for about half an hour, without feeling any local effects.

And even supposing that we could, by any means, so benumb the sensibility of a part to be operated upon as to render it anæsthetic, I doubt much if this state of local anæsthesia would place the parts in a condition at all favourable for being subjected to operation. It is quite possible, nay, probable, that other more powerful agents than those which I have experimented upon, may, by their local application, produce a greater and deeper local anæsthesia on the human subject than I have yet witnessed; but all, or almost all, of those that I have used, have, along with the anæsthesia, led to such a congested and injected condition of the part, as to give every likelihood, both of a greater tendency to hæmorrhage at the time of operating, and of a greater tendency to inflammation in it immediately afterwards.

Other and more simple agencies than any which I have mentioned are capable of producing a certain amount of local anæsthesia. A mere exposure of the hand, for instance, to great changes of temperature, either in the way of increase or of diminution, has the power of deadening the sensibility of the part. I have tried, and seen others try, to hold the hand, with a view to this, immersed in broken ice, or dipped in ice-water, and with the effect of inducing a degree of anæsthesia in the part, as deep as, if not deeper than, exposure of the same part for a greater length of time to the local action of chloroform would have effected. In his admirable and classical "Lectures on Inflammation," the late Dr. Thomson remarks, (p. 617,) that "the sensibility to external impressions of the parts exposed to cold, is always more or less impaired, and the diminution in the sensibility of the nervous system seems to admit of degrees, from the slightest perceptible numbness, to that of the most complete insensibility." But he also correctly adds—"This diminution, however, of the sensibility to external impressions, is not unfrequently accompanied with severe degrees of pain." In fact, in making the experiments to which I have above adverted with the pounded ice, few of us could allow the hand to be retained in it above two or three minutes, in consequence of the intense pain which ensued; but still that brief period produced, as I have said, a most distinct and well-marked degree of local anæsthesia.

Keeping the hand immersed in water, of as high a temperature as it can conveniently bear, has also the same effect of rendering it, in five or ten minutes, partially anæsthetic and benumbed, as compared with the other unexposed hand, and this without the pain and suffering connected with the other extreme of temperature.

It is not my object here to inquire in what relative diseased or other conditions of a part, heat or cold are respectively calculated to act anæsthetically. But I would beg to make strongly this general remark, that the action of the above, and other applications, which we use to inflamed, burned, neuralgic and pained surfaces and parts, (such as preparations of opium, conium, aconite, belladonna, tobacco, &c., &c.,) still require to be studied, which they have not yet been, in another and a new light,—viz., as LOCAL ANÆSTHETICS. Therapeutical writers will, I believe, perhaps betimes study and describe them in this novel point of view; and when attention comes to be directed to them with this object, some new facts and precepts may be elicited that will enable both the physician and surgeon to exhibit and apply local anæsthetics with more science, precision, and success, than hitherto.

The experiments and observations which I have detailed in the preceding pages, perhaps entitle us, in the present state of our knowledge, to draw the following

insane patient who broke his fibula, and continued to walk about without pain till the limb became inflamed and gangrenous. It was then amputated, and still without the patient suffering in any degree during the operation.

* "Archives Génér. de Médec.," vol. xiv., p. 209.

† "Researches on Nitrous Oxide."

‡ Sedillot's "Journal de Medec.," vol. xv., p. 25.

§ Diss. Inaug. utrum per viventium adhuc animalium membranas materiæ ponderabiles permeare queant., p. 10, &c.

‖ Nysten. "Recherches Physiologiques," p. 137, &c.

¶ See his excellent "Experimental Inquiry into the Physiology of Cutaneous Absorption," p. 133.

CONCLUSIONS :—

1. In animals belonging to the class of Articulata, complete local and limited anæsthesia can be produced by the local and limited application of the vapour or liquid of chloroform to individual parts of the body of the animal.

2. In Batrachian reptiles, the tail, or an individual limb, can be affected in the same way with local anæsthesia, by the local application of the chloroform; but, in addition, general anæsthesia of the animals usually results in a short time, in consequence of the chloroform absorbed by the exposed part coming to affect the general system.

3. In the smaller Mammalia a single limb, or even the whole lower or pelvic half of the body, can be rendered anæsthetic by local exposure of these parts to the influence of chloroform.

4. In the human subject partial, and, perhaps, superficial, local anæsthesia of a part, as the hand, can be produced by exposing it to the strong vapour of chloroform; but the resulting degree of this local anæsthesia is not sufficiently deep to allow the part to be cut or operated upon without pain.

5. Any agent possessing a stronger local benumbing, or an anæsthetic influence, would probably be dangerous, by its acting too powerfully on the general economy, before the local anæsthesia was established to a depth sufficient for operating.

6. Artificial local anæsthesia, from any known anæsthetic agents, seems objectionable in any part intended to be operated upon, in consequence of the vascular congestion and injection which attend upon and accompany this local anæsthesia.

7. There are few operations in which there is not previously a local broken surface; and the application of chloroform, &c., to such a surface, would be far too painful to be endured, no small degree of suffering sometimes arising from even the exposure of the unbroken skin to their action.

DR. FORBES IN REPLY TO MR. NEWNHAM ON THE PRESENT ASPECT OF MEDICINE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—I hope I am sufficiently tolerant of criticism to feel but little concern at anything depreciatory that may be said of my humble writings by the public press; and I am too careless and indolent to notice statements that merely relate to me personally. I would not, therefore, have troubled you or your readers with any remarks on the long paper of my friend Mr. Newnham, now brought (as I suppose,) to a conclusion in your pages, had I not felt, that by so doing, I might possibly, in some little measure, promote an object of professional importance. What I now propose to say, while it corrects some mistakes into which my friend has fallen, may have the effect of calling the attention of your readers, still more closely, to Mr. Newnham's excellent paper, and thereby aid the great cause which we have both so much at heart—the real advance of medical science and practice.

Of the numerous contributions and remarks, public and private, from personal friends and unknown critics, which have been called forth by the article commented on by Mr. Newnham, none has been, on the whole, so satisfactory to me as the paper in your Journal. Putting entirely aside the compliment implied in the fact of Mr. Newnham thinking the article of sufficient importance to call for so elaborate a commentary, I cannot help feeling particularly gratified to find a man of such long and extensive experience, and of such acknowledged talents—and, moreover, a general practitioner,—recording his concurrence in most of the views, both scientific and practical, contained in that much-discussed paper. And my gratification is not a little enhanced by the circumstance, that Mr. Newnham's concurrence in my opinion has been, as it were, forced upon him by the strength of his convictions—through the honesty of his nature and his paramount love of truth—in direct opposition to his obvious predilections and prejudices. My friend's first impressions on reading the article, were evidently unfavourable to my views; and he took up his pen in a hostile, or at least in an antagonistic spirit, to battle for what he deemed the truth imperilled, as he thought, in my unlucky pages. But Mr. Newnham is not the first man who, in combating a supposed heresy, has himself been converted, or who, on a holier occasion, having gone to scoff remained to pray. In making this statement, I am far from claiming the credit of converting my friend by my arguments: I am quite content with the honour of having supplied Mr. Newnham with *the occasion* of reviewing in his own mind, in a more particular manner, the results of his own observation and experience. The consequence to a man of his acuteness and candour, was inevitable.

It is indeed true that, while assenting wholly to several of my principal positions, Mr. Newnham only partially agrees with some, and dissents altogether from others; it will be found, however, that, even in regard to these latter, or at least to several of them, the difference between us is much widened, and in some cases entirely created, by a misapprehension on his part, of my meaning. In taking up my pen, I at first intended to restrict myself to the correction of some of these mistakes of my friend; but I now feel unwilling to let slip so favourable an opportunity of strengthening my cause, by the very effective, though unintentional aid of so doughty a champion as Mr. Newnham.

Mr. Newnham makes a strange mistake in confounding what is termed in the article, "The Natural History of Disease," with the plan or plans of *treatment* advocated in it. Nothing could be further from the truth than this; and I cannot see how Mr. Newnham could have made the mistake. Throughout the whole article, *the Natural History of Disease* is merely spoken of as a thing of essential importance to be known, with the view of regulating practice; but nowhere is it contemplated, much less recommended,

that any kind of rational treatment should be superseded by the process of mere observation or study of the phenomena of disease. This study is inculcated as of paramount importance for the attainment of rational practice—not as an equivalent or substitute for practice: to do so would be a palpable absurdity. Mr. Newnham states very accurately the views of the author of the article, when he says,—"If, by attracting attention to the natural history of disease, the prescriber may be alienated from an exclusive attachment to drugs, and can be led to a profounder study of regimenal and hygienic treatment, good must arise."

In like manner, Mr. Newnham seems to assume, throughout his paper, that the author of the article is an exclusive advocate of what has been termed *the expectant system*, in all its unmitigated severity,—that is, of a system which leaves nature, in the cure of diseases, entirely to her own resources. This is an equally great, if not precisely the same, mistake, and one which assuredly finds no sanction in the article in question; on the contrary, the only form of *expectation* contemplated in any case, when contemplated at all, was that form of it inculcated by STAHL, in the curious little work in which he criticised *Gideon Harvey*, entitled, "Ars sanandi *cum* Expectatione, opposita Arti sanandi nuda Expectatione,"—a system which, so far from leaving things entirely to nature, authorises and inculcates the employment of all therapeutical measures, medicinal as well as regimenal, energetic as well as mild, whenever and wherever *a proper indication* exists; and only advises non-interference in the very rare case where no such indication can be found, and in which neither reason nor experience can suggest aught that promises advantage to the patient: and, in truth, Mr. Newnham himself seems inclined to go as far in this direction as the author of the article. His description of *the expectation* here put hypothetically as what he could sanction, is precisely that entertained by myself, and, as far as I know, by all those who profess to follow Hippocrates, Stahl, Sydenham, or others who have professed and practised a *rational expectation*. "If by *expectation*," says Mr. Newnham, "be really intended *observation*, on the course of the malady, and supplying the proper remedies which such watchfulness may indicate, only in such order, and in such doses, as shall most safely lead to the convalescence of the patient,—accomplishing this object by the mildest known efficacious remedies, and attending diligently to all the beneficial influences which may be conveyed through the moral nature of man, as well as to all similar impressions conveyed by attention to diet and regimen, and air and quiet, and the general proper management of a sick room, why, this is only to abstain from that which would be a positive hinderance to nature's agencies, and here we go hand in hand with our expectant physician."—(p. 200.)* And Mr. Newnham's concurrence in this rational and praiseworthy abstinence in treating disease, is declared in almost every page of his paper.

As such sound doctrines cannot be too much impressed upon the minds of practitioners, especially the younger members of the class of general practitioners, I hope you will allow me to transcribe, in this place, a few more of my friend's statements bearing on this point. I shall set them down just as they catch my eye, and without particular comment. "We shall admit the *vis medicatrix naturæ*;—we shall admit that nature ever tries to restore all manner of lesions in her economy;—and we shall admit that it is folly and madness to contravene her efforts."—p. 198. "So again, of specific disorders—measles for instance; this must run a definite course, and if it be a mild case, it does as well under the marigold tea of the old woman, the handmaid of nature, as it does under the influence of more powerful articles of the Materia Medica."—*Ib.* "We cheerfully admit that the greater number of acute maladies pass of themselves through successive periods of incubation, gradual development, highest degree of intensity, decline and convalescence, without the employment of active remedies."—p. 199. "It is perfectly true that medical persons often gain credit for cases which nature has performed."—p. 253, &c., &c., &c.

The following extracts place in a very satisfactory light Mr. Newnham's coincidence with the views of the author of the article, respecting the use and abuse of drugs:—

"It is equally the fact that medical men, as they become older, become more distrustful of results; the enthusiasm of their early years is abated, and they become less 'heroic' in their prescriptions, more trustful of nature, less confident in themselves."—*Ib.* "We are fully disposed to admit that the treatment of disorder by medicine is often inefficacious and sometimes injurious; nay, we may believe with Dr. Forbes, that the rapid cure of some patients under hydropathic or analogous treatment, may depend upon their abandonment of injurious medicine."—p. 255. "We are not prepared to say that much of the practice in the present day is not mere guess-work, especially with those who see their patients perhaps but once, or, at all events, at very distant intervals."—p. 282. "We dislike polypharmacy as much as it is possible, and we would never exhibit a remedy of any kind unless we had a scientific reason for so doing."—*Ib.* "We quite agree with our author that much good may be done by abandoning the heroic method of treatment, provided that it be not supplanted by that system of negative expectancy, &c."—p. 283. "We believe that mischief perpetually arises from administering powerful remedies in large doses; we believe that irreparable evils accrue from the uncalled for exhibition of purgatives; and that much injury is occasioned by this perturbing system, by this thoughtless administration of drastic poisons."—p. 282. "There are great errors in the present day, and in the present style of prescription; and much as we abhor the system of being paid for medicine, much as we think it odious and intolerable, there are advantages in this system which

* "But this (Mr. Newnham adds,) "will not satisfy him, because this would involve the employment of every remedy calculated to favour our object, and assist nature in the accomplishment of her views, and assuredly this would be to interfere, with the natural history of disease,"—as if any sane physician would hesitate to interfere, where he saw room for interference, merely that he might study the disease!

are forfeited by others."—p. 283. "One word upon *mercury*. We believe that the use of this remedy is often inordinate—often misplaced—often mischievous. We have been saturated *usque ad nauseam*, by the public and by medical consultants, with the reference of every form of gastric and intestinal malady to bilious derangement; and that too, as a direct consequence of some primary irritation of the liver. We have been grieved with the eternal and mischief-making prescription of calomel and blue pill, and grey powder, for ever and aye, where mercury in every form should have been religiously withheld."—*Ib.* "We are quite willing to admit that, in general, we may be too little attentive to diet, regimen, &c., and that medicine loses much of its power by being deprived of the aid thus afforded."—p. 284. "Most devoutly do we wish for the day when all medical practitioners shall be paid for their time and talents, and not by the amount of medicine which has been exhibited."—p. 184, &c., &c., &c.

Now, I flatter myself that, in these extracts, my friend Mr. Newnham, shows himself a worthy and vigorous son of "Young Physic;" and he will forgive me, on account of the motive, for thus placing some of his excellent opinions in closer contact than they exist in his paper. It is but justice to him, however, to state, that these admissions and confessions on his part, are, in the original paper, qualified, in many cases, by subsequent observations intended to show that the views of the writer of the article are different from his, Mr. Newnham's. He may therefore say, that, in one sense, the extracts are "garbled;" but I shall not quarrel with his doing so, so long as he admits his opinions to be as here recorded; and this I know he will not hesitate to do. Most of his subsequent qualifications (here omitted,) are founded on that misapprehension of my real views respecting the treatment of diseases, already referred to. For the fair but feeble exposition of these views I confidently refer to the article criticised; of their truth and justice, when taken with the qualifications that accompany them in the original, I am more and more convinced by every day's additional observation and experience; and, as I have already said, it is most gratifying to me to find that I may add Mr. Newnham to the long list of men of the first eminence in the profession, who have been pleased to express their approbation of them both publicly and privately. I am ready to admit that, owing to the hasty manner in which the article was written, and to the impossibility, for want of room, of developing, with equal fulness, all the parts of the subject, some passages in it, taken by themselves, may appear too strong, and a few may even seem to bear an interpretation quite different from that they were meant to convey. But the views there delivered, when fairly judged, I can neither retract nor qualify; and I take the liberty to say that they are such as no physician who has a proper estimate of his profession, need be ashamed to avow.

So much for the general subject of Mr. Newnhams's comments and animadversions: but before I conclude, you must allow me to occupy a little more of your space while I refer to some other passages in which he has as completely mistaken my meaning. As, however, these are chiefly of a personal character, and consequently less important, I shall notice them as briefly as possible.

Mr. Newnham, "while cheered to find that I am not a believer in homœopathy," is still very wroth with me for dealing so leniently with Hahnemann and his system. I am surprised that so experienced a controversialist as Mr. Newnham did not recollect, what he must be well aware of, that the antagonist who is candid and courteous with his opponents, is much more likely to meet with success in the combat, than one who misrepresents them, or refuses them every sort of merit. Had I been in any way a favourer of homœopathy as a system of doctrine or of practice, I should not have been made the object of so many printed attacks from the homœopathists themselves, on account of the article in question. Speaking of the circumstances on which Hahnemann says he originally founded his system, Mr. Newnham most strangely states that I "allow them all the force of facts," and consider them "as good evidence as what can be adduced in favour of any other medical doctrine." So far from this being the case, I formally deny in the article the truth of those circumstances altogether. I merely say that "we have no more right to reject the *evidence* supplied in its favour by its professors, than we have of rejecting any other *evidence*." Of course not: but then the evidence must be true evidence, and equally good on both sides; and this I deny, in regard to homœopathy, over and over again, in the same place.

Mr. Newnham further says, (p. 228,) "that Dr. Forbes admits the claim of the doctrines of homœopathy to be founded on grounds even superior to reason, experience, and experiment." Now, I most assuredly admit no such thing. At p. 232 of the article, I certainly say, "So far, it must be allowed, the doctrines of Hahnemann have either *a show* of reason in themselves, or, at least, *claim to be founded* on grounds even superior to reason, experience, and experiment." But it is one thing for a party to *claim* and another to have the claim admitted. Mr. Newnham might just as well say, that because I allow that he *claims* for mesmerism certain powers and privileges, therefore that I admit the reality of these powers and priveleges.

Many other portions of Mr. Newnham's account of my opinions respecting homœopathy are equally incorrect. He goes all along on the assumption, that, because I refuse to the crude inferences of mere *post-hoc* reasoners, the right to be regarded as fair evidence, much less as proof of the powers and virtues of many common drugs as commonly administered; and compare, *in this respect*, the case of homœopathy and ordinary medicine; that I therefore admit, *as a general truth*, that the evidence in favour of each is equal, and consequently, that we must either believe both, or reject both, *in toto;* and, as I attribute *all* the cures in homœopathy to nature, I must likewise attribute *all* the cures in ordinary practice to nature also! Nothing is more unfair,—indeed, more absurd, than such an assumption. Any one who reads my article carefully will see that

I rigidly restrict my comparison with homœopathy to common blind routine practice, and do not at all extend it to rational or scientific practice; that I restrict it to the proceedings of the ignorant and ill educated, to the exclusion of those of the scientific, learned and judicious. In like manner I compared Hahnemann and his *system* with other theorists and systems,—with Paracelsus, Stahl, Silvius, Brown, &c., and their visionary theories; not with the men and the doctrines of the modern Hippocratic school of observation. An examination of my paper will shew that such alone was my meaning and intention, and numerous passages might be quoted from it to prove this. If this was not my intention, what could I mean by such passages as the following?—"We hold the great alleged fact from which the doctrine took its rise, to be no fact at all."—Art. p. 234. "We affirm that a large proportion of the experiments performed by Hahnemann and his friends, with the object of ascertaining the therapeutic properties of medicines, are altogether fallacies."—*Ib.* "In making these admissions in respect to the instances of treatment supplied by Drs. Fleischman and Henderson, we wish formally to guard ourselves against being supposed to admit, at the same time, as if it were one and the same thing, or as if one were a corollary of the other, that the result of the homœopathic treatment *generally*, is, and will be, as successful as the result of the ordinary treatment generally."—p. 250. "In doing so, [*i. e.*, adhering to the ordinary medical practice,] we consider that though we are embracing a system extremely imperfect, we are at least embracing one which, with all its faults, contains a considerable amount of truth, and a yet greater amount of good; and which, above all, is, or may be made, in its exercise, consonant with the principles of science, and is capable of indefinite improvement; while, in rejecting homœopathy, we consider that we are discarding what is, at once, false and bad—useless to the sufferer and degrading to the physician." p. 256—"From these our free confessions and bold denunciations of the feebleness and uncertainty of therapeutics, it may possibly be inferred, that we are entirely sceptical of the truth of medicine as a science, and think most meanly of it as a practical art. And yet this is not so; on the contrary, we look upon medicine, regarded in all its parts and bearings, as a noble aad glorious profession, even in its present most imperfect state, and we believe it destined to become as truly grand and glorious in actual performance, as it now is in its essence, its aims, and its aspirations."—p. 260. "In the hands of men of scientific education,—men of philosophical views and long experience, and who, from the position they occupy, and the confidence they inspire, are enabled to proceed exactly as they think best, PRACTICAL MEDICINE, we readily admit, is, even now, a rational and wise system, rarely productive of evil, if it fails to benefit, and often benefiting in the highest degree."—*Ib.* "Such as it is, our project of reform is, at the least, as conservative as radical. We are not altogether discontented with the general principles on which medicine, considered as a science, is now studied, by many men of education; we do not object greatly to the mode in which we know it to be exercised, as an art, by many of its professors; but we cannot shut our eyes to the enormous mass of its defects, &c."—p. 261.

There is only one other statement of Mr. Newnham's to which, before concluding, I must refer; but being one entirely personal, I shall notice it very briefly. Throughout his criticism, Mr. Newnham speaks of my article as if it were a separate work, calling it "the pamphlet," and asks, somewhat indignantly, "Why are *the public* invited to study this subject? Why are they tempted by alluring newspaper advertisements and a catch title, to dive into these hidden things?" Now, the fact is, that the article in question was never published at all, except in the pages of the *British and Foreign Medical Review*. A few copies were struck off separately, and sent to the author's personal friends, accompanied by a printed note, requesting them to favour him with any remarks that might occur to them; but not one copy was sold, or offered for sale. In all probability I sent a copy to Mr. Newnham, as one of my personal friends, and this he may have taken as evidence of separate publication.

I am, Sir,

Your obedient servant,

JOHN FORBES.

Old Burlington Street,
June 28, 1848.

CASE OF POISONING WITH ARSENITE OF COPPER; WITH REMARKS.

By JOHN M. BRYAN, Esq., Surgeon, Northampton.

On Wednesday, June 7th, at a public dinner, attended by about forty persons, Mr. William Cornfield, aged 62, with six or seven others, partook of some *blancmange*, coloured with emerald-green, among other eatables, at the New Hall at Northampton, the dinner being supplied by Mr. Franklin, confectioner of this town. According to the evidence of the widow, Mrs. Ann Cornfield, the deceased left home about half-past ten in the morning. He appeared quite well when he left. He returned home in an omnibus about half past six in the evening. He was very sick directly he came home; he had a little tea and a little brandy gruel after he was in bed. He also had some tea about one in the morning, and the sickness left him and he went to sleep. About four in the morning he awoke, having been asleep since one or apparently so, and said that although better he was still very bad; she went down stairs to procure him some tea, and was gone about twenty minutes, and on her return he was quite dead. No medical assistance was called in thinking it was only the different articles of food taken at the dinner that had caused his illness. He did not complain of any pain; when he returned home he said that the sickness was caused by some jelly or *blancmange* he had eaten at the dinner. He was perfectly sensible to the last. He had three motions after he came home and vomited five or six times. The first time the matter vomitted appeared very greasy, the second time it was rather yellow, and after the brandy it was darker. He

vomited about a quart, and said that he had vomited at the New Temperance Hall where he had dined. The dinner took place at four p.m.

Mr. John Faircloth stated at the inquest, that having seen deceased since his death, and having heard the evidence of the widow, he was unable without a *post-mortem* examination, to form an opinion as to the cause of death. The coroner then ordered a *post-mortem* examination to be made, and the jury requested Mr. John M. Bryan, surgeon, to assist in the examination.

Post-mortem appearances of Mr. Wm. Cornfield, deceased, seen by Mr. John M. Bryan, June 8th., twelve hours after death:—The membranes of the brain distended with serous and sanguineous fluid; numerous bloody points on slicing through the substance of the brain; the vessels much gorged with blood, and the ventricles full of serous fluid. The heart natural in substance, but containing much blood in a partially fluid state; the arch of the aorta unnaturally distended and granulated at the commencement; the lungs excessively gorged with blood. The liver natural or nearly so, but gorged with black grumous blood; the stomach very much inflamed on the entire internal surface, and some patches almost approaching to ulceration, the inflammation greatest towards the pyloric orifice; the duodenum very much inflamed, also the remaining portion of the intestines more or less, in their entire course, and containing a great deal of greenish pulpy matter; the spleen much gorged with blood; both kidneys extensively diseased, the right one granulated externally in the cortical part and the left one much disorganized; it contained a large calculus, apparently of phosphate of lime, (which was not, however, analysed,) of a crescentic form, nearly filling the pelvis of the kidney, which was otherwise distended with purulent matter; the bladder was small and thickened. Oblique inguinal hernia on both sides, easily reducible and of long standing. Diseased testicle on the left side, of scirrhous hardness.

Mr. Faircloth, in his examination at the adjourned inquest, after the *post-mortem*, said, "I made a *post-mortem* examination of Mr. Cornfield, yesterday, assisted by Mr. Bryan. On opening the head we found the brain very much congested and a great deal of effusion between the membranes; on cutting into its substance there was a great deal of fluid, serum, and blood; there was nothing further in the brain excepting bloody points, which we usually see in this congested state. We next examined the chest: the lungs were healthy but much congested with clotted blood; the heart was natural in size, gorged with fluid blood; evidently an enlarged state of the aorta, indeed very much enlarged; about the usual quantity of fluid in the pericardium or sac which contained the heart. We next examined the abdomen; the liver was natural but gorged with blood; the spleen the same. We then removed the stomach and the whole of the small intestines. The external coat of the stomach and small intestines was very much inflamed. We slit open the stomach and intestines throughout their entire length. The stomach contained a large quantity of fluid of a brownish green colour; the preponderance of colour being brown, with a tinge of green, the latter (green,) being most apparent in the small intestines, and in them there was a greenish pulp, a pint at least. The internal surface of the stomach was a good deal inflamed; the small intestines, particularly that portion that joins the stomach were highly inflamed indeed. The right kidney was enlarged and granulated; the left was smaller than usually found: on opening this it was full of matter. We also discovered a large calculus in the substance of the left kidney. We saw nothing further with respect to the kidneys. The bladder was smaller than usual; there appeared disease of the prostate gland. It may be right to mention that he was the subject of hernia on both sides, (a double hernia;) this was darker and harder than usual, and of a purple colour, which is found after the action of irritating substances in the system after death, in both sexes. All depending parts would appear darker than usual. Authorities on poison say so, but this had nothing to do with his death; it might occur in other cases, on the authority of Christison. We made no further examination. We find all these appearances arise from irritating substances received into the system. The aorta, knotty and enlarged, was a disease of long standing. He had suffered from pains in his chest, and difficulty of breathing. There was no rupture of any vessel that we could discover. The left kidney might in time have caused his death; would not cause immediate death. The internal coat of the stomach appeared to have received some injury. From the general appearances, I think, seeing the extent of disease that existed in the body, it is quite possible that any active or irritating substance received into the stomach might have accelerated death, but I cannot say that it was in consequence."

In answer to questions from the Jury:—

"I am not prepared to say that what he took at this dinner caused his death. I have no further conclusion to arrive at, as in the stomach no poison was found; I am not prepared to say that it was from it. My impression is, that the inflammatory appearance of the stomach might have caused his death; it was excessive. Wine could not have produced it. I did not observe any emerald green, and do not attach much consequence to the green appearance, which appears sometimes when other ingredients are taken. He had been vomiting all the evening. I am not prepared to say what quantity of emerald green would cause these appearances and symptoms. The effects of such a poison would have been very serious, the two ingredients or compound being very active poisons."

Mr. John Morgan Bryan, surgeon, said that he had paid particular attention to the evidence of Mr. Faircloth, with the whole of which he quite agreed, and had nothing to add.

In answer to questions from the Coroner:—The stomach and intestines were handed over to Mr. Greville, chemist, by him. The appearances in them were those which are seen after acrid poisonous substances. Did not think so much inflammation would be occasioned by other than poisonous substances. Considerable inflammation might be occasioned by the

habitual use of spirits, but the inflammation in this case appeared to have been very actively and suddenly produced, such as he has observed in other cases where poison has been detected.

In the examination of the stomach and intestines by Mr. Greville, Mr. Bryan saw the following results, not given in his evidence at the inquest :—

1st. A metallic crust by Marsh's test, and the proof by Guy's test or process, which consists in adding a drop of sulphide of ammonium on the crust which exhibited the yellow indication of sulphide of arsenic, without dissolving the whole of the crust. This would have exhibited very different results, had it been antimony, (the only other metal giving nearly the same appearances,) viz., the metallic crust would have been dissolved in a few seconds, and on drying would have exhibited the characteristic orange colour of the sulphuret of antimony.—(*Vide Pharmaceutical Times*, by Guy.) 2nd. The test for copper in a portion of the coloured part of the *blancmange*, viz., ammonia, giving the characteristic blue colour, forming the ammoniuret of copper, which is considered conclusive by Christison. 3rd. The arsenic sublimed from the emerald green, from a parcel of the same as was furnished to Mr. Franklin, the confectioner, by Mr. Barry, chemist and druggist, and which was tested with nitrate of silver, giving the characteristic yellow colour; and nothing else would have done so but the alkaline phosphates.

Mr. Henry Greville, chemist, examined :—"I was present at the *post-mortem* examination of Mr. Cornfield, and observed the high state of inflammation of the stomach and intestines. I had analysed the green portions of *blancmange*, and a very small portion adhering to the edge of the dish which held the *blancmange*. I was perfectly satisfied of the presence of copper, both in that and a portion of the green, no bigger than a pin's point, in the *blancmange*. I had no time to test so small a portion for arsenic, although I had reason to believe that it constituted a portion of the green colour. In order to satisfy myself as to the nature of the green, I obtained some of the emerald green from Mr. Barry, druggist, (who supplied the confectioner, Franklin,) and separated a considerable portion of white arsenic from it. From these preliminaries I was induced to test both for arsenic and copper in the contents of the stomach. I tested first for arsenic, and obtained, what I conceive to be, an arsenical result, but this was so very slight that I advance this very cautiously. I should be sorry to say that it was positively arsenic, although there is only one other metal which will give the same indications, and I could not test for antimony, the quantity being too small. I was then led to test for copper, but without any result."

In answer to questions by the Jury :—"The stomach had been considerably emptied, (after the dinner.) Arsenic attaches to the stomach, but the copper would be ejected. I tested the stomach for arsenic, and the small intestines only for copper. I had not time to test the stomach for copper. I examined the powder Smith the policeman brought down, (which was scraped off one of the shelves of the cupboard where the emerald green used by the confectioner was kept,) it was no more than could be scraped with a penknife from the end of the finger; it contained copper. I should think that ten or twelve grains of the powder Smith brought might cause death; and if that is the real arsenite of copper, or Scheele's green as it is called, it contains arsenic. Three grains of arsenic have caused death. In my own mind I have no doubt that the appearance of the stomach was occasioned by an irritant poison. It had all the appearances I have seen in such cases before."

The inquest was then adjourned, in order to afford Mr. Greville time to complete his analysis.

Mr. Henry Greville, chemist, (resumed.) "Since the last enquiry I have made a further analysis, chiefly with a view to ascertain whether there was copper in the stomach. I tested for copper and found no results. I then tested again for arsenic and found conclusive results; that (shewing a metallic stain on the handle of a white earthenware spoon,) produced is one. I again tested a minute portion of the green which I found upon the dish. I obtained arsenical results. At the request of Alderman Sharp I examined the white part of the *blancmange* and also some of the soup; no results from either. No doubt the sickness described by Mr. Cornfield and Mr. Betts, (one who dined at the hall,) would throw off a great portion of both copper and arsenic. In this case I could not detect the slightest trace of copper. It is possible that the whole might have been thrown off, especially as Mr. Cornfield had tea. That would not be the case with the arsenic which adheres to the coats of the stomach. The mineral green contains 47½ per cent. of white arsenic."

Cross-examined by Mr. Markham, attorney :—"It is not thought necessary to caution people in sending out colours."

By the Coroner :—"The green is composed of oxyde of copper and arsenic. The oxyde of copper is not, that I am aware, poisonous of itself, but when in connection with an acid becomes so immediately. In this case it is in combination with an acid,—with arsenious acid. The acidity of the stomach alone would be sufficient to render it poisonous. I cannot form the slightest idea what quantity of arsenic was taken into the stomach."

By the Jury :—"I should be very sorry to take ten grains of arsenic. I never knew emerald green to be used in confectionary until the present case; I have seen accounts of its being used. Christison mentions its being used in France. I should certainly object to supplying any person with emerald green if I knew it was to be used for jellies. Unless I was told I should take it for granted that it was to be used for colour. It would never enter my head that it was to be used for jellies."

By Mr. Pywell, attorney :—"If a confectioner's servant came to me for emerald green, I should be suspicious as to its use; but sending it out in the ordinary way, I should not label it."

Three witnesses, Messrs. Macguire, Groom, and Porter, were present at the dinner, and partook of the coloured *blancmange*, and were all sick about an hour

after, and had burning sensation in the throat and stomach. They were all told by the confectioner, Franklin, in answer as to what was the colouring matter in the *blancmange*,—"That it was nothing but essence of spinach, or spinach, which was also said by Franklin's assistant, Randall, whose peculiar department was to attend to, and make the sweets.

Charles Woolston, confectioner, (now in business for himself.)—Was in Mr. Franklin's service five years, and used the emerald green during that period; had occasion to fetch a pennyworth from Barry's, chemist, (it having been fetched previously by other individuals,) on his own head, who told him it was poison, and from that time has never used it in eatables. He told Mr. Franklin, and his assistant, Randall, too, that Mr. Barry said it was poison. Was with Mr. Franklin two years after that circumstance, and it was not used in anything whilst he was there but ornaments, which are not eaten, or intended to be eaten.

George Barry, witness, said:—"I am assistant to my father, and have served in the shop nearly seven years. I remember Randall coming several times for emerald green; other persons came as well. I cannot form any idea how often Randall used generally to come for a pennyworth. I have told him the nature of it. I believe I have told him on several occasions that it is of a poisonous nature, and must not be used on anything that is eatable. I don't remember that he made any remark on that. I don't remember cautioning the last witness, (Joseph Fousley, apprentice to Franklin.) I sent Mr. Greville some of the same emerald green from which I served Randall."

Mr. Faircloth, said:—"The appearances which we found on the *post-mortem* examination were such as would follow from arsenic, or some other powerful irritating poison. I cannot say that the inflammation was the sole cause of death. Deceased was greatly diseased; the large stone found in the kidney shows that his constitution was greatly disorganized; but I am unquestionably of opinion that death was accelerated by poison. I don't remember ever seeing so much inflammation where some irritant poison had not been introduced. The inflammation was of that character which satisfied me it had been suddenly produced; and the symptoms described by the other witnesses are such as would follow taking arsenic. Independently of the violent inflammation, the other appearances in the body were not sufficient to cause death at that time and manner, considering that there were no symptoms of illness."

By Mr. Pywell, attorney.—"I was Mr. Cornfield's regular medical attendant. I was not sent for on this occasion; he refused to allow his family to do so, thinking he should be better in the morning. The disease of one of the principal vessels connected with the heart will account for the poison acting so suddenly. Arsenic is known to act in a very direct manner on the blood."

Mr. Bryan, surgeon.—"I have heard the evidence of Messrs. Greville and Faircloth, and agree in the conclusions drawn by the latter as to the cause of death. I have no doubt the inflammation was produced by some irritant poison; I have no doubt of the presence of arsenic. A person so diseased as Mr. Cornfield, would be much more likely to sink under a smaller quantity of poison than a healthy person. I refer more particularly to the disease of the large vessel connected with the heart. I have no doubt that death was accelerated by the arsenite of copper."

Mr. Pywell, attorney for Mr. Franklin, said that Franklin had no further statement to make than he had already made,—viz., that he was ignorant of the poisonous nature of the green.

The Coroner then summed up. It was their duty first to satisfy themselves whether the deceased died of the poison in the *blancmange*; and, secondly, whether the person making it had used proper care and caution in making it. If they should be of opinion that due caution had not been used, then they would find a verdict of manslaughter.

The following verdict was returned:—"We find Mr. William Cornfield died on the 8th of June, from the effects of a poison called arsenite of copper, or emerald green, carelessly and negligently administered in a *blancmange*, made by Edward Randall, and carelessly and negligently sold by Edmund Franklin, with the full knowledge that it contained a deadly poison."

The Coroner said that was a verdict of manslaughter against both parties. They were committed to prison to await their trial at the next assizes, unless admitted to bail by a judge's order, which has subsequently taken place.

Remarks.

In this unfortunate case we could not but remark the almost entire freedom from pain, which is, however, observed by Christison to be the case at times after arsenic has been taken; but in the cases that have come under my own notice within these twenty years, there has been invariably constant pain until dissolution took place. There must have been an almost entire remission of symptoms to allow of sleep, for so long a time as from one until four in the morning. This case also tends to confirm what has before been noticed, how extensively the disorganization of such important organs as the kidneys may take place, and formation of large calculus, without manifesting any uneasy symptoms during life. I attended Mr. Cornfield myself some few years since, and have known him intimately up to the present time, and never heard him complain of any pain or uneasiness in the lumbar regions. It appears that some years since he was attended by Dr. Kerr, with symptoms of angina pectoris, which has manifested itself in a slight degree, at intervals, ever since, and which may be accounted for by the granulated state of the first portion or commencement of the aorta, although no osseous appearance of it or of the coronary arteries, was perceived at the *post-mortem*. His outward appearance was that of a robust healthy person, and the adipose tissue was three-quarters of an inch all over the parietes of the chest and abdomen. The omentum also was loaded with it, and the internal organs of the abdominal cavity generally.

CASES FROM PRIVATE PRACTICE.*

By John Richard Wardell, M.D., Edin.

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

Case VIII.

Subclavian Aneurism.

On the morning of January 19th, 1846, when visiting a patient in the neighbourhood, I was requested to see John Armstrong, who was reported to be suffering from an acute rheumatic pain in the right shoulder. In the 65th year of age, and for his time of life, a fresh-looking man; complexion ruddy; volume of flesh good; appetite not in any degree impaired; regularly pursued his occupation, (being a repairer of the roads,) and with the exception of the previously-mentioned pain in the shoulder, to which he attributed but little importance, was in the enjoyment of wonted health. Upon interrogation, this pain in the shoulder had been experienced for many weeks, and he had applied to one or two irregular practitioners, by whom he had been bled, blistered, and plastered, but without deriving any benefit. The right hand was slightly swollen; he complained of a sensation of numbness, and thought it was not so strong as the other. He also said that near to the collar bone was "a small lump which fluttered and beat," after which statement I immediately introduced my hand beneath his shirt, and at once discovered an aneurismal tumour, the nature of which enlargement from the distinct pulsation, was readily recognized. It was about the size of the section of a small orange, and situated below the middle third of the clavicle. On a more careful examination, the anormal degree of pulsation extended further than was at first anticipated, as the vessel could be felt beating powerfully until lost behind the sterno-clavicular articulation; fremissement very perceptible; the right carotid artery beat with far greater force than the left, and on applying the stethoscope to the tumour, a distinct bruit could be heard isochronous with the second sound. By precise admeasurement its size was as follows:—From superior margin of pulsatory motion passing downwards and over its contour, $4\frac{1}{8}$ inches; horizontally, and as before exactly following its configuration, $3\frac{5}{8}$ inches; between the pulsating margin on the mesial side, and the sterno-clavicular articulation, was an indented-looking space measuring $1\frac{7}{8}$ inch. The clavicle could now be distinctly traced along the whole of its course; slight pulsating enlargement could be felt protruding upwards behind its superior edge. In the morning, the pains in the shoulder and arms were said to be less urgent than at night, and he confidently asserted that on rising in the morning the enlargement was of decidedly less dimensions. He was now warned of the very serious nature of the disease, whilst rest and a complete cessation from all employment were strictly enjoined. The bowels were to be kept open by gentle laxatives, all stimulating liquors to be avoided, and a spare farinaceous diet to be taken. The following mixture was then prescribed:—

R. Tinct. Digitalis, dr. iss.; Aquæ, oz. vj. Sit mist. Capt. oz. j., ter die.

January 28th. Tumour in all its physical conditions is the same.—Cont. mistura.

February 28th. Tumour seems somewhat larger since last report.

April 10th. Tumour has now to some extent protruded upwards behind the clavicle, and can also be felt pulsating lower down the thorax; space between the inner edge of the tumour and sterno-clavicular articulation nearly obliterated; pulsation, generally, as forcible, and bruit as distinct as ever. Cross bandages applied.

May 13th. The tumour gradually increases.

June 26th. The tumour has become considerably larger; clavicle cannot be traced further than about $1\frac{1}{2}$ inch from the sterno-clavicular articulation, where it then becomes lost in the swelling. Tumour measures $9\frac{3}{8}$ inches from above downwards, and $6\frac{1}{8}$ inches transversely; presents three distinct elevations on its surface, which are divided by well defined fossæ, thus giving to its external configuration that of a tri-nodulated swelling. Has become thinner of himself, and in the face looks somewhat bleached.

July 22nd. Tumour much larger, and reported to have increased more than usual during last week. Forearm of right side looks shrunk and wasted, and the skin is shrivelled; hand and fingers are swelled and turgid, and of a redder colour than natural. Complains of much pain in arm and shoulder; pulsation throughout entire surface of swelling distinct and powerful; bruit can still, though less audibly, be heard. Appetite good; bowels regular; radial pulse on affected side feeble.

August 5th. Called to visit him this evening, and he says that he has recently (during the last three or four days,) suffered considerably from pain in the arm and shoulder. Morbid enlargement now pointing, and conical prominence converges towards the sterno-clavicular articulation. On the apex of this ill-defined conical eminence is a light brownish purple ecchymosed patch, clearly circumscribed, and about the size of a crown-piece, while the contour of shoulder and upper arm look full, rounded, bright, and smooth, and on passing the hand over the surface of these parts, a feeling to the touch is given similar to that which is felt in a case of anasarca when the inferior extremities are in a state of considerable œdema. Colour throughout is redder than natural, and on superior surface of shoulder it acquires a roseate tint. Hand and fingers, as before, swelled, and redder than common. Appetite pretty good; tongue moist and clean; bowels regular; pulse in left arm of ordinary frequency. Says that swelling has felt larger to-day than it ever did on any previous occasion. Radial pulse in affected arm can, with great difficulty, be just distinguished. Tumour measures as follows:—

From superior pulsating margin which extends to supra-spino-scapular region on anterior part of thorax,	$10\frac{3}{8}$ inches.
Transverse direction,	$8\frac{3}{8}$ inches.
From sterno-clavicular articulation diagonally below axilla	$8\frac{1}{4}$ inches.

September 1st. During last week has been entirely confined to bed. Tumour has assumed a more even rotundity; looks larger; intersecting fossæ and nodulated eminences almost obliterated. Discolouration of integument has greatly increased, and this extends to several inches in circumference; it varies

* Continued from page 291.

from a livid brown to a dark crimsonish rose hue. Whole of shoulder and upper arm has a very congested œdematous appearance; hand and fingers as before. On the superior-posterior aspect of shoulder, especially over the superior scapular region, the surface is irregularly risen in dark phlegmonous patches, from 1 to 2 lines in elevation, which are of a rose-red shining appearance. Not the least pulsation can be felt in the radial artery of diseased arm. Complains of very much pain in shoulder and arm. On manipulation, tegumentary covering of tumour feels thickened and indurated, and a feeling is imparted as if there were infiltration of serum in the subcutaneous cellular tissue. Pulsation less distinct to fingers, but clearly to be heard either by stethoscopic or immediate auscultation; pulsation can now be distinguished for $12\frac{1}{4}$ inches from above downwards, for $10\frac{3}{8}$ inches transversely, and $10\frac{1}{2}$ inches diagonally from sterno-clavicular articulation towards the inferior part of the axilla. Bowels regular; appetite in some measure impaired; looks pale and emaciated, and says he is generally much weaker.

October 10th. Still confined to bed, laid on his back; countenance pale and sunken; general emaciation proceeded to a considerable degree; muscles are loose, wasted, and flabby; sleeps but indifferently, and often suddenly awakes, startled and intimidated; appetite much impaired. Tumour has become of an alarming size and appearance; integuments covering it much discoloured. In one place at the superior scapular region is a livid patch, of irregular rhomboid figure, from which there has recently been sero-purulent discharge, but this has now in a great measure ceased, and the place has become a dark brownish eschar-spot, slightly cracked, and imparts a roughness to the touch. Considerable anasarcal swelling extending over upper arm, axilla, and round to scapular region, the skin covering, which is bright and shining, and of a bright rose-purple blush; no pulsation at wrist; fingers and hand as before; lower arm much swollen; pulse in left arm weak and soft; tongue coated; bowels slow.

October 25th. Saturday evening. Last night very restless; tumour much the same as it had been during the few previous days. This afternoon, slight oozing of blood commenced, which has continued to increase, and is now slowly flowing from an ulcerated orifice on the superior aspect, near the sterno-clavicular articulation. Vital powers on the decline.

26th. Reported that bleeding continued up to the time of his death, which was at four o'clock this morning. The blood lost was of very considerable quantity, and it continued to ooze away during fourteen hours.*

* I regret very much to state that all entreaties were of no avail in urging the friends to allow an examination, as they were inflexible in their determination not to grant a *post-mortem*. I had taken careful admeasurements of the growth of the tumour, and considering that the example was one in which the progress and natural result of this affection were very obvious, I thus concluded that it might not be altogether unworthy a place in the series of cases now appearing in these columns.

27, Acacia Road, Regent's Park, London.

(To be continued.)

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by PETER HINCKES BIRD, Resident Medical Officer.

CASE I.

FRACTURE OF THE NECK OF THE FEMUR.

Sarah Shaw, aged 57, housekeeper, was admitted into the Queen's Hospital on the 9th of April, 1846, under the care of Professor Cox. It is stated that she fell down upon the footpath, and struck the upper and outer part of the right thigh with great violence.

On examination the limb was found shortened, and the foot inclined outwards; there was free motion in all directions, but it was painful, more particularly when the knee was carried inwards. During these motions crepitus was distinctly felt; there was considerable swelling and ecchymosis, and the diagnosis was—fracture of the neck of the thigh bone without the capsular ligament. After a few days the limb was placed upon a double-incline plane, and she was discharged cured, walking but slightly lame, on the 15th of July, 1846.

REMARKS.

1. *A few observations upon the frequency of fracture of the neck of the thigh bone in old people.*—This species of fracture occurs much more frequently in women than in men, and the reasons of this are, the more horizontal position of the neck of the bone, and the greater feebleness of the female constitution.

The form of the femur is remarkably influenced by age, and this is one reason why old people are so much more prone to this accident than the young. The angle formed by the neck with the body approaches more to a right angle in the old subject than in the adult, and the length of the neck diminishes with advancing years, so that the head gradually sinks below the level of the trochanter major, and approaching the shaft in extreme old age, it even becomes contiguous. There is also another important change, and upon which the metamorphosis just mentioned depends. The neck of the thigh bone undergoes a process of interstitial absorption, the animal matter is taken away, and nothing remains save a thin brittle substance. From these changes we can easily understand how fractures of this kind so frequently occur in the aged; in the first, the weight of the body, or any force applied to the lower extremity, does not fall upon the axis of the neck, but acts with the advantage of a lever; in the second, the part is rendered weaker by the process of absorption, and of course less calculated to sustain even the weight of the trunk.

2. *Remarks upon the mode in which this accident is produced.*—This accident is frequently produced by sudden force applied to the neck of the thigh bone, as, when persons walking upon an elevated pavement, fall suddenly upon the road. A fall upon the trochanter

major, as in Shaw's case, is a frequent cause; but accidents much more trivial than these will often produce this fracture.

3. *The mode of distinguishing fracture without, and fracture within, the ligament.*—In this case it was not only important, but extremely interesting, to ascertain whether the fracture was within or without the capsular ligament; for, although the former may happen in early life, they both occur in age, and therefore no correct diagnosis can be made, but by the most careful examination. Fractures without the ligament are generally caused by accidents of a severe kind, as blows or falls, while those within occur from very slight causes; in the former also there is crepitus upon slight motion, and great ecchymosis attends it oftener than fracture within the capsule; there is also a greater degree of pain, and it is more tender to the touch.

4. *Some observations on the mode in which cure takes place; first, in fractures within the capsular ligament; second, in fractures external to the ligament.*—There can be no doubt that fractures of the neck of the femur within the capsule never unite by bone, but by ligament, and I shall now endeavour to prove the causes of failure in producing bony union; first, referring to mechanical difficulties; secondly, to certain conditions in the neck of the thigh bone, in old people more particularly, which seem to preclude the possibility of bony union, and also, that ill consequences would follow such an union.

To fractures in general, perfect co-aptation of the extremities of bone is of paramount importance; and the difficulty or almost impossibility of accomplishing this is held out as one great cause of non-union in fracture within the capsule; distension of the synovial membrane, with synovia, is said to be another cause; and another, is the comparatively isolated condition of that portion of the neck attached to the head of the bone from the circulating system.

Many contrivances and various kinds of splints have been invented to keep the bones in contact; but they are all almost useless, since they are inapplicable to the purpose intended, and, at the same time, injurious to an aged patient, who can but ill support long confinement in bed, extension, and pressure upon the limb. I do not see why distension of the synovial membrane should prevent the adjustment of the bones; but could these difficulties (as there can be no doubt that some exist,) be overcome, there still remain others of far greater importance, depending not upon mechanical, but upon certain vital conditions, which, as I have before mentioned, are connected even with the occurrence of the accident. These are the causes of non-ossific union, and by investigating these, the best method of treatment can be learnt.

The low condition of the reparative powers in advanced age, will undoubtedly counteract in a very powerful manner, bony union, and the condition of the bone itself shows how altered is the state of nutrition. It is weak, and liable to give way upon the slightest pressure, and therefore, it is not coaptation, on pressure, which can enable the part to restore itself. And in those parts of the osseous system which are surrounded by synovial membrane, and covered at their extremities by cartilage, there is an absence of the tissues which are connected with bones in every other situation, and play so important a part in their reparation when broken. From this it is evident, that the usual action which occurs in fractures generally, cannot take place here; and if it could, what would be the result if provisional callus was thrown out? Why, it would fill up the acetabulum, and so interfere with the structure of the joint, as entirely to destroy the natural actions of the limb. It appears as if it were ordained by nature that fractures within the ligament should not unite by bone, and this idea is strengthened by the fact, that fractures which occur external to the ligament unite by ossific deposit, and that within it there are not the structures necessary to produce provisional callus.

5. *The various modes of treatment applicable to each variety; the reasons why the double-incline plane was used in this instance.*—Various are the means which have been resorted to in treating fractures of the neck of the thigh bone within the ligament, for the purpose of producing bony union, and all without avail. Some use the double-incline plane; another method is to place a board at the foot of the bed, upon which the foot of the sound limb is supported, so as to prevent the descent of the body, and a weight is suspended to the other foot, and hung over the end of the bed, so as to keep up regular extension; another method is to bind both legs together, so as to make one limb preserve the extension of the other. The best method is to place a pillow under the whole extent of the limb, and to keep the patient very quiet till all inflammation and pain has subsided; then the patient should rise daily and sit in a chair, and afterwards walk with crutches until the ligament becomes thickened and the muscles increased in power.

In the treatment of the above case, the indication was to keep the bones in apposition, and no plan has been more successful than that adopted in this instance. The double-incline plane was used in order that the patient might lie in as easy a position as possible, to keep up easy and regular extension, and the strap around the pelvis was to press the trochanter towards the acetabulum.

I have lately seen the patient, and she follows her employment as housekeeper to a gentleman; and although it is a little shortened, she has a strong and useful limb.

In reference to this case, I am permitted by Professor Cox to insert an original letter from the late Sir A. Cooper, Bart.:—

"Hemel Hempstead, June 10, 1835.

"My dear Sir,—The fracture of the neck of the thigh bone within the capsule, which I call the internal fracture, certainly remains ununited by bone in a large proportion of cases, but as I have mentioned in my work on "Dislocations and Fractures of the Joints" there are a few exceptions to this rule, but they are very rare. One exception is, when the reflected ligament on the neck of the bone is not torn through, of which I have a beautiful specimen given me by Mr.

Swan, of Lincoln, and now of London, in which the neck of the bone had been cracked through, and twisted upon its axis; but it was not separated, and it is firmly united by bone, and it was curious that no surgical means were employed, and yet the cure took place in a very short time. In oblique fractures, in part within, and in part without, the capsular ligament, an ossific union will occur, but this is not truly an internal fracture. In young persons in which the limb was not shortened, and yet in which fracture was suspected, I should apply a pad to the hip, and support it by splints, and place the thighs over an inclined plane. But these are exceptions which rarely occur; it is the principle for which I contend, namely, that the fracture of the neck of the thigh bone, as it occurs in persons of advanced life, does not unite, and that attempts to make it do so, are useless in practice, and mistakes respecting the reparative process. In old persons the bone undergoes an interstitial absorption, which is the cause of the fracture of the cervix from slight injuries, and immediately after the accident the bone is drawn up, and widely separated from the other. This altered state of the neck of the bone from age, and the difference which exists in the articular extremities from the shafts of bones, in having no periosteum but only a reflected ligament, indisposes the bone to ossific union. In fractures of the shafts of bones, the muscles draw the fractured ends together, and the union is produced by the periosteum coating the bone with earth, as well as the cancelli forming new bone; but this is not the case in articular bones. For example, the patella has no periosteum, and that its natural mode of union is by ligament, is seen in experiments on dogs, hares, or rabbits, in which it uniformly unites by ligament, which nature knows is best calculated for motion; but the foolish surgeon squeezes down the bone, and uses complicated bandages to effect, in opposition to nature's wishes, an union by bone when his object ought to be only the production of a *short ligament*. The neck of the thigh bone is governed by the same laws. Nature's object is to produce a ligamentous union as being best calculated for future motion; and the surgeon, who is ignorant of nature's object, tries to effect an ossific union.

A base attempt has been made to fix upon me the opinion, that fracture of the neck of the thigh bone never united by bone; nothing is more false, for I have expressly in my work given the exceptions. Time is the only test of truth, and my professional brethren are now of opinion, that the union of the neck of the thigh bone, as a general principle, does not occur, and therefore are now giving up their absurd and even dangerous attempts. As to the specimens of union of the neck of the thigh bone in Paris, the French surgeons confound the internal with the external fracture. I have seen the museums of Paris and Germany, (1828 and 1830,) and they then did not contain any specimens of the kind, at least I did not see any, but they may have now one or two, as they will occur under the circumstances I have mentioned. You may do with this letter as you please.

"Believe me always, yours truly,

"ASTLEY COOPER.

"William Sands Cox, Esq."

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, JULY 12, 1848.

The pressure of important matter in our columns at this time, and the desire of giving a full report of the Branch meetings of the Provincial Medical and Surgical Association which have recently taken place, prevents our doing more than very briefly calling attention to a document which will be found in another part of the Journal. We allude to an address just issued by the Committee, on Poor-Law Medical Relief, which, as it appear to us, contains a temperate statement of the leading points of the question in its present aspect. In reference to this address, we may observe that a perusal of its contents cannot fail to shew the direction in which future exertions are to be made; and though the fast progressing session may not perhaps allow of any very sanguine expectations from legislative enactment during the present year, we may hope that the efforts which have been made to gain the ear of the Home Secretary and the head of the present Poor-Law Commission, will not be without beneficial results. As connected with the subject of the treatment to which the medical officers of unions are at present exposed, we would incidentally, and as briefly as possible, refer to Dr. Berncastle's case. In another column will be found the present state of the subscriptions to the testimonial intended to be offered to that gentleman. What form this testimonial is to take, we know not, but we feel it right to point out that, although defeated on a point of form, the real victory which Dr. Berncastle has achieved, in eliciting the strong opinion of the presiding Judge on the illegal conduct of coroners' juries, and the judicial direction as to the proper object of these rulers, both to Coroner and Jury, are most valuable, not only to the union medical officer, but to the whole profession. We are unable now to refer to the many instances in which coroners' juries have been in the habit of thus outstepping their lawful province, but we beg to remind the profession that Dr. Berncastle can only have obtained the expression of judicial opinion on their behalf by incurring a heavy expense, as the nature of the decision could not but leave him liable to his own costs in the action, and these are not likely to have been lessened by any chivalrous feelings in behalf of an oppressed individual acted upon, or experienced by, the gentlemen of the legal profession to whom the conducting of the case was intrusted.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

Continuation of Mr. Crompton's Digest of the Depositions on Burns and Scalds, made at Inquests held before James Chapman, Esq., Coroner for the Borough of Manchester.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death	Parts which were burnt.	How the accident occurred.	Remarks.
			1840				
125	F.	14 yrs.	Dec. 31	36 hrs.	All over except face	Fell asleep by the fire	Infirmary.
126	F.	7 yrs.	Nov. 28	41 days	Body & right arm	Blowing the fire. Parents at factory	Infirmary.
			1841				
127	M.	3 yrs.	Jan. 6	3½ hrs.	All over her body, except feet	Left with a sister seven years old. Mother lying dead in the house	Infirmary.
128	M.	3 yrs.	Jan. 9	12 hrs.	Ditto	Left in charge of a sister, aged seven, who had gone out	Infirmary.
129	F.	3¾ yrs.	Jan. 9	19 hrs.	Ditto	Left in charge of a sister, aged eight. Father out at work. Pinafore caught fire	Infirmary.
130	M.	4¼ yrs.	Jan. 11	56 hrs.	Ditto, except legs and feet	Left alone for a few minutes by a nurse. Had frequently been beaten for playing with fire	Infirmary.
131	F.	5 yrs.	Jan. 13	33 hrs.	Arms face breast and left side	Mother out. Her brother (younger than herself,) set her on fire while scaling the fire	Infirmary.
132	F.	6½ yrs.	Jan. 13	41 hrs.	Abdomen and thighs	Poking the fire. Had been left alone a few minutes	—
133	M.	3 yrs.	Jan. 13	2 days	Right side and arm, and side of head	Lighting a shaving. No one older in the house	Infirmary.
134	M.	3 yrs.	Jan. 6	24 hrs.	Head, neck, face, arms, & breast	Left in charge of a girl, aged 11	Infirmary.
			1840				
135	F.	47 yrs.	Nov. 20	61 days	Right arm, back and shoulder	Dress caught fire when she was supposed to have been drunk and asleep	Infirmary.
			1841				
136	M.	2½ yrs.	Jan. 7	16 days	Left arm, face and breast	Lighting straw. Three children (oldest 5 years,) left together	Dispensary.
137	F.	5½ yrs.	Jan. 25	20 hrs.	All over except legs and feet	Left to take care of two younger children. Parents out at work	Infirmary.
138	F.	28 yrs.	Jan. 30	5½ hrs.	Ditto	Fell asleep while sitting by the fire	Infirmary.
139	M.	4 yrs.	Feb. 6	6 days	Arms and face	Poker fell out of the fire upon him	—
140	M.	4½ yrs.	Feb. 18	2 days	Left side of face, neck, and left arm	Pan of boiling water tilted over upon him, whilst playing on the hearth	Linseed oil and lime-water
141	M.	3½ yrs.	Feb. 10	12 days	Slightly on left arm, and left side of face	Mother at work. Alone in her room. Grandmother below	Fits for two days before death.
142	F.	5 yrs.	Feb. 1	30 days	Arm, chin, neck, and breast	She and a child of eight years alone. Clothes caught fire in getting some soot to blacken Charles's face with	Infirmary.
143	M.	15 yrs.	Feb. 12	21 days	Both legs and right thigh severely scalded	Fell into boiling water	Infirmary.
144	M.	5 yrs.	Mar. 5	4 hrs.	All over his body except feet	Alone. Supposed to have been roasting a potato	Infirmary.
145	M.	5 yrs.	Feb. 23	20 days	Right side and arm	Alone. Mother and father gone in search of work	Infirmary.
146	F.	1 yr.	Jan. 30	18 hrs.	Belly, legs, left shoulder, and right arm	Mother laid her upon the hearth; there being no fender, a cinder is supposed, &c. &c.	Infirmary (out-patient.)
147	F.	7½ yrs.	Feb 2	17 hrs.	All over except face and legs	Petticoat caught. No one in the house except herself & another child	Infirmary.
148	F.	5¾ yrs.	Feb. 2	40 hrs.	Ditto	She and two other young children locked in the house by themselves	Infirmary.
149	M.	7 yrs.	Feb. 5	23 hrs.	Right side of face, right arm, throat & breast	Fell off his stool under the fire, when a cinder fell upon him. Mother out	Linseed oil and lime-water and flour.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death.	Parts which were burnt.	How the accident occurred.	Remarks.
150	F.	2 yrs.	Feb. 1	5 hrs.	Scalds of back, neck, and face	Mother gone into another room. In her absence, child, while stirring the fire, upset a pan of water	Dispensary, linseed oil and lime water.
151	M.	4¼ ys.	Feb. 9	6 hrs.	All over except feet	Pinafore caught in putting coal on the fire. No one in the house at the time	Infirmary.
152	F.	3¾ yrs.	Feb. 12	9 hrs.	Ditto	At a fire in a coal yard. No one near	Infirmary.
153	F.	8 yrs.	Mar. 27	4 days	Thighs, bottom of belly, shoulder, and right arm	Clothes set on fire by red hot poker. Her sister (aged 12,) had charge of her	Infirmary.
154	M.	5¾ yrs.	April 21	7 hrs.	Seemed to be roasted alive	Standing by the fire in his night dress. Mother up stairs.	——
155	F.	82 yrs.	April 22	Found dead	Head, arms, neck & body, burnt almost to a cinder	A person of private property, living in a house alone. Had been drinking gin and water by the fire side. House set on fire	——
156	F.	12 yrs.	April 26	15 hrs.	All over her body except face, breast, & feet	Sitting up for her master and mistress. Supposed to have fallen asleep with a lighted candle in her hand.	Infirmary.
157	F.	53 yrs.	May 3	16 hrs.	Ditto, except her hand, feet, and face	Bedridden. Left alone. Pulled a lighted candle over, and set fire to her bed	Infirmary.
158	F.	18 yrs.	May 9	38 hrs.	Ditto, except feet	A burning cinder supposed to have fallen upen her dress, while removing the ashes from beneath the kitchen fire.	Infirmary.
159	F.	60 yrs.	June 4	19 hrs.	Legs, thighs, lower part of belly & back	Not known how	Infirmary.
160	F.	3⅓ yrs.	June 1	7 days	From breast to the waist	Seated at tea table. Whilst her mother left the table she took up a cupful of hot tea, and upset it into her bosom	Infirmary (out-patient.)

Proceedings of Societies.

SUFFOLK BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

The Anniversary Meeting of this Branch was held at Bury St. Edmunds, on Friday, the 16th of June. The following members were present:—Dr. Hake, Dr. Probart, Mr. Image, Mr. C. C. Smith, Mr. Wing, and Mr. Kilner, Bury St. Edmunds; Mr. Crosse, and Dr. Ranking, Norwich; Dr. Durrant, and Mr. Bullen, Ipswich; Mr. Faircloth, and Mr. Peck, Newmarket; Mr. Humphry, Cambridge; Mr. Bree, Dr. Bedingfield, and Mr. Freeman, Stowmarket; Mr. Kent, Walsham; Mr. Ebden, Hawley; and the Rev. Mr. Donaldson and Mr. Herbert Bree, as visitors.

The Honorary Secretary, Mr. Bree, read letters of apology for non-attendance from Mr. Crowfoot, of Beccles, (retiring President;) Dr. Kirkman, Melton; Mr. Beales, Halesworth; Mr. Grouse, Hadleigh; Mr. Muriel, Wickham Market; Mr. Bartlett, Ipswich; and Mr. Locke, Debenham. He then called upon Dr. Hake, the President-Elect, to take the chair.

Dr. Hake, on taking the chair, addressed the meeting as follows:—He commenced by observing that Mr. Sibson had been invited to the meeting, in order that the members might have the advantage of witnessing that gentleman's method of physical diagnosis. In the year 1844, a paper of considerable length had been published in the "Transactions" of the Association, "On Changes in the situation of the Internal Organs," and had been characterized as a production second in importance only to the works of Laennec himself. Since the epoch of this publication, Mr. Sibson had been diligently engaged in the same pursuit, and had submitted his views to the public through the medium of various channels. It was a subject of regret that this gentleman was unable, from unavoidable circumstances, to accept the invitation of the Suffolk Branch. He had expressed his regret on the occasion and had kindly transmitted specimens of his full-sized drawings, together with directions for the use of his chest-measurer, which instruments were shewn to the members present. The chairman, impressed with the value and excellence of Mr. Sibson's labours, had thought it expedient to prepare a brief abstract of his more recent researches; and he hopod by so doing that he should assist in calling attention to methods

of diagnosis not fully known, but destined before long to occupy a large share of public attention. The number, originality, and accuracy of Mr. Sibson's researches, their easy application to the study of thoracic disease, the untiring diligence with which they had been pursued, entitled their author to the high distinction which he had attained, and to the gratitude of medical men. Mr. Sibson, in a paper entitled "On the Mechanism of Respiration," published in the "Philosophical Transactions," Part IV., 1846, demonstrates the comparative anatomy and physiology of the respiratory muscles. He shows that the snake has the most elementary form of ribs, attached only at their vertebral end, with neither sternum nor costal cartilages; and that when the lungs are expanded, the levatores costarum and external intercostals raise the ribs, widen the spaces between them, move their anterior ends forwards, and make the upper edge of one rib glide backwards in relation to the lower edge of the rib above it. He demonstrates that in birds, the sternum and sternal ribs, are coupled with the vertebral ribs and vertebræ, to complete the circuit of the chest. The respiratory movements, and the muscles exciting the movements of the sternal ribs on the sternum and on each other, are exactly the same in principle, though reversed in direction, with those of the vertebral ribs, on the vertebræ and on each other.

In mammalia, the addition of a large and efficient diaphragm (that in the bird being small,) modifies the form and varies the movements of the ribs and actions of the muscles in different parts. By virtue of certain anatomical arrangements, which are described, the ribs articulating with the superior curve of the dorsal arch, when raised, approach each other anteriorly. These ribs have a cartilage articulating with the sternum, which is analogous to the sternal ribs of birds. They comprise the *thoracic set*. The ribs that hinge on the inferior curve of the dorsal arch, when raised, recede from each other; they have floating cartilages, and are the *diaphragmatic set of ribs*, *Intermediate* are the longest ribs, connected with the dorsal arch; their cartilages are usually linked together, and articulate with the lower end of the sternum; they, when raised, usually recede slightly from each other. All the ribs recede slightly from each other behind. The anterior portions of the ribs move forwards and upwards, and carry with them the costal cartilages and sternum. The posterior portions of the ribs move backwards, push backwards the vertebræ, and deepen the dorsal arch.

After shewing that the external intercostals between the thoracic set of ribs are inspiratory; between their cartilages, expiratory; between the diaphragmatic set of ribs inspiratory behind, expiratory to the side and in front, and between their cartilages inspiratory; while between the intermediate set of ribs they are for the most part slightly inspiratory between the ribs, expiratory in front between the cartilages; after, also, showing that the internal intercostals of the thoracic ribs are expiratory behind and inspiratory in front if they approach there, and inspiratory between their costal cartilages; and that between the diaphragmatic and intermediate sets of ribs, and between their cartilages, they are expiratory throughout,—he proceeds to observe that the following muscles are inspiratory in addition to those above named:—

On a moderate inspiration, the levator anguli scapulæ and serratus posticus superior.

On a deep or difficult inspiration, the superior fibres of the trapezius; the sterno-cleido-mastoid; the sterno-hyoid and thyroid, with the genio-hyoid and digastricus; the pectoralis minor, and the lowest fibres of the pectoralis major.

And he further observes, that the following muscles are expiratory in addition to those named above:—

The latissimus dorsi; the lower fibres of the trapezius; the pectoralis major, and rhomboidei; (which combine probably with the latissimus dorsi and serratus magnus to draw the scapula down forcibly, and forwards on the ribs.) The recti; the external and internal oblique; the transversales and triangulares sterni; the sacro-lumbalis, and longissimus dorsi.

He concludes that the expiratory muscles are, combinedly, more powerful than the inspiratory.

In a more recent paper, (*Medical Gazette*, May 5, 1848,) Mr. Sibson applies his anatomical and physiological researches to the study of thoracic disease. He asserts with truth, that in the healthy robust man the well-formed chest has certain *prominences* and *depressions* indicating the organs underneath. The sternum is arched and is most prominent about the junction of the fourth and fifth costal cartilages, thence the lower end of it is either vertical or falls backwards; the upper third of the sternum is more prominent than the second costal cartilage to each side of it, while its lower two-thirds form a hollow between the third, fourth, and fifth costal cartilages of each side, which projects beyond the sternum between them, and from the two anterior pectoral prominences. The right thoracic prominence is in front of the middle lobe, while the left is in front of the exposed portion of the heart; the latter prominence projects more than the former.

A depression crosses each seventh and eighth costal cartilages, from the lower end of the sternum to the fifth intercostal space. These depressions are just below the thoracic prominences; the right depression exactly indicates the lower margin of the right lung, while the left depression indicates the lower boundary of the heart. The anterior surface of the chest just described is that of the true thorax, which contains the thoracic organs, and is formed in front by the five superior, or the thoracic set of ribs.

The right and left sixth, seventh, and eighth costal cartilages, which are in front of the liver and stomach, are conjoined, and branch off on each side from the lower end of the sternum, having between them the xiphoid cartilage and abdominal muscles. Their amount of prominence depends on the development of the abdominal viscera. If the liver be large, those of the right side may be most prominent; if the stomach be distended, those on the left.

Let the energies of a robust man be lowered by illness which confines him to bed, the amount of air

in the lungs, and blood in the heart, is diminished; these organs are reduced in size, and the prominences described above disappear.

When the abdomen is distended from flatus or ascites, so that the diaphragm is pushed upwards, and can descend but very partially during inspiration, the sixth, seventh, and eighth cartilages and ribs project, both in front and sideways, to a considerable extent. The projections of the third, fourth, and fifth costal cartilages disappear; the lower boundary of the heart, and lower margin of the right lung, are pushed upwards, sometimes as high as the fourth costal cartilage; both sides of the chest are flattened, especially the left. This is owing to the non-descent of the heart during inspiration, and consequently of the lung in its anterior and upper portion, over which inspiratory expansion is lessened; percussion is duller, and respiratory sound feebler, than on the right side, although no disease exists in the left lung.

If the liver be unusally large or adherent, so as to prevent the descent of the diaphragm on the right side, then the expansion of the right lung by the fourth, fifth, and sixth ribs is impeded; but not so the upper lobe, to the same extent.

Every chest disease stamps upon the walls of the chest *some characteristic peculiarity of form.*

In the emphysema of adult life, when the sternum and ribs are unyielding, the whole chest becomes globular, and enlarged everywhere to the utmost; in that of youth the sternum is remarkably arched and prominent at the centre, and falls in towards the lower end.

In phthisis, if there be a cavity, or scattered and acute tubercles in the upper lobe, the second and third ribs are flattened on the affected side. If there be diffused consolidation, with increase of bulk of the upper lobe, the second and third ribs are more prominent than in the healthy lung.

If from pneumonia one lower lobe is consolidated, the chest over it is enlarged; so on the opposite side, there is enlargement owing to exaggerated respiration there.

The writer proceeds on the same principles to characterize the displacement of surrounding organs from distension by fluid of the pericardial sac; and to describe the appearances of the surface which mark enlargement and adhesions of the heart; and concludes his important remarks by giving detailed explanations of the displacement of the viscera, both by means of the respiratory movements, and the alterations in bulk of diseased organs. The reader is, however, referred to the original papers for further details.

In a preceding paper in the *Gazette*, (April 7, 1848,) "On the Position of the Internal Organs during a Deep Inspiration, in relation to Pathology and Diagnosis," the same writer puts forth the following remarkable statement, and upon it no doubt he has based the application of the chest-measurer, which promises important results, a sample of which has been recently submitted to the Medico-Chirurgical Society of London:—"If any portion of the lung be diseased, the function of that portion will be diminished or destroyed, and the respiratory movements over that portion will be lessened, obliterated, or reversed. If we know the exact healthy movements of respiration, we can readily detect any change in those movements. Where we find the motion deficient, there we look for disease."

MULBERRY CALCULUS.

Mr. Bullen, of Ipswich, exhibited a calculus, (mulberry,) weighing seven ounces, which he had extracted from the bladder of a female child, aged 14. The case has already been detailed in the Journal. Mr. Bullen reported that the child recovered without any bad symptom, and was now quite well, with the exception of a certain degree of incontinence of urine, which usually follows this affection in the female. Mr. Bullen also detailed minutely the different stages of the operation in this extremely interesting and unique case. The stone was crushed by the forceps into seven or eight fragments, which were fortunately so well preserved that the specimen was perfectly restored.

Mr. Crosse hoped Mr. Bullen would permit him to have casts taken from the calculus. He had no doubt but that the case was unique in the annals of surgery. Supposing that the stone was formed immediately after birth, it gave half an ounce increase in the year, which was larger than any case with which he was acquainted.

An interesting discussion followed upon the difficulty which must sometimes attend the crushing of calculi in these cases, in which Mr. Crosse, Dr. Bedingfield, and Mr. Humphry, took part. Mr. Crosse had no doubt about the correctness of the practice of crushing in these cases. The meeting bore testimony to the ability and skill of Mr. Bullen in the management of the case.

COMPOUND FRACTURE AND DISLOCATION OF THE ASTRAGALUS.

Mr. Faircloth detailed the following case of this accident:—

Ephraim Scott, a lad in a racing stable at Newmarket, of ordinary stature, quiet disposition, with brown hair and eyes, aged 14 years, had always enjoyed good health, and had had no serious illness except measles. Saturday, May 3rd, was riding a young and vicious horse in the paddock; the animal reared until it over-balanced itself, and fell back rolling over on its right side. The boy came down on his right side, shoulder and hip; his right leg extended forwards, received the horses neck across the knee, whilst the left still entangled in the stirrup, projected backwards and under the horses right flank and hip. Except as regarded this limb, he escaped with a few trifling bruises, but the left ankle presented the following appearance:— Before the shoe-lace and the stocking were removed, a large projection on the outer side of the joint and some arterial oozing; when uncovered, the bones were seen projecting through a semilunar wound, at least four inches long. The astragalus was dislocated from its connection with the os calcis, and this articulating surface turned outwards through the lips of the wound. The bone was not separated from its attachments to the tibia and fibula, nor from the scaphoid anteriorly, but

to allow the bone to turn half round as above described the neck had given way transversely. Both the anterior portion of bone, which remained *in situ*, attached to the scaphoid, and the other larger portion were chipped or broken more or less.

Treatment.—After a very careful examination of the parts, the foot, the vessels, and the boy's state generally, it was resolved to try and save the limb. The dislocated portion of the astragalus, (amounting to four fifths of the whole of that bone,) was carefully detached from the tibia and fibula and these bones let down upon the calcis. The edges of the wound were brought together with three or four stitches and plaster, a compress of lint was placed over them, covered with oiled silk, confined with a turn or two of the bandage, and the whole secured in Macintyre's splint. During the first week he suffered from irritative fever, but much less so than might have been anticipated. He took salines and aperients, &c., as required. There was very little oozing of blood after the first few hours, but synovia was discharged in considerable quantities. The treatment was persevered in, the wound being dressed still with dry lint under oiled silk, as often as necessary until about fourteen days, and the splint itself was of course re-applied. This was done continually until about seven weeks from the date of the accident, when it was discarded, and an inside wooden splint with a foot-piece substituted for it, and a bread poultice employed. At the expiration of another week this support was removed, the limb bandaged, (a pad of lint only, being used for dressing) and a stirrup of paste-board passed under the foot, and continued up either side of the leg. He now got up and walked about aided with crutches, the foot being supported in a sling. *Seven* days after this time he began to try and accustom himself to bear slightly on the foot. He soon left off one crutch and used a stick. The wound was touched with sulphate of copper from time to time, and only covered with lint.

November 6th. He now walks with a crutch and stick, when going any distance, and walks well. The ankle is almost motionless as regards flexion and extension.

April 10, 1848. Walks well with a stick, frequently without one; the limb is nearly an inch shorter than the opposite one. Flexion and extension movements of joint increase.

Mr. Image related a similar case, and a discussion arose about the propriety of removing the bone in these cases, which Mr. Image remarked was about an equally divided point in British surgery. He thought his case, which was fatal from sloughing and consequent irritation, fever, and prostration, would have had a better chance of recovery had the bone been removed.

Mr. Crosse was much pleased with Mr. Faircloth's interesting case. He thought that the result of injuries to the ankle-joint in country practice without amputation was most encouraging, and instanced the success of Dupuytren, which was most extraordinary.

SACCULATED VESICAL CALCULI.

Mr. Peck then related a case of "Sacculated Calculus of the Bladder," and exhibited the sac.

Autopsy of G. G., aged 84, thirty-eight hours after death. Body stout; abdomen covered with fat to the depth of two inches. On opening it, the arch of the colon was found adhering to its upper wall on the left side. On introducing a sound into the bladder, it struck audibly against a hard body. The bladder was removed and opened; in it were found two calculi, *loose*, oval in form, and flattened, one weighing five drachms eight grains, the other four drachms forty-four grains; they were about the size of small pigeons' eggs, rough, but with the more prominent asperities slightly rubbed down, each with a small spot, where they had apparently lain, the one upon the other; at the apex of one was a small conical projection, apparently a fresh deposit. The coats of the bladder were thickened, and covered with muco-purulent matter; the vessels congested. The third lobe of the prostate gland was slightly enlarged. On the right side of the fundus of the bladder was found a pouch, formed by a protrusion of the mucous coat of the bladder through the muscular fasciculi, capable of containing about an ounce of fluid; it was empty, with the exception of some muco-purulent matter.

In the year 1836, the subject of this notice received an injury which obliged him to keep his bed some time. After this symptoms of stone appeared, and in 1840 a stone was ascertained to be present. In 1841 he began to drink the Vichy water, since which the symptoms almost disappeared, till he was attacked, a fortnight since, with pneumonia, accompanied with violent and distressing cough, which he aggravated by making most violent straining efforts. Upon this the stone symptoms returned, and did not leave him till he died, which he did from exhaustion, on the 25th of February, 1848. Connecting the history of this case with the *post-mortem* appearances, we are led to infer, that soon after his drinking the Vichy water, the calculi became encysted, and that they were forced out again into the bladder by the violence of the cough. Had these calculi continued till the time of death, and no *post-mortem* inspection been obtained, the Vichy water would have had, doubtless, the credit of having cured a severe case of stone; in fact, till the re-appearance of the symptoms of stone, it had, in this case, enjoyed that credit.

Mr. Humphrey read a valuable paper, entitled "Observations upon Anæsthetic Agents in Surgical Operations," which will be published in a future number of the Journal.

DISLOCATION OF THE HEAD OF THE FEMUR ON THE DORSUM ILII, IN A CHILD AGED THREE YEARS AND A HALF.

Mr. Image then detailed the following rare and valuable case:—

William Colley, aged 3½ years, of Ixworth, Suffolk, was admitted into the Suffolk Hospital, May 6th, 1847, with dislocation of the head of the femur on the dorsum ilii. The accident had occurred twelve days prior to his admission.

The accident appears to have been produced by his sister jumping upon his shoulders, from a step above

that on which her brother was standing. When I first saw him the left great toe was resting on the instep of the opposite foot, and the knee crossing over the lower third of the right femur. The limb was an inch and three quarters shorter than the right. He was a remarkably fine healthy child. Soon after his admission reduction was attempted for a considerable time, but unsuccessfully, as we were not able to fix the knee-strap sufficiently tight to bear the long continued extension.

May 7th. Having obtained a proper sized knee-strap, and having nauseated our little patient with tartar emetic, and put him into a hot bath, we again applied the pullies, and after ten minutes succeeded in reducing the dislocation. The bone passed into its natural situation without the slightest jerk or sound. The limb now assumed exactly the same appearance as the other, the shortening being entirely removed. The thighs were kept tied together for a week, and on the 18th of May he walked out perfectly well.

I have ventured to lay the above case before the Society, in consequence of a charge having been urged against a neighbouring surgeon, of pretending to reduce a dislocation of the femur on the dorsum ilii, in a child only four years old, that child being a pauper and chargeable to the parish. It was agreed, and proved by authorities, that no such case was recorded, and therefore had not occurred, and that seven years' old was the earliest period at which this accident had taken place. On being referred to, I was rejoiced to have it in my power to lay before the proper authorities the above case, which was submitted to some leading surgeons in London, who admitted its perfect possibility, although it was considered to be a very rare occurrence.

SCIRRHOUS LYMPHATIC GLAND.

Mr. Bree, the Hon. Secretary, then detailed a case of "Schirrous Deposit," affecting primarily and solely the lymphatic gland of the right axilla, in a lady, aged 60. The tumour was seen by Sir B. Brodie and Mr. Aston Key, and removed by the latter gentleman.

The physical character of the tumour previous and subsequent to the operation, and its microscopical examination afterwards, left not the slightest doubt as to the nature of the affection.

Mr. Bree remarked upon the extreme rarity of this form of carcinoma, Scarpa having denied its occurrence, and only one case being recorded by Dr. Walsh, in his excellent work, which was quoted from a Dublin journal.

Mr. Humphry, of Cambridge, mentioned to Mr. Bree a case, (which he has obligingly forwarded for insertion in the Journal,) as somewhat analagous to his.

The following resolutions were then passed:—

Proposed by Dr. Ranking, seconded by Spencer Freeman, Esq.,

"That the place of meetieg of the Suffolk Branch of the Provincial Medical and Surgical Association, for 1849, be at Hadleigh, and that J. Growse, Esq., be requested to preside."

Proposed by J. G. Crosse, Esq., seconded by J. R. Peck, Esq.,

"That the names of the following gentleman be proposed to be added to the list of Members of the Council of the Association:—Dr. Skrimshire, Sudbury; Dr. B. Chevalier, Aspal; John Growse, Esq., Hadleigh; W. Worthington, Esq., Lowestofft; G. Sampson, Esq., Ipswich; Dr. Kirkman, Melton; G. Mayhew, Esq., Stradbrooke; Wm. Jeaffreson, Esq., Framlingham; Richard Jones, Esq., Woodbridge; Spencer Freeman, Esq., Stowmarket."

Proposed by Dr. Bedingfield, seconded by W. Kent, Esq.

"That the best thanks of this meeting be presented to those gentlemen who have read papers or cases."

Proposed by G. Bullen, Esq., seconded by W. E. Image, Esq.,

"That the best thanks of this meeting be presented to the Feoffees of the Guildhall for the use of the room for the purposes of this meeting."

Mr. Coe and Mr. Kilner, of Bury St. Edmunds, were elected members of the Association.

Thanks were voted to the Chairman and the Secretary.

THE DINNER.

About fourteen of the members dined together at the Angel Inn after the meeting. The chair was taken by Dr. Hake, supported right and left by the Rev. Mr. Donaldson, the Master of the Grammar School, Mr. Crosse, Dr. Probart, Dr. Ranking, &c., &c.

Foreign Department.

MEMOIR ON THE LOCALIZATION OF SKIN DISEASES.

By M. Baron.

(Translated for the Provincial Medical and Surgical Journal, from the Gazette Médicale, April 1847.)

SUMMARY OF THE AFFECTIONS OF THE SUDORIPAROUS APPARATUS.

The greater part of these maladies are acute, dependent upon a general morbid and febrile condition, which manifests itself most frequently a few days previous to the eruption. This coincidence of the disease of the sudorific organ with the general symptoms ought not to surprise us, when we reflect on the connection between the secretion of the sweat, and the great functions of the economy. The special local symptoms of the affections here in question consist in the presence of vesicles, either isolated, or in groups, preserving their vesicular character throughout the eruption, and leaving (except when the sweat-ducts have been implicated,) only a whitish spot, indicating a rupture of the epidermis, which had been raised to form the vesicle, or else succeeded, when inflammation of the ducts has existed, by a reddish yellow pellicle. Abundant perspirations commonly accompany those maladies, in which there is no inflammation of the

* Continued from page 329.

sudorific ducts. It is in young men and young people that one finds the following classes of affections:—

1st. Exaggeration of the secretion. (Abundant perspiration.)

2nd. Exaggeration of the secretion. (Drops of sweat under the epidermis, or under this membrane, and issuing through the broken sudoriferous canals, or through the dilatation of these canals. Miliary perspiration.)

3rd. The same little drops or dilations. (Sudamina.)

4th. Slight inflammation, or great congestion of the sudoriferous and sudoriparous organs, and capillary vessels. (Eruption of miliary fever; papulæ; vesicular eruptions, accompanying profuse perspirations; development of vesicles from local irritants.)

5th. Inflammation of the sudorific ducts. (Herpes.)

DISEASES OF THE APPARATUS WHICH SECRETES THE EPIDERMIS.

Pityriasis.—This disease is the first stage of an inflammatory affection of the blennogenic organs, (mucous follicles,) varying from simple congestion to slight inflammation. There results from it a more active secretion, an increase and great dryness of the product secreted, and hence furfuraceous desquamation. There is seldom any apparent functional re-action; frequently the symptoms indicate that the cutaneous organs *generally* participate in the affection. In some cases there is itching of the skin, with slight redness. When the disease occupies a region furnished with hair, one observes that the hairs appear much less firmly fixed, falling out of their own accord, or requiring a very slight force to remove them; in some cases their growth is impeded, peculiarities which are easily explained, when it is considered that the epidermis is continuous under the hairs, and contributes to their maintenance in the healthy state, and therefore that they become less firmly fixed when the cohesion of the epidermic layer is diminished. It would appear that the increased activity in the secretion of the epidermis renders that of the hair less energetic; no doubt this is owing to the re-action of the pityriasis on the chromatogenous apparatus, which explains the brownish or blackish colour sometimes accompanying this malady. It is thus that we may understand the pityriasis nigra, of which we shall speak hereafter.

Eczema is a degree of inflammation of the blennogenic organs, greater than that which constitues pityriasis. It is no longer a simple irritation, but an inflammation, sometimes very considerable, which causes the mixture of the epidermic material with a fluid, at first serous, then more reddish or more purulent as the inflammation becomes more intense. The formation of the epidermic layer is disturbed; instead of an epidermis which becomes dry slowly and gradually, as in the normal condition, we observe (when there is a large proportion of fluid produced by the inflammation) a serous, or sero-purulent exhalation. If the proportion of fluid is small, the epidermic layer is replaced by scales, at first very thin, which dry by degrees, and are formed by the epidermic material mixed with a greater or less quantity of sero-purulent fluid—a mixture which explains the variety in the colour and thickness of the scales. The more intense the inflammation, the more vitiated becomes the secretion; the proportion of the epidermic matter diminishes, that of the sero-purulent fluid is augmented; there is liquid exhalation and difficult desiccation.

On the other hand, when the inflammation is less, the fluid is more colourless and less abundant. It terminates by exhaling a quantity almost inappreciable; but if the scales become thinner and thinner and less yellow, they are renewed less quickly: then, in proportion as the inflammation yields, the epidermis gradually dies. For some time it remains a little thick and firm, and some white scales are thrown off, which indicates that the secretion has not yet entirely resumed its normal state. In some cases, after eczema, the epidermis remains dry for a short time—a dryness which is explained in the same manner as that which accompanies pityriasis, viz., by the existence of a slight degree of inflammation. It is not rare to see true pityriasis succeed eczema, and the insensible gradation between the two maladies is one proof of the identity of their situation.

It is difficult to imagine that in the great inflammation which accompanies ringworm, the neighbouring organs to those which secrete the epidermis do not suffer from their proximity, but very quickly the vascular layer becomes inflamed and congested; hence the redness extends sometimes to a great distance from the principal seat of the malady; and hence erythema and erysipelas develop themselves in some people round the patches of eczema. The lymphatic network becomes easily affected—a participation which is in accordance with the proportion and frequency of the affection in infants, women, and lymphatic people. Possibly an inflammation of the exhalant vessels contributes to the formation, in eczema, of a serous or sero-purulent liquid.

Eczematous inflammation propagates itself often to the neck of the hair-bulbs, which occasions the dropping out of the hair as in pityriasis. In certain cases the sebaceous follicles are implicated, and pustules form.

Irritation of the papillæ manifests itself by the itching and intense smarting which are sometimes met with in eczema. The variety of colours in this, as in pityriasis, is to be accounted for on the same grounds.

Psoriasis.—There are some cases in which we remark red patches, without prominence, covered with their scales, which are weaker and less adherent to the skin than in the other forms of this malady. These scales resemble those which are the product of a dried fluid; nevertheless there is often some moisture under them, but the skin is not dry and rough as in the other species of psoriasis: it preserves almost all its pliability. These kinds of psoriasis are very analogous to eczema, and in some cases difficult to distinguish. Pityriasis also presents a great resemblance to psoriasis. Recent cases of psoriasis offer the greatest analogy to pityriasis and eczema, indicating apparently that psoriasis is a more advanced stage of the two other affections. What tends to prove this is the fact,—

that we sometimes see psoriasis follow eczema, and very rarely eczema succeed psoriasis. The latter affection consists in a chronic inflammation, with induration of the blennogenic organs. Through the turgescence which results from these changes, we may explain the projection of the skin below the scales. The epidermic layer, on the contrary, as in pityriasis, is more dry than in the healthy state. It is owing to the more intense degree of the inflammation that psoriasis, more rarely than eczema, is complicated with other affections. The disease keeps to the organ primitively affected, and does not pass to others.

The sudoriparous and sudoriferous organs appear to suffer from a modification which contributes, without doubt, to the production of dryness of the skin. Probably the excitement of the blennogenic organs is prejudicial to that which is necessary, in the sudoriparous organs, for the secretion of the perspiration, and that the secretion is thereby diminished. Further, the indurated blennogenic organs, and also the thickened scales which cover the skin, compress the sweat-ducts, and hinder the secretion, and secretion of the sweat. The re-establishment of the latter function is generally so much the more difficult as the disease is chronic, because the sudoriparous organs, with less facility, resume their duties in proportion as the modification to which they have been submitted, is prolonged in the same manner as after pleurisy, the lung is rendered by so much the less permeable to air the longer it remains under the compression of the effusion. The return of the secretion and secretion of the sweat, is derived from the irritation of the secretive organs, and contributes to the recovery of the psoriasis, thus directing us in our line of treatment.

(To be continued.)

ON POOR-LAW MEDICAL RELIEF.

There is no part of the administration of the Poor Law in which the public are more interested than in the medical attendance on the sick. The larger part of the expenditure of the rates is incurred in the maintenance of the sick and their families; and it is obvious that not only humanity but economy requires that the sick poor man should have good and speedy medical aid, to enable him to return to work, and thus remove himself as quickly as possible from dependence on the general fund. There is no doubt that the majority of guardians and rate-payers think they have. by the appointment of their medical officers, secured good and speedy medical aid to the sick poor; and it is hoped and believed that in the majority of the unions and districts throughout the kingdom this is the case: but this result arises much more from the conscientious and humane feeling of the parish doctor than from the excellence of the arrangements made by the boards of guardians. Such is the nature of medical practice, that there never is, and never can be any regular market price for medical services—The peer and the cottager, if they have a broken leg, or an inflammation of the lungs, require the same attendance, the same medicines for their cure; yet they cannot by any possibility pay the same amount of remuneration. Thence it follows that different classes of society pay very different sums for the same services. Advantage has been taken of this want of a fixed scale, to arrange the salaries of parish doctors in an arbitrary way, without the slightest reference to the actual amount of labour, or to the expenses incurred—thus in the very sickly winter of 1847-8, there have been unions in which the whole payment of the doctor has not amounted to *threepence* per case: and in others, permanently, the amount does not exceed *sixpence* per case, the medical officer having to provide at his own expense the necessary drugs and applications. The general average of payment in country districts in the South of England is about *two shillings and sixpence* per case. In this state of matters one of two things must occur—either the poor are neglected, they are supplied with bad medicines, and the general amount of sickness and mortality is increased —or, what, it is hoped, is far more common, the doctor does justice to his pauper patient, and uses his best endeavours to get him well, but receives no remuneration for his exertions; and, even, in seasons of extraordinary sickness which various circumstances have rendered more common than formerly, he must suffer a pecuniary loss —hence a great and natural dissatisfaction. Surely it cannot be right that either of these alternatives should be inevitable—it cannot be right that a great and rich country like England should consent to receive the gratuitous labours of a class of men, far from rich, in an unremitting and highly responsible employment—it cannot be right that three millions of our fellow subjects, and those the most helpless, should be entrusted to the unpaid labours of any class of men, before whom so great a temptation is set to render imperfect and inefficient assistance. In every other transaction in life it is considered necessary to pay well in order to be well served; and the medical profession may indeed be proud of the confidence that is reposed in its members, when they are expected to perform an anxious and harassing duty with the slightest expectation of pecuniary reward. It would however be well for the public to consider whether the general rule would not here also be applicable; and whether a more liberal payment would not insure, in the long run, a more efficient and complete attendance on the sick, and thereby a diminution of charges for sick maintenance.

At present the real amount of responsibility of the medical officer is by no means great. It is true he may often incur great blame from a very trifling cause, or perhaps from no just cause; but he may be guilty of great neglect without its being known to his employers. This arises from the circumstance of boards of guardians, however much they may desire to insure good medical attendance to their poor, being unacquainted with medical science, and therefore being really unable to judge whether the amount and quality of the attendance rendered by their medical officer is at all equal to the occasion. In all other public departments in which medical services are required, there is a system of inspection by competent medical authorities, which is absolutely necessary to a proper supervision, and which would introduce a real responsibility if it were applied to the Poor-Law Medical System. This is so generally acknowledged, that the only objection that has been

offered to it, is the expense. Undoubtedly if a system of inspection were to be properly carried out, it must be properly paid for; but this expense would speedily prove a saving, if with other improvements, it *insured* to the labourer good and speedy attendance. Such a system of professional inspection is not only necessary to do justice to the poor: it is also necessary to insure justice to the medical officer, for the extent of his services, and the exactness with which he performs his duties can only be appreciated by persons who are thoroughly acquainted with medical science and practice.

It has been objected that the medical profession have the remedy in their own hands; that they need not continue to hold their appointments for which they are so badly paid, but may give them up to others who will be ready to take them. It is true that in many cases, however low the so-called remuneration may be fixed, there will frequently be found men with the necessary testimonials, prepared to take the appointments; but these men will, in their turn, reiterate the same complaints, and with the same reason, for the grievance will still remain, *an undue amount of labour, attended with much anxiety and personal risk, will be demanded for an insufficient recompence:* the natural result follows — unless an abiding sense of duty and self-respect animates the medical officer, harshness and neglect take the place of kindness and zeal. Is not this a natural, nay, a necessary result? And ought not the public to consider well whether they are blameless in allowing a system to go on, which occasionally deprives the poor helpless man of health, or wounds him in his tenderest feelings by the neglect of those who are dear to him—which occasionally increases the expense of maintenance of the poor, by allowing disease to go on unchecked for want of remedies —and which always produces deep and heartfelt dissatisfaction to the medical man, who feels that of all public servants he is the hardest worked and the least remunerated. These evils are great and real—they are felt only by the doctor and the pauper; but their consequences affect society generally. The remedy is simple and practicable. Let the parish doctor be really paid, let him, after a proper calculation of his expenses, have a modest overplus to compensate him for his skill, his time, his mental anxiety—but let him also be really responsible to persons competent to understand his functions; let a strict supervision insure a punctual performance of his duty: in short, act as in any other business and relation in life—let a liberal course of action be encouraged on both sides—from the Poor-Law authorities, a rate of payment which shall be no longer penurious and illusory—from the medical officer, a prompt and earnest attention to the combined interests of the pauper and the rate-payer.

Committee of Poor-Law Medical Convention.

PETROLEUM IN ASIATIC CHOLERA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—My attention having been directed to the report of a meeting of the Medico-Botanical Society, at which Mr. Guthrie read a communication from Prince Woronzow, the Russian Commander-in-Chief in Circassia, detailing a new and successful plan of treating cholera with petroleum by Dr. Andreyeoski, "who found it successful even during the most extreme collapse," I am induced to forward you the inclosed letter, which I addressed to Sir Charles Napier, G.C.B., in September, 1846, by whose directions it was inserted in the Indian journals, and extensively circulated in the East.

It is most satisfactory to me that this remedy, in the hands of Dr. Andreyeoski, should have so fully realized the expectations I had formed of it. I shall therefore feel obliged by your reprinting my letter to Sir Charles Napier, hoping that by means of your valuable journal the knowledge of its good effects may become more extensively known to the profession.

I remain, Sir,
Your obedient Servant,
Bath, June 30, 1848. JAMES TUNSTALL.

A Letter to His Excellency, Sir Charles Napier, G.C.B., Governor of Scinde, on the virtues of Petroleum in Asiatic Cholera:—

Sir,—The alarming fatality that has attended the progress of the cholera morbus in the province under your Excellency's command, has induced me to trespass on your attention some remarks on the efficacy of the Indo-petroleum—a remedy of singular virtue, when the powers of life require an active and powerful stimulus.

The pretoleum is a natural product found in many parts of the East Indies, in Persia, and in the island of Barbadoes, in various states of purity. A drachm contains fifty-two grains of pure carbon, with eight of hydrogen; whilst an equal quantity of any other substance, which could be safely administered, contains but five grains of that elementary body.

Pure petroleum is the only known substance which contains carbon and hydrogen, without the admixture of any other elementary principle, which is not the case with the other bituminous products; its peculiar efficacy depends on this binary combination, its curative powers resulting from the chemical union with those principles on which the morbid action depends, by its elements entering into new arrangements with the elementary gases eliminated by disease.

It is a mild though effective stimulant, antispasmodic and antiseptic, acting in the same manner on the absorbent vessels as mercury, without its deleterious effects; it speedily permeates the whole system, so that its odour is perceptible in all the animal excretions. Asiatic cholera is a disease requiring (as I can testify from my own experience in London and Edinburgh,) the most active diffusible stimulants to support the flagging energies of life; it is also a disease attended with an alteration and decomposition of the vital fluids. The observations of the celebrated Dr. John Davy, and of other eminent practitioners, have demonstrated that the respired air of cholera patients contains a much smaller proportion of carbon (that element which is discharged from the system during healthy expiration,) than is sufficient for the proper purfication of the blood.

Now, in the petroleum, we have a medicine that acts primarily as a powerful stimulant, secondarily by supplying the system with its due proportion of carbon for excretion; while its effects being produced by means of

the absorbent system, it acts beneficially as an antiseptic, preserving the frame from the rapidly fatal effects of this horrible disease by evolving carbonic acid from the lungs.

I have seen the petroleum used extensively both locally and generally, and have never observed the slightest deleterious effects arise from its exhibition, even in comparatively large doses. I am induced to believe, from actual observation, that it is a most valuable diffusible stimulant, and that, were it freely employed in the Asiatic cholera, it would produce marked beneficial effects.

To you, then, Sir, I would address those observations, which would more properly be addressed to the medical officers under your command; hoping that, by your kind recommendation, they may be induced to give this medicine a fair trial.

The petroleum used in England is the petroleum (*Barbadense,*) which contains, according to Dr. Ure and Professor Farraday's analyses, in 100 parts, 85.5 of carbon, and 14.5 of hydrogren, and by the latter it is called hydro-carbon.

It is important to guard against the employment of petroleum or natural naphtha, containing any other elementary body than the two before mentioned. To prevent any error in this respect, perhaps it is necessary to state that the petroleum (*Barbadense,*) employed by practitioners in England, is a pure hydro-carbon; it will, therefore, be necessary carefully to analyse the native East India naphtha before it can be safely administered.

The form of exhibition I would recommend is the following:—Take the yolk of one egg, and amalgamate with it a tablespoonful of the petroleum, and to it add forty drops of the aromatic spirits of ammonia, filling a wine-glass with equal quantities of brandy and water; and this dose may be repeated according to the emergency of the case.

My only object in thus addressing you is a public one, hoping that the above suggestions may meet with your approbation, and that this powerful remedial agent may be fairly investigated by the medical officers under your Excellency's command,

I have the honour to subscribe myself, Sir,
Your Excellency's obedient Servant,
JAMES TUNSTALL, M.D.,
September 22, 1846. Bath General Hospital.

ON DR. CASTLE'S CASE OF SUPPOSED POISONING BY FOWLER'S SOLUTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the case reported in the last number of the Journal, by Dr. Castle, of Leeds, it is assumed, (rather too hastily, I think, though certainly not without a degree of hesitation,) that half an ounce of Fowler's Solution of arsenic taken in unknown doses during the period of three or four days, proved fatal. I do not deny the *possibility* of a poisonous effect *in a given case*, of such a dose, because we can put no limit to the varieties of idiosyncrasy; but in forming an opinion as to the cause of death, we should indeed find ourselves on dangerous ground, if we only inclined to the admission of what is in itself extremely improbable. I shall first attempt to prove, that in the case in question, it is *highly improbable* that arsenic was the cause of death; and secondly, suggest a few hints applicable to medical testimony regarding the cause of death in other cases.

1. The smallest fatal dose of arsenious acid on record, is six grains for an adult and four grains and a half for a child. (Christison.) In the case in question not more than two grains was taken, and that in divided doses, for three or four days, the acid being rendered possibly less inert by its union with potass. Therefore if the arsenic was fatal, it was fatal in a dose of one-third of the lowest poisonous dose on record, divided by the number of times in which it was administered; and supposing it administered (as is probable,) in four doses, each dose was only half a grain, or one twelfth of the smallest dose ever known to have proved fatal!

2. Two cases have come to my knowledge from which it appears that two drachms of the solution, (or one grain of arsenious acid,) taken by mistake within twenty-four hours, was not only not fatal, but almost or quite innoxious. One of these occurred in the practice of Mr. Girdwood, in which the medicine had "no detrimental effect." The other case occurred in a patient of my own, who took forty minims of Fowler's solution three times a day, for about a week, (a grain per diem,) with but slight inconvenience. Hence it is on two grounds highly improbable that half a grain per diem for four days should prove fatal.

And further, the fact that even this dose was taken in the case before us is founded upon "imperfect evidence." And surely we are not warranted in believing on such evidence, that a dose twelve times less than any fatal dose on record, and twice less than doses which have proved harmless, was really the cause of death.

But lastly, it must not be forgotten, that the *post-mortem* appearances in this case are excedingly common even where no suspicion of poison exists. Thousands of patients die of inflammation of the stomach and bowels, from various other causes. Nor is it certain that the patient in this case died in consequence of the condition of the abdominal viscera. How often does the *post-mortem* examination fail to detect *any* cause of death, proving that there are causes of death beyond the scrutiny of the scalpel, and independent of its discoveries. Are we not often too hasty in deciding that certain ambiguous appearances after death, reveal the cause of it, *merely* because there is no other evident cause?—a most fallacious conclusion surely!

The facts of this case are highly interesting, and Dr. Castle deserves our thanks for having placed them on record; yet, with all deference to his suspicions, it must be admitted that *they prove nothing.*

I hope shortly to be able to place before your readers a host of facts on the medicinal action of arsenic, which will present a cumulative argument towards establishing the safety of small doses of the mineral, which no one fact can in the slightest degree nullify.

I am Sir, your obedient servant,
THOMAS HUNT.
Herne Bay, July 1, 1848.

Medical Intelligence.

THE BERNCASTLE TESTIMONIAL.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,—Herewith I forward you a list of subscribers to the "Berncastle Testimonial" to the present date, with a request that you will insert it together with this note. I should be much obliged by receiving the subscriptions of those gentlemen who intend adding their names to the list at as early a period as possible, in order that the subscription may be closed.

I remain, Sir, your most obedient servant,
CHARLES WILSON STEEL.

Lewisham, June 27, 1848.

List of Subscribers to the Berncastle Testimonial.

	£.	s.	d.
Dr. J. A. Wilson, at St. George's Hospital ..	1	1	0
W. M. Hollis, Esq., Lewisham	1	1	0
Ditto from Friends.....	1	1	0
G. Ainslie, Esq., Lewisham	1	1	0
Ditto from Friends.....	1	1	0
C. W. Steel, Esq., Lewisham	1	1	0
H. Corbould, Esq., Islington.....	0	10	6
F. J. Corbould, Esq., Suffolk Place	0	10	6
E. Unwin Berry, Esq., 7, James Street	0	10	6
Dr. Lashmar, Croydon.....	0	10	6
H. B. "Fiat Justitia"	0	10	6
J. R. T. Burroughs, Esq., Lee	0	10	6
W. S., Croydon	0	10	6
T. C. Batt, Esq., Abergavenny	0	10	6
M. Hansby, Esq., Ditto	0	10	6
W. Steel, Esq., Ditto	0	10	6
Elms Y. Steel, Esq., Ditto	0	10	6
S. H. Steel, Esq., M.B., Ditto	0	10	6
Richard Steel, Esq., Blaenavon	0	10	6
Dr. Elliotson, F.R.S., ...	2	2	0
Samuel Lane, Esq.. 1, Grosvenor Place	1	1	0
W. Clark, Esq., Sutton.....	1	1	0
W. Allison, Esq., East Retford.....	0	10	6
R. Espie, Esq., R.N.....	0	10	6
A. D. Harston, Esq., Islington	0	10	6
T. Salt, Esq., Dunmow, Essex	0	10	6
C. Row, Esq., Medical Student Ditto	0	10	6
R. S. Wise, Esq., Banbury, ...	0	10	6
A. S.	1	1	0
E. Roberts, Esq., Sydenham	1	1	0
Jonathan Monckton, Esq., Brenchley	1	1	0

APPOINTMENTS.

On Thursday last, Frederick Carpenter Skey, Esq., Richard Anthony Stafford, Esq., and Bransby Blake Cooper, Esq., were elected Members of the Council of the Royal College of Surgeons, in the room of Messrs. Briggs, Liston, and Morgan, deceased.

Professor Syme has been allowed by the Crown to withdraw his resignation of the Chair of Clinical Surgery in the University of Edinburgh.

ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen were admitted Fellows of the Royal College of Physicians, on Monday, June 26th:—Dr. Francis Boott, Gower Street; Dr. T. Bell Fletcher, Birmingham; Dr. Samuel J. Jeafferson, Warwick; Dr. Alfred Lochée, Canterbury; Dr. F. Weber, Norfolk Street; Dr. E. Lloyd Birkett, Cloak Lane; Dr. C. West, Wimpole Street; Dr. T. Blackhall, Queen Street; Dr. W. W. Gull; Dr. T. K. Chambers, Hill Street; Dr. H. Munro, Harley Street; Dr. G. E. Day, Upper Seymour Street.

UNIVERSITY OF CAMBRIDGE.

The following gentlemen received the degree of M.D., on Monday, July the 3rd:—Thomas Blackhall, Gonville and Caius College; Herbert Davies, Queen's College.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, Friday, July 7th:—H. Parfitt; J. Rhodes; T. Taaffe; F. M. D. Davidson; P. Wright; L. Parnell; A. Butler; J. Lawrence.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, June 22nd:—Joseph Alfred Tapson, St. Germains, Cornwall; John Hendley; Frederic Hodson, Goole; Samuel Elevin Brand; Joseph Nash, Edenbridge, Kent; John Thomas Arlidge; Joseph Adolphus, Jamaica.

OBITUARY.

Died, June 23rd, at Warrington, aged 32, J. Stanton, Esq., Licentiate of the Royal College of Physicians, London.

June 23rd, at Launceston, aged 44, J. F. Smith, Esq., Surgeon.

June 26th, at Partry House, Mayo, of fever, aged 34, George Lynch, M.D., late Physician to the Fever Hospital, Ballinrobe,

BOOKS RECEIVED.

Insanity tested by Science, aad shown to be a Disease rarely connected with Permanent Organic Lesion of the Brain. By C. M. Burnett, M.D. London: Highley. 1848. 8vo. pp. 107.

On Functional Diseases of the Liver, associated with Uterine Derangement, &c. By Butler Lane, M.D., M.R.C.S.E., &c. London: Renshaw. 1848. 8vo. pp. 32.

A Treatise on Diet and Regimen. By William Henry Robertson, M.D., Physician to the Buxton Bath Charity. Fourth edition. In two Volumes. Vol. II. London: Churchill. 1848. Post 8vo. pp. 362.

The Scotch Epidemic Fever of 1843-44, &c. By John Richard Wardell. M.D., Edin. (From the *London Medical Gazette.*) London: Churchill. 1848. pp. 114.

Lectures on Diseases of the Eye. By John Morgan, F.L.S., late Surgeon of Guy's Hospital, and Lecturer on Surgery at that Institution. Second edition. By John F. France, Surgeon of the Eye Infirmary, and Lecturer on Ophthalmic Surgery at Guy's Hospital. London: Highley. 1848. 8vo, pp. 222. Plates.

TO CORRESPONDENTS.

Communications have been received from Mr. T. L. Walford; Mr. R. O. Johnston; Dr. Tunstall; Dr. E. D. Walker; Mr. Crompton; Mr. Bartrum; Mr. C. Vines; Dr. Thurnam; Dr. Oke; Dr. Coley; Dr. T. O. Ward; Dr. T. Thompson; Mr. Hatton.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

MEMOIR ON TURNING,

AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS, IN DEFORMITY OF THE BRIM OF THE PELVIS, &c. &c.*

By J. Y. Simpson, M.D.,

Professor of Midwifery in the University of Edinburgh.

Section VII. (*Continued.*)—Physiological and Pathological Reasons for the Life of the Child not being necessarily compromised under the Proposed Practice.

We have already found, that when the child is extracted by turning through a contracted pelvic brim, its life is not necessarily sacrificed, (as has been alleged by some,)—either, 1st, by the injurious compression to which its head is consequently subjected; or, 2nd, by the degree of traction required to be made upon its neck.

One more special objection to the proposed operation of turning remains for our consideration, viz.:—

3. Is the Practice incompatible or not with the Safety And Life of the Child in consequence of the Compression of the Umbilical Cord?

In speaking of the propriety of delivery by turning in the class of cases for which I have proposed it, Dr. Radford states as an objection to it, the danger and death to the infant from pressure upon the funis, and consequent obstruction of the umbilical circulation. In footling presentations, "the funis, (he observes,) is subject to fatal compression;" and he imagines this danger must be greatly increased in cases in which the child has been turned, on account of distortion of the maternal pelvis.

Perhaps the proper and the most direct answer to this, as to the other objections to turning, drawn from supposed dangers to the child, is simply a reference to the actual results of the cases which I have already quoted, and may yet have occasion to quote in the sequel. In many of these the child will be found to have passed or been drawn footling through a contracted pelvis, and yet, in despite of the alleged fatal danger of compression of the funis between the body or head of the child, and the interior of the maternal passages, the infant *has* been born alive. The infant has been subjected to the alleged cause of danger and death without the alleged effects following; and hence we are surely entitled to conclude that the influence of the cause is not so likely to interfere with the operation of delivery, as has been theoretically presupposed.

Let me not be misunderstood. I by no means wish to argue that in turning in distorted pelvis there is no danger to the child from umbilical compression, for I believe quite the reverse; but I imagine, at the same time, that on first thinking over this undoubted source of danger, we are apt in our own minds to magnify its effects. Experience, as I have just now stated, teaches us that they are not so great as theory might lead us *a priori* to believe; and when we consider the subject for a moment, we shall find, I think, sufficient reason for seeing,—1st, that the risk and occurrence of umbilical compression in footling presentations and turning is not so very great as to invalidate the practice, and it is in part averted by the very form of distortion to which the pelvic brim is most usually subject; besides, supposing, 2nd, the compression to take place, there may still, I believe, be measures in the resources of science, by which, if we cannot now avert the occurrence of compression of the cord, we may prevent at least the more dangerous consequences of the complication for the child. I shall speak briefly of each of these points.

The Danger and Mortality from Compression of the Cord is not so great as to invalidate the Practice of Turning.—Dr. Churchill has published a table of 542 cases of turning in which the result to the child is mentioned. In these 542 cases 182 children were lost, or rather less than 1 in 3. And when we recollect that no doubt in many of these 182 cases the child was dead *before* turning was adopted, and that in others the cause demanding the delivery, such as presentation of the placenta, was the cause also of the infant's death, &c., we shall see reason to believe that the chance of death to the child from the compression of the cord would be found to be less than the chance of death from the application, and compression, and traction of the long forceps; for, even in the more

* Continued from page 176.

common form of delivery by the short forceps—an operation which is generally looked upon as less dangerous to the child than delivery by the long forceps—the mortality among the infants is as great or greater than from turning.

Out of 871 cases of delivery by the forceps, and almost always the short forceps, collected by Dr. Churchill, 175 children were lost, or 1 in every 5.

Out of twenty-four short forceps cases which occurred in the Dublin Hospital during Dr. Collins's mastership, eight of the children were still-born, or 1 in 3. Out of thirty-three cases of presentation of the shoulder or arm which he treated by turning, in two the child was putrid, and in two others there was hæmorrhage, in one of the unavoidable, and in the other, of the accidental form, and death of the children. Among the twenty-eight remaining cases nine were born dead, or nearly 1 in 3. Here, suppose we admit that the cause of death in these nine children was traceable to compression of the umbilical cord; still the infantile mortality was probably as little or indeed less than would be found to result from delivery with the long forceps.

Out of forty-two forceps cases related by Dr. Lee in his "Clinical Midwifery," in thirty-one cases the child was still-born, or 3 out of every 4 of the infants were lost. In thirty-nine instances in which he had recourse to turning in transverse presentation, twenty-nine of the infants were born dead, or about 3 out of every 4. His deliveries by the forceps were fatal to the children in 3 out of every 4 cases; and his deliveries by turning were fatal to the children in nearly the same proportion of 3 out of every 4 cases.

Out of ninety-three forceps cases related by Madame Lachapelle in her "Pratique des Accouchmens," in fifteen the children were still-born, or 1 in every 6 of the infants was lost. In sixty instances in which she had recourse to turning in transverse presentation, eleven of the infants were born dead or 1 in every $5\frac{1}{2}$. Her deliveries by the forceps were fatal to the children in the proportion of 1 in 6; her deliveries by turning were fatal also in a similar proportion, namely, about 1 in $5\frac{1}{2}$. Of ninety-six forceps cases occurring in the practice of Madame Boivin, (*Memorial de l'Art. des Accouchmens. Table, p.* 464,) in twenty the children were born dead, or 1 in every 5 of them was lost. In sixty-two cases in which she resorted to turning in transverse presentation, seven of the infants were still-born, or about 1 in 9 was lost.

To obtain with more certainty the general comparative average mortality of forceps cases and cases of turning in transverse presentation, let us combine the data above given from the practice of Collins, Lee, Lachapelle, and Boivin.

The following table exhibits in an abridged and simplified form, the results of this collection of cases:—

TABLE VII.

Comparative Mortality of Children in Cases of Delivery by the Forceps and by Turning in Transverse Presentation, in the practice of Collins, Lee, Lachapelle, and Boivin.

Mode of Delivery.	*No. of Cases.*	*No of Children still-born.*	*Proportion of Still-born Children.*
Forceps cases	255	74	1 in every 3 died
Turning in transverse presentation	194	58	1 in every $3\frac{1}{2}$ died

Arrangements and Means by which Compression of the Cord, in its Effects, may be averted.—Dr. Radford believes that when the child is extracted by turning on account of distortion of the maternal pelvis, the danger of fatal compression of the umbilical cord is then greatly increased by the fact of the distortion. But the common variety of contracted pelvis requiring turning is, (as I have already stated, and will insist upon more afterwards,) the peculiar and common kidney-shaped distortion of the pelvic brim, which is produced by the anterior prominence and projection of the sacral promontory. When the fœtal head enters it, as it does under extraction by turning, with its long or occipito-frontal diameter lying in the transverse diameter of the brim, then we have, [See *Fig.* 4, Journal for January 12,] a free space left of greater or less size between the face or forehead of the child, and the ilium to which it looks. In this space, sufficient room may certainly, in general, be found forthe free lodgement of the cord without injurious compression. The very narrowness of the conjugate diameter of the brim prevents this space being entirely filled up and encroached upon, by preventing the great mass and breadth of the head (from the coronal suture backwards,) from further passing over to this partially-occupied side of the pelvis. Besides, this uncompressed lateral space is the very site along, or near which the cord necessarily passes in descending from the uterus, and stretching between the placenta and umbilicus. For the anterior surface of the abdomen of the child to which the lower end of the cord is attached, always, of course, looks to that side of the pelvis to which the face is directed, and it is on that side that we have the free and uncompressed space I speak of, as fitted for the safe transit and lodgment of the cord. In thus stating the space as free and uncompressed, I mean in so far as the adjoining opposite surfaces of the child's head and interior of the pelvis are concerned. The space itself may be filled up, or the cord in it pressed upon by the circle of the cervix uteri or other soft parts; but certainly a little adjustment and management may often prevent any fatal compression from these sources. For the cord may be carried round by the accoucheur to that point in which there appears the greatest space, and consequently, the greatest freedom from compression,

and he may sometimes defend it from the pressure of the cervix by allowing it to pass between two fingers, introduced either for the sole purpose of protecting it, or with the view of simultaneously assisting the extraction of the head by applying some force to the cheeks or lower jaw. In both natural and artificial footling presentations it has even been proposed to defend the cord more methodically by shielding and enveloping it at the part liable to compression in a kind of special protecting instrument. Dr. Joos, of Schaffhausen, has ingeniously proposed an instrument for this purpose. (See *Medical Gazette*, Oct. 22, 1847.) It consists of a tube from four to eight inches in length, and of calibre sufficient to contain the umbilical cord, leaving a longitudinal slit or fissure equal to 1-12th of its circumference. It is composed of caoutchouc or leather, in which are embedded a series of steel rings three lines broad, and at the distance of one line from each other. The slit is opened up at one end by the finger, so as to admit the umbilical cord, and in the same manner it is made to receive it along its whole length, the fissure closing up as the finger is removed. A handle may be required subsequently to keep the instrument in its proper place. "The application of the instrument" (says Dr. Joos,) "takes place during the act of birth, by presentation of the breech or feet, in cases where delivery is effected by version and bringing down the feet, and in cases where the cord is prolapsed and cannot be returned." But I greatly doubt whether, even if we were provided with such an instrument, as Dr. Joos describes, we should not find the difficulties of applying it, and the time required for that purpose, more dangerous to the infant, than the extraction of the child's head by more simple and direct means. It is always well to avoid instruments when we can avoid them, and such an one as the present might not be used without some danger to the structures at the os uteri.

Suppose, however, that the means we used to avoid compression of the cord, by placing it in the least occupied point at the brim, or by preventing the soft parts pressing upon it by the fingers, or otherwise, were in vain, and that at last it really became irretrievably compressed, and its pulsations arrested before the head could possibly be extracted, is the safety of the child utterly hopeless? I believe not. Long ago, Pugh and Morlanne recommended a practice that has been latterly followed by Bigelow and others, and which, I believe, is calculated in some instances to enable us to continue the life of the child, by continuing its respiratory function, whilst we go on exerting, from time to time, those cautious yet decided means, which we have seen Dr. Denman recommending, for effecting the complete extraction of the obstructed head. The means to which I allude consist in exciting pulmonary respiration in the half-born child, now that its placental respiration is stopped, and in making it continue that vital process by the action of the lungs, now that it is prevented by being exercised, by the medium of the placenta and umbilical cord. "When the parts are well made," says Pugh,* "and the child in proportion, happy the case! It will come then any way; the arms being brought down, the head only remains to be extracted, which must be done with as much expedition as possible, as indeed the arms ought to be; for, consider, when the child has passed the navel, the circulation between it and the mother is stopped from the pressure of the umbilical rope; you must then introduce the fingers of your left hand into the vagina, under the child's breast, and put the first and second fingers into the child's mouth pretty far; so far, however, that you are able to press down the child's tongue in such a manner, that by keeping your hand hollow, and pressing it upon the mother's rectum, the air may have access to the larynx; you will soon perceive the thorax expand, as the air gets into the lungs. *By this method* (he adds,) *of giving the child air, I have saved great numbers of children's lives, which otherwise must have died.*"

Acting on the plan thus suggested by Pugh, we may in some cases be able, with a little management, to change thus the respiration of the infant from its intra-uterine to its extra-uterine type, though the head were still held and arrested at the brim; for the mouth of the infant is always then within reach, and could, I believe, be used for the purpose of admitting a proper quantity of air into the pulmonary passages, even when the great bulk of the head is still held above the brim. It is a practice, at all events, which sometimes succeeds sufficiently well when the head is down in the pelvis, and we have all the difficulties of a rigid outlet and perineum to contend against, in our attempts either to extract the head, or to admit a sufficiently free access of air to the mouth of the fœtus. The two following cases which I extract from Dr. Lee's "Clinical Midwifery," will illustrate and impress the practice and the remarks upon it, which I have just made:—

Case XXXII.—The nates presented, the trunk and extremities were extracted, "but the head could not be drawn through the external parts, from the rigid state of the perinæum, and the pulsations of the cord were becoming more and more feeble. So great was the resistance of the perinæum, that it was impossible to overcome it without destroying the child. I pressed back its edge, however, so far, that the external air could enter the mouth of the child, and it respired in this way fully twenty minutes after the pulsations of cord had ceased. In spite of all our care, the edge of the perinæum gave way as the bulky part of the head passed through the external parts, but the child sustained no injury, and continued to live."†

Case XXXIII.—I attended a lady in her first labour, on the 22nd October, 1837. The nates

* "Treatise on Midwifery," 1754, p. 49.
† "Clinical Midwifery," Case 239, p. 129.

presented, and the cord ceased to pulsate after the trunk and extremities of the child had been extracted. The perinæum was so rigid, that the head could not have been delivered without using so much force, that the parts must have been torn, and the neck of the child injured. I held the body of the child as far forward as possible, while Dr. H. Davies assisted me in holding back the perinæum, that the air might enter the mouth of the child. The respiration went on for nearly half an hour before the head could be safely drawn into the world, and during the whole of the time there was no pulsation in the cord. The child is alive, and the perinæum was not injured."*

The child may not only be able to breathe, but even heard to cry, with the head still unborn, when this form of treatment is adopted. In his paper on the subject, published in the *American Journal of Medical Sciences*, for 1829, Professor Bigelow states, among others, the following case:—

Case XXXIV.—In a case (No. 3, p. 288,) of arm-presentation, in which the feet were brought down, and the body delivered, "the face turned towards the perinæum, the mouth was easily reached, and the fingers were opened to give passage to the air as before described. No struggle nor attempt at respiration however occurred. A handful of cold water was then dashed upon the body, upon which the child immediately gave a spring, and began to cry. The head was not delivered till some minutes afterwards."

In his observations and directions upon this modification of practice, Dr. Bigelow observes:—"After the body is expelled (p. 285,) if the head can be seasonably delivered, either by the recurrence of pains, or by the successful efforts of the practitioner, no difficulty ordinarily occurs. But this desirable state of things cannot always be realized; too frequently the size of the head, and the resistance of the pelvis or soft parts, renders the delivery difficult or hazardous, and the practitioner, in the midst of his efforts, is apprised by a convulsive jerk, or spring of the body, that a state of extreme danger exists, and that the time has come at which the child must breathe, or will speedily die. If at this period the fingers be introduced, so as to reach the mouth of the child, it will be perceived that each jerk of the body is attended with a gasp, and convulsive effort at inspiration, performed by the mouth and chest of the child. In this state of things, if air be conveyed to the mouth of the child, it will immediately breathe, and the efforts of nature, as will hereafter be shown, may, in most cases, be safely waited for to assist in expelling the head."

"The method to be pursued," he continues, "in conveying air to the mouth, depends upon the situation of the head. If the chin has descended low in the pelvis, so that the mouth rests upon the perinæum, or lower part of the sacrum, and can be readily reached by the fingers, the hand of the operator alone is sufficient to give the assistance required. But if the mouth is situated so high in the pelvis as to be reached with difficulty, or if, from the large relative size of the head, there is much compression, the assistance of a tube may be of use. The mode of proceeding which I have found successful in various instances, is as follows:—As soon as the body and arms are extracted, supposing the face towards the sacrum, an assistant supports the body, carrying it towards the pubes; or the reverse should the position of the face be to the pubis. The accoucheur should then introduce the hand to which the face looks, till the middle fingers rest upon the mouth of the child; the hand is then to be raised from the throat of the child, making the ends of the fingers a fulcrum, and pushing the perinæum backwards; the air will thus pass upwards as far as the chin of the child; the middle fingers are now to be separated about half an inch from each other, and thus a complete passage will be formed between them, by which the air will reach the mouth of the child. If the child be in a healthy state up to this period, it will immediately breathe and cry, and the delivery of the head may be safely postponed till the natural pains recur. If, from any degree of asphyxia, the child does not immediately breathe, it may often be made to do so by dashing cold water upon the body, or by other stimulating processes. It has even appeared to me practicable to inflate the lungs in some cases, through an elastic catheter. When the mouth is so high in the pelvis as to be reached with difficulty, or when the compression is so great as to obliterate the cavity between the fingers, a flat tube will be found useful, made of metal of spiral wire covered with leather, or of elastic gum, and having its largest diameter about half an inch. If the tube be of metal or of any incompressible material, it should be withdrawn during a pain, to prevent contusion of the soft parts, and immediately replaced, if the pain subsides without expelling the head. Such a tube may be considered as a prolongation of the trachea, and is fully sufficient to sustain life by respiration for a considerable time. The tube must be guarded and directed by keeping it between the fingers of the inserted hand."

In addition to the above remarks on the possible means of preventing fatal compression of the umbilical cord, there is one observation more which I am anxious to make. If all the preceding measures fail to avert compression, there is always still one strong hope left, namely, that if after complete compression of the umbilical vessels has occurred, no very great length of time is lost in the extraction of the head, the child may yet be born alive. For the type of vitality in the unborn infant is such that it will often survive, and be capable of being resuscitated, although the placental respiration be arrested for several minutes before its actual birth. And with others, I have been repeatedly surprised, in such cases as we are considering, both at

* "Clinical Midwifery," Case 241, p. 131.

the great amount of extractive force which the structures of the infant will sometimes undergo without life being destroyed, and at the apparent great length of time, during which, in making these extractive exertions, the infant will still survive, and that too, although the cord was compressed during their continuance. If the infant be perfectly viable, and its heart sounding normally at the time that turning is adopted, there are perhaps comparatively few cases in which it will be requisite to expend so much time upon the forcible compression and extraction of the head as to destroy during that time the child's life by simple compression of the cord alone. The following case (which occurred within the last few days,) may perhaps impress this remark. In it the fœtal heart continued to beat regularly, not only after the cord was compressed for a considerable time, during which very strong exertions were made in order to extract a large and very firm head through a pelvis three inches in its antero-posterior diameter, but its pulsations went on for several minutes, even after the head was perforated, an operation that required some time for its performance, and after the cervical spine had yielded under the traction applied.

Case XXXV. Along with Drs. Ziegler and Weir, I delivered, at the Maternity Hospital, on April 17th, a woman, aged 19, in labour with her first child. The os uteri was fully dilated, and the child's head had remained at the brim during nearly ten hours of active labour-pains. The parietal bones were riding over one another at the sagittal suture, and the right parietal bone was somewhat indented by the sacrum, upon which it rested. The conjugate diameter measured about three inches. A very deep dose of chloroform was given. Turning was effected, and the body of the child delivered. Strong traction was applied in vain to bring the head through the contracted brim, and at last the bones of the neck offered to give way. The cranium was then perforated behind the ear, and by the aid of a crotchet in the mouth the delivery was completed. The child did not breathe, but the pulsations of its heart went on regularly for several minutes after delivery. The child weighed upwards of seven pounds. It measured twenty-one inches in length. Its head was large, and firmly ossified.

Concluding remarks regarding the objections to the proposed practice founded on the alleged danger and death of the child.

In terminating the present section of our subject, I would again repeat in regard to the whole, the argument which I have used against the alleged fatality of the individual sources of danger that we have inquired into. It has been averred that under the proposed practice of turning in distorted and contracted pelves the injury which the fœtal head must sustain would be fatal to the child,—the injury of the neck would be fatal to it,—the injury of the cord would be fatal to it. I have shewn the principal fallacies to which these arguments are individually liable. Against the truth of the whole in a combined form, I would here again simply and strongly appeal to the evidence of facts and experience. For the results of the cases of the practice that I have given and of others that I may yet have occasion to give, amply attest that in various instances in which it has been adopted, the indentation and depression of the skull of the infant were not fatal to it, nor was the traction of the neck fatal to it, nor the pressure upon its funis. It was submitted to one and all of these sources of supposed danger and death, and yet escaped alive from all. And having done so when the principles and details of the practice were not at all understood, may we not expect still happier and more successful results when these principles and details come to be better comprehended and more systematically acted upon?

I have heard turning objected to by some in arrestment of the head at the brim, on the ground of its inevitably occasional, or rather frequent, fatality to the child. But when we have any new operation proposed, with the view of replacing other operations, such as turning in distorted pelvis, instead of delivery by the long forceps or craniotomy, we can only properly judge of the real and relative value of the new operation, not by looking at its own absolute and isolated results, but by looking at its results as compared with the results of those other operative measures for which it is suggested as an alternative. Now, as regards the respective value of turning to the infant in comparison with the two operations for which I propose it as a substitute, the case is, of course, very different, according as we contrast it, *first*, with the long forceps; or, *secondly*, with craniotomy.

We have seen that the fatality to the child from the common operation of turning in transverse and cephalic presentations, was, in the Dublin and Parisian hospitals, nearly the same as the common operation with the short forceps, or indeed was in favour of turning, in neither set of cases there having been any very special state of pelvic contraction; and perhaps, if we had any adequate data, we should find that the same analogy in their results held good when they were respectively applied under greater and increased degrees of difficulty as in morbid contractions of the pelvic brim, always, however, with this important difference in favour of turning,—that it could be employed at a much earlier, and, consequently, as respects both the mother and child, at a much safer period of the labour than was fitted for the adoption of delivery by the long forceps; and always, also recollecting that the comparison of the results of turning, with the results of short-forceps operations, is imperfect in this respect,—that from the *direction* of the compression in long-forceps operations,—viz., in the antero-posterior or oblique diameter of the fœtal head, the danger and mortality to the child is generally far greater than when the short instruments merely are used, the direction of the compression with them being transverse.

But, delivery by the long forceps, under any conditions, is an operation entirely rejected by many eminent accoucheurs, and very seldom indeed adopted in country practice. And I have already often stated, but cannot, perhaps, too often repeat, that it is principally as a substitute and alternative for craniotomy in contracted states of the pelvic brim, that I bring forward the operation of turning. Now, as far as regards the child, the results of these two modes of delivery—craniotomy and turning, in this special and not unfrequent set of cases, is easy of comparison and settlement. For the very essence of the one operation, (craniotomy,) is the actual death and instrumental destruction and mutilation of the child. The object of the other operation, (turning,) is to offer the child, under the very same circumstances, a chance of escape and of life. Craniotomy implies the inevitable sacrifice of the infant. Turning implies its possible safety and probable survival. And the distinction between them which has latterly been always uppermost in my own mind, is this:—delivery by craniotomy consists in opening and breaking down the skull so as thus to reduce it to such dimensions as will allow it to pass through the contracted pelvic brim; but the operation which I propose to substitute for it, and by which the requisite diminution of the fœtal head may likewise be produced, consists, not in fatal opening and emptying of the skull, but in compressing, and, if necessary, depressing its flexible and elastic parietes; and further, I have shewn that extraction by turning affords us the means of effecting this compression and indentation without always compromising the life of the infant. As far then as regards the safety and life of the infant, I hold that any general comparison between craniotomy and turning is altogether and entirely in favour of the new practice. But how stands the comparison between the effects of the two operations in relation to the safety and life of the mother? To answer this question a separate section is required.

(*To be continued.*)

CASE OF SPASM OF THE LARYNGEAL MUSCLES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

I should not have thought the accompanying case worthy of being offered to you for publication, as it appeared to me so obviously explicable on the principles of modern physiology, if it were not that it bears directly upon a point which I see, with some surprise, has been made a subject of controversy between two gentlemen who have lately written in the Journal, Dr. Ogier Ward, and Dr. Wardell.

It occurred, as appears by the date, more than two years ago. The subject of it was a young lady, aged about 28, of a delicate constitution, and much deformed, a teacher in a school. I transcribe it from my case-book, as it was hurriedly written down at the time, with only some slight verbal corrections; as I have no wish to take any share in the controversy, I send the simple facts, without comment. It is to be supposed that the object of both the gentlemen referred to is, rather to elucidate truth, than to maintain a theory, or gain a victory; and that any example which may contribute to that end, and to the clearer understanding of an important point of pathology and practice, will be acceptable to either party, and to your readers generally. I trust, therefore, that the subjoined simple narrative, in illustration of the disputed question, will neither require apology, nor be considered an intrusion on your pages. I am happy to be able to add, in confirmation of my own views of the case, that of my friend Mr. Forman, who kindly saw the patient with me at my request. We neither of us had the smallest doubt as to the spasmodic and reflex nature of the symptoms. The case is headed in my notes, "Spasms of the Laryngeal Muscles."

February 17th, 1846. Called this morning in haste to Miss M. R., whom I found in the following state:—She was sitting in a chair, supported by attendants, labouring for breath, which she drew at long intervals, with a loud inspiratory crow; at each inspiration the chest heaved strongly. She could speak only with great difficulty, and pointed to the throat, where she said she felt a constriction. The face was pale and dusky; the hands cold; the pulse feeble, *not* quick; no palpitation of the heart; complained of *intense pain in the head.* The spasmodic action varied in intensity; at times the heaving effort of the chest in inspiration was much more prolonged than at others, and this was at times so great, and the intervals between the inspirations so long, that I feared immediate suffocation. Some æther and spirit of lavender being at hand, were given in warm water, and the feet were placed in hot water, with mustard. These means were quickly followed by considerable relief to the spasms. Previously to this, some fluid, apparently wholly mucus, was discharged by spontaneous vomiting. She was now undressed and got into bed, and was breathing with but slight spasmodic action, accompanied still by the crow in inspiration. The urgent symptoms were passed, but they returned from time to time in a less severe degree.

The patient is subject to violent attacks of pain in the head, vomiting, and other symptoms of gastric and hepatic derangement. This state of things appears to be the cause of her present distress, the irritation returning by reflected action to the respiratory muscles. The indications, therefore, are—the most urgent symptoms being removed—to get rid of unhealthy gastric or intestinal secretions or other offending accumulations, and to soothe the general and local nervous excitability.

An antispasmodic draught, containing a sixth of a grain of muriate of morphia, with æther and compound tincture of cardomums, to be given, if the spasms returned strongly, and repeated in half an hour or an hour, as required. As she had taken no food, a little piece of dry toast, and a small cup of coffee, without milk, were allowed, to be followed in an hour by a warm aperient draught of rhubarb and senna.

2, p.m. Is breathing freely and tranquilly; spasms have returned now and then, but not severely, and are immediately relieved by a dose of the medicine.

7, p.m. Better in all respects; spasms have returned two or three times, but not alarmingly; skin moist and warm; pain in the head less violent; bowels not yet moved.

R. Pilul. Hydrargyri, Extracti Hyoscyami, utrq., gr. iij.; Pulv. Jacobi, gr. ij. Fiat pil. hora somni sumenda.

18th. Has had a tolerably good night; a few slight spasms have returned occasionally only; bowels moved twice by the medicine; headache gone; skin cool and natural; pulse 68; no tenderness on moderate pressure along the larynx and trachea, but she feels as if there were a lump in the throat. She says she is very susceptible to impressions of cold air in the throat, and has occasionally had in the night slight attacks of the same character as the present, but they have not been severe enough to occasion any alarm.

I am, Sir, your obedient servant,
EDWARD DERING WALKER.
Extra-Licentiate of the Royal College of Physicians.

Teignmouth, June 30, 1848.

ON DIVISION OF THE FALCIFORM BORDER OF THE FASCIA LATA, FOR VARIX OF THE SAPHENA VEIN.

By William Bird Herapath, M.B., (Lond.) M.R.C.S., Bristol.

Without entering into a discussion of the various causes productive of a varicose state of the veins of the inferior extremities, yet I hope to be able to show that there is one cause which has hitherto escaped the attention of surgical authors, and that it also admits of an easy remedy.

Varix has been too generally thought to depend upon an imperfect condition of the valves of the venous trunks. That this alone is the case in some instances, I will not dispute, but if pressure exist upon the vein at any point intermediate between its radicles and the right side of the heart, distension of the distal portion will be produced to such a degree, that the valves can no longer close the dilated vein; but remove the cause of the enlargement, and the valves again become capable of resuming their functions.

The superficial cutaneous veins are most commonly affected. These are the internal and external saphena, both of which have to pass through apertures in the deep fascia, in order to reach the larger trunks, into which they deliver the circulating current. Now, should these apertures at any time be too small to allow the passage of the quantity of blood carried by the veins, distension must ensue, and varix result.

Long standing in the upright posture creates a *relative decrease* in the size of the aperture, inasmuch as more blood is then sent by the heart to the inferior extremities, and an opening capable of passing the quantity returned in the horizontal position, might become incapable of doing so in the altered circumstances herein spoken of.

The accompanying case proves the position here maintained, and at the same time shows the points of diagnosis upon which to found an opinion, whether the operation of dividing the saphenous border will be effectual or not.

The case detailed was purely a varicose state of the internal saphena, but it is possible that the external saphena might be also varicose in the same subject, and require a distinct operation for its cure; but should the popliteal vein be also varicose, the seat of the obstruction would of course be on or above the external iliac vein, and that remedy must be used which may be applicable to the circumstances of the case.

The operations hitherto adopted for the removal of a varicose state of the saphena relieve by *obliteration* of the vein; consequently advantage is taken of anastomotic communications, and the circulating current is simply directed into other venous trunks. But the plan which I have proposed and tested by experiment is more philosophical, as it restores the circulation in the natural direction, by removing the cause of the obstruction.

It is an operation devoid of danger when carefully performed, and therefore when applicable, it presents additional advantages over those hitherto proposed, as they nearly always give rise to more or less inflammation of the veins, which has not unfrequently been followed by fatal consequences.

Case.

Mr. Atkins, aged 24, consulted me April 19th, 1848, for a varicose state of the veins of the left leg and thigh. Eight years ago, after some excessive exertion, inguinal hernia made its appearance on the same side, for which he wore a truss during four years; this has been left off ever since, as he thought it no longer necessary. The present state of the veins first made its appearance five years ago, and has considerably increased latterly. It gives him great uneasiness, as his occupation obliges him to stand during several hours in the day; the pain is, towards night, almost intolerable, and is of a dull aching character, the veins almost threatening to burst. When in the recumbent posture, all distension disappears, but almost immediately upon assuming the erect position, the veins again acquire their former size.

The internal saphena and its branches alone are varicose. The tributary branches on the inner side of the belly of the gastrocnemius muscle, are very tortuous, and much dilated. A swelling, as large as a walnut, occurs at the inner border of the internal condyle of the femur; the walls of the veins, and the skin over them, are so thin, that there is imminent danger of bursting in this spot; from hence, nearly up to the saphenous opening, the vein presents one regular

tube-like form, much dilated, being nearly as large as the third finger, but at about one inch and a half from this fascial aperture, the vein is dilated nearly to the size of the first phalanx of the thumb. The pudic and iliac branches of the vein are also slightly varicose and enlarged. The branches of the dorsum of the foot, and below the calf, are not much enlarged. The popliteal vein cannot be felt. The external saphena is perfectly healthy. The spermatic veins are also nearly imperceptible.

These diagnostic points led me to conclude that the cause of the obstruction was not higher than the saphenous opening; and I thought that a stricture at this point, acting as a ligature, produced the retrograde dilating power. The pressure of the truss, probably, ad some connection with the origin of this. But, in order to see what effect the thorough evacuation of the colon would have on it, I gave him a brisk cathartic dose of turpentine and castor oil, previously to attempting operative measures. As I had anticipated, no diminution of the swellings occurred, although the medicine acted very powerfully.

Having explained to him the anatomy of the parts, and the supposed cause of obstruction, together with the method of relief proposed to be adopted, he at once fell in with the proposition, and said he was willing to undergo anything, provided there was any chance of benefitting him, as he was heartily sick of the annoyance and inutility of bandaging.

On April the 27th, I proceeded to perform the operation of dividing the falciform border of the fascia lata, assisted by my friend Mr. Edward Martin, who fully concurred with me in adopting the plan, and also by my pupil. The patient was placed in the same position as in the operation for femoral hernia; and as he had requested that æther should be administered to him, Mr. Martin kindly undertook the management of this part of the proceedings. When he had become thoroughly under its influence, I pinched up a fold of skin between my fingers sufficiently large, and then transfixed and divided it with a pointed bistoury; an incision three inches in length was thus obtained obliquely upwards and inwards, immediately over the swollen termination of the saphena vein. The superficial fascia was remarkably thin at this spot, and having carefully dissected it away from its attachment to the falciform border, and then with the pointed bistoury carefully passed *directly upwards* immediately beneath the iliac layer of fascia, (the vein being depressed and protected by my left fore-finger,) I divided the crescentic border of the saphenous opening, to the extent of half an inch, which of course considerably enlarged the aperture, and at once removed the stricture, and the varix immediately disappeared. At this stage of the operation the patient most unexpectedly gave a kick, the point of the bistoury penetrated one of the abdominal branches of the saphena, probably the superficial epigastric, and hæmorrhage to a greater extent occurred than the operation necessarily involved. Pressure with the thumb immediately controlled, and a sponge full of cold water soon stopped it. About two or three ounces of blood were lost.

The wound was closed by two points of suture, and drawn together by adhesive plaster, and the whole covered by a pad of wet lint, held on by a few turns of a bandage. The patient was carefully drawn into bed, and quietness was peremptorily enjoined.

The wound healed kindly almost by the first intention, and without a bad symptom.

May 11th. He was allowed to get up; *no enlargement of the veins* occurred, although no support has been hitherto applied.

14th. He has been out walking for a short time; no sign of the return of the varix appears. There is a hardened clot, the size of half a pea, in the situation of the swollen portion of vein, at the internal condyle; the other portions of the venous trunk are but little larger than in the natural state, so that the operation may be distinctly proved to have been perfectly successful.

Had I not depended too much upon the peculiar quiescent power which æther generally produces upon the muscular system, the little accident which took place would not have occurred, and but little blood would have been lost. In future it will be advisable to use a probe-pointed bistoury at this stage of the operation.

CASE OF TUMOUR IN THE AXILLA, THOUGHT TO BE CACINOMATOUS.

By George Murray Humphry, Esq., F.R.C.S.,
Surgeon to Addenbrooke's Hospital, Cambridge.

Esther Strickland, aged 57, admitted into Addenbrooke's Hospital, Nov. 27th, 1844, a woman of strong frame and not unhealthy appearance, though rather thin. She considers herself to be in indifferent health and suffers much from a sensation of sinking at the pit of the stomach. There is a tumour of stony hardness, about the size and shape of a hen's egg, in the left axilla, lying upon the ribs, projecting a little beneath the edge of the pectoral muscle, and extending up to the clavicle. It raises the pectoral muscle so as to cause slight prominence in front. The natural depressions above and below the outer third of the clavicle are filled up, and even rendered prominent, so that the clavicle occupies a depression between them. There is also rather more resistance, as well as fulness, above the clavicle on the left side than on the right, though no distinct tumour can be there felt. The left external jugular vein is fuller than the right, and a little tortuous. The woman suffers pain of a darting stabbing character, occurring occasionally, and confined to the region of the tumour. The breast is healthy.

She is the mother of a large family, always enjoyed good health till the period of the cessation of the catamenia, three years ago, since which time her health has been indifferent and she has been troubled with sinking at the stomach. For a considerable period, more than a year, she has felt, on first waking in the morning, some numbness, swelling, and stiffness in the fingers of the left hand, which passed off in an hour or two. About two months ago, she had uneasiness in the arm-pit, and then first discovered a lump as large as a sparrow's egg. This lump has gradually increased.

This tumour was judged by myself, and the other surgeons of the hospital, to be of carcinomatous character, but as it extended to the clavicle, if not higher, and was attended with numbness and swelling of the hand, we agreed in not recommending any attempt to remove it by operation. I did not see her again, but was informed that the tumour increased in size, and that she died not many months after leaving the hospital.

MODE OF REDUCING DISLOCATIONS OF THE HUMERUS AT THE BRISTOL INFIRMARY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In an early volume of the "Transactions" of our Association I published a short account of the mode of reducing dislocation of the humerus, which has been practised at the Bristol Infirmary for a great many years. As that method appears not to be generally known, although its principle is recognized in other ways, I have thought a re-publication of it may not be unacceptable to some of your readers. The experience of the present surgeons of the infirmary fully confirms that of their predecessors in finding it a plan so uniformly successful in all recent cases of dislocation, whether into the axilla or otherwise, that I may venture to assure those who will give it a trial, that they will very seldom indeed encounter any of those difficulties in the reduction which seem occasionally to be met with in the adoption of other modes.

Without any preliminary treatment, the patient is seated sideways on a firm chair, with his arm hanging over the back, which is well padded; one end of a double or reel-towel is passed through the other end, so as to form a noose, which is applied to the arm just above the elbow. The loose depending part of the towel forms a stirrup, into which the surgeon places his foot, and gradually brings his whole weight to bear on the towel, as an extending power. One or two assistants are useful to press back the acromion, and keep the patient firmly in his seat. The reduction is effected almost immediately, and if due precaution be observed in properly padding the chair, and the arm where the towel is applied, little or no pain is felt, nor any subsequent inconvenience from the pressure.

I am, Sir, faithfully yours,

W. F. MORGAN, F.R.C.S.,

Surgeon to the Bristol Infirmary.

Bristol, July 19, 1848.

ON THE EFFECTS OF THE ACETATE OF THE OXIDE OF ETHYLE; AND ON AMMONIA, AS AN ANTIDOTE TO ANÆSTHETIC AGENTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the year 1847, whilst at College, I was induced to try several of the organic compounds, and amongst the rest, the acetate of the oxide of ethyle. Having made some of this compound, one evening, not being aware it had before been tried, I went down to the hospital, when one of the students gladly consented to inhale it. In three minutes, he was completely under its influence; I pinched him and tried various manœuvres with him, but without any perception or feeling on his part. Satisfied in some measure with the result, and being called to an adjoining apartment, I left him, but I had not been absent above five minutes before I heard a shriek, and immediately returned to see what was the matter. I found it was one of the nurses, who, upon coming into the room, saw the gentleman upon whom I had been experimenting, lying motionless and powerless upon the ground. Not thinking that I had left as much æther on the handkerchief as would harm him, I had left without apprehension; and he, like many others of the present day, having tasted and imbibed what was at first pleasant and exhilirating, had inhaled the compound again. I could feel no pulse, and the pulsations of the heart were all but suspended. Having first dashed some cold water upon his face, and afterwards directed that they should rub his hands and feet with a warm towel and put a warm flannel cloth to the region of the heart, I ran to procure some Aqua Ammoniæ, being almost hopeless of his recovery. He inhaled a portion of the vapour and at first gave a kind of convulsive effort, but in about three minutes, by its neutralizing influence, he quite recovered. He remarked, that he felt it almost as soon as he had taken it, to go directly to his very extremities. He also stated that he had taken or been under the influence of sulphuric æther and chloroform before, after which he had always felt a degree of sickness and uneasiness, but with this agent, (the acetate of the oxide of ethyle,) he did not in the least.

I would observe, I have seen about forty operations with sulphuric æther, and fifty with chloroform. When the patient manifests pain with sulphuric æther, I have remarked it to occur when cutting through the skin, and when with chloroform it is in cutting through the larger trunks of the nerves. I have seen two deaths from chloroform; one man was in convulsions for forty-eight hours after the operation, and afterwards expired. It would appear to exercise a peculiar influence on the sympathetic system of nerves, and on the medulla oblongata, and there would seem to be no real antidote; but the agent I have mentioned, (Aqua Ammoniæ,) and some other of the alkaline compounds, may possibly tend to neutralize and destroy its effects.

I have also tried the acetate of the oxide of ethyle upon various of the inferior animals, but I will only trespass upon your valuable time in relating an experiment upon the cat tribe, in order, as I think, to confirm and strengthen what I have before stated, as to the neutralizing properties of the volatile alkali.

I gave it to a cat, and produced anaæsthesia; in about three minutes it was completely insensible to my perception, and under soporific influence; it then took one or two inspirations of Aqua Ammoniæ, when it sprung from my knees with one enormous leap.

I immersed another animal in this agent, and it seemed completely dead to my appearance, and then immersed it in Aqua Ammoniæ, and next morning it moved its limbs, and seemed lively.

A cat sustained a dislocation; it seemed to labour under very excruciating pain, and severe shock. I gave it the agent I have named, the shock was completely subdued, and it was astonishing how it recovered.

I am at present making experiments with another compound, which I have never seen nor heard tell of being tried, and which I think has considerable claims as an anæsthetic agent.

Allow me, Sir, in conclusion, to relate one other experiment which I have performed since I wrote the above. I took a frog's foot, and immersed it in the acetate of the oxide of ethyle; in about three minutes and a half it was perfectly paralysed, and by a continuance of the immersion, the other leg participated in the effect; the frog could not stir in the least. I then took and immersed it for a moment or two in Aqua Ammoniæ, and immediately the frog could jump about, and seemed to have completely lost the anæsthetic state.

I remain, Sir,
Your obedient servant,
R. OASTLER JOHNSTON.

Willow Cottage, Bramley, near Leeds,
June 27, 1848.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, JULY 26, 1848.

The determination of the minimum dose of any poisonous substance capable, independently of idiosyncracy, of producing fatal effects, is of so much importance in reference to medical jurisprudence, that we are induced to make a few observations on the case of arsenical poisoning, recently published in this Journal. (See p. 347.) The case, as related by Dr. Castle, of Leeds, gives, as far as we know, the smallest dose of arsenic hitherto recorded as having proved fatal. In Mr. Taylor's excellent work "On Poisons in relation to Medical Jurisprudence and Medicine," the latest and best authority on the subject of which it treats, a case is referred to in which "*two grains and a half* of arsenic, contained in two ounces of Fly-water, killed a robust healthy girl, aged 19, in thirty-six hours." The case was reported to the Pathological Society of London, by Dr. Letheby, and was published in the *Medical Gazette*, for January 15, 1847. "This," says Mr. Taylor, "I believe to be the smallest fatal dose on record; and it will justify a medical witness, in stating, that, under circumstances favourable to its operation, the fatal dose of this poison is from *two to three grains*." Dr. Castle's case, in which the quantity taken was still smaller than in Dr. Letheby's, (half an ounce of Fowler's solution, containing not more than two grains of arsenious acid,) comes strongly in favour of Mr. Taylor's inference, and gives additional value to the opinions on this subject expressed in the work referred to and elsewhere. Our valued correspondent, Mr. Hunt, in commenting on this case, in the last number of the Journal, (p. 391,) seems to have misunderstood Dr. Christison, when he brings him forward as authority, (by inference,) for six grains, (for an adult,) being the smallest fatal dose of arsenious acid. Dr. Christison, it is true, states this as the smallest fatal dose that had come within his knowledge, but he does not say that less than this quantity may not prove fatal. A reply by Dr. Castle to Mr. Hunt's observations will be found in another column, which renders it unnecessary for us to extend these remarks further in this place, as the remaining features of the case are therein commented on. In the *Medical Gazette*, (July 14, p. 87,) where the case is quoted from the *Provincial Journal*, we find the following remarks appended by the Editor:—

"This case is interesting, from the fact that, admitting arsenic to have been the sole cause of death, it is the only instance recorded in which Fowler's mineral solution has destroyed life. The whole quantity of arsenic taken by the deceased in a period of about five days amounted to 1.83 grains. This is the smallest dose of arsenious acid which has yet been known to have proved fatal to an adult. The poison, probably from its having been given in small and divided doses, did not produce the usual symptoms of vomiting and purging, although its irritant action on the alimentary canal was indicated by intense inflammation. It appears in this instance to have destroyed life by indirectly affecting the heart, and by inducing fatal syncope. It may be a question, however, whether some other irritant substances were not simultaneously administered for the purpose of inducing abortion."

We may observe that, though the suggestion here made might possibly in part explain the intense inflammatory appearances observed in the mucous lining of the stomach and intestines, the fact still remains of the unequivocal detection of the arsenic in the tissues of the stomach and in the liver.

Review.

Susrutas. Ayurvèdas. Id est Medicinae Systema a venerabili D'Hanvantare demonstratum a Susruta Discipulo compositum. Nunc primum ex Sanskrita in Latinum Sermonem vertit, Introductionem, Annotationes et Rerum Indicem adjecit Dr. FRANCISCUS HESSLER. Tom. ii. *Erlangae apud Ferdinandum Enke.* 1847. Large 8vo. pp. 250.

Two years ago (1846. April 8, p. 160,) we gave a short notice of the first volume of this work, and it was, perhaps, in this Journal that the attention of the medical profession in this country was first directed to it. We did not, indeed, pretend to give anything like an analysis of its contents, but merely recommended it to the notice of the medical public, in the hope that some of our more profound and learned contemporaries might be induced to examine it more fully than we had leisure and space to do. Our expectations were not disappointed, and shortly afterwards the subject of ancient Indian medicine was again brought before the public, in Dr. Royle's learned and interesting article on Susruta, and on Dr. Wise's "Hindu System of Medicine," in the *British and Foreign Medical Review* for April, 1847.

To this work we refer our readers for further information on the subject, while we must once more content ourselves with the humbler office of announcing to the medical profession in this country the appearance of the second volume of Dr. Hessler's Latin Translation of Susruta.

The whole work consists of six books, or divisions, of which the first volume contained the first two, entitled "Principiorum Medicorum Doctrina," and "Pathologia." The present volume contains the next three,—viz., "Somatologia," (or Anatomy,) "Therapia," and "Antidotorum Doctrina." The next volume is to contain the last portion of the work, which (as we find from Dr. Wise's "Hindu System of Medicine," p. 9,) treats of various local diseases, the different kinds of fevers, consumption, diseases of the heart, &c. This third volume will also contain the translator's introduction, notes, and indices, which we shall expect with some degree of eagerness, as it must be confessed that at present great part of the work is totally unintelligible to us.

After making this confession, it would manifestly be presumptuous if we were to venture to pronounce any decided opinion, either on the execution of the work, or on its medical value.

The third volume will shew whether the translator has bestowed on his author all the care and attention required for such an undertaking; and with respect to the other point we can only say, that, though the work contains several things that are probably not to be found in any ancient Greek, Latin, or Arabic medical treatise, we cannot help doubting whether upon the whole the Hindus were superior to these nations in medical science and skill; while our European tastes are so formed on the model of Greece and Rome, that we are inclined to think that most of our readers would find their medical writings more repulsive than even Paulus Ægineta, which at its first appearance met with such unfair treatment at the hands of some of the members of the Sydenham Society. Still we have no hesitation in saying that Dr. Hessler's Susruta is a book that quite deserves to be found in every public medical library, and the more so as we fear the price of the book is such as to prevent its finding a place in many private ones.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

Continuation of Mr. Crompton's Digest of the Depositions on Burns and Scalds, made at Inquests held before James Chapman, Esq., Coroner for the Borough of Manchester.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death	Parts which were burnt.	How the accident occurred.	Remarks.
			1841				
161	M.	5 yrs.	June 12	2 days	Arms, breast, belly & thighs	Night gown caught fire standing on the fender. Alone. Mother out.	Infirmary (out-patient.)
162	M.	37 yrs.	July 31	6 hrs. (about)	All over his body except chest & back. Lungs and air passages were also scalded	Bursting of a steam-pipe, in connection with a boiler.	Infirmary. Verdict—"Internal scald, from inhaling hot steam." &c. &c.
163	M.	2½ yrs.	Aug. 9	5 days	Right foot and knee, hips, shoulders, and bottom	Fell into a mug containing some hot water	Dispensary. (Linseed oil and lime-water.)
164	M.	3 yrs.	Aug. 25	22 hrs.	Arms, legs, belly and back	Severe scalds from falling off a gate into a sluice of boiling water, running from a steam engine	——

No.	Sex.	Age.	Date of Burn.	Interval between burn and death.	Parts which were burnt.	How the Accident occurred.	Remarks.
165	M.	42 yrs.	Sept. 2	3 days	Breast, thighs, back and arms	A druggist. Making composition for congreve matches. It exploded and set his clothes on fire	——
166	F.	3½ yrs.	Sept. 25	2 days	Not stated	Not known how. Father at work; child without mother. Woman in charge had gone into the next house	Infirmary, (out-patient.)
167	F.	5 yrs.	Sept. 27	6 days	Right side, belly, neck, and arms	Left alone by her sister, aged 11, who had been left in charge. Neighbour heard her scream, ran into their cellar, and found her in flames. No mother	Infirmary.
168	M.	4¼ yrs.	Oct. 17	12 hrs.	Severely scalded upon breast, arms and neck, and one of his feet	He fell and upset the coffee kettle which was upon the fender	Infirmary, (out-patient)
169	F.	4¼ yrs.	Oct. 18	12 hrs.	All over except feet and a little of back	Parents out	Infirmary, (out-patient.)
170	F.	2 yrs.	Oct. 20	21 hrs.	All over her body	Parents out. Pinafore took fire	Infirmary, (out-patient.)
171	F.	2½ yrs.	Oct. 20	2 days	Head, left shoulder and arm	Kettle fell off the fire	Convulsions.
172	F.	13 yrs	Nov. 15	2 days	All over except feet	Fell asleep while reading with a candle upon her knee.	Infirmary.
173	M.	4 yrs.	Nov. 18	11 hrs.	All over except back	Not known how. Mother making beds	Treacle and flour applied immediately.
174	F.	4 yrs.	Nov. 16	3 days	Back, and right cheek and legs	Scalded by kettle falling off the fire	Infirmary, (out-patient.)
175	F.	10 yrs.	Nov. 20	17 hrs.	All over	Frock caught in lifting off the kettle	——
176	F.	8½ yrs.	Nov. 23	2 days	Breast, right arm, shoulder and face	In putting coals on the fire, her handkerchief caught. Parents out	Infirmary.
177	F.	5½ yrs.	Nov. 27	3 hrs.	All over her body	Pinafore caught. Mother at the door of the house. The child *(for fear of being beaten)* did not scream or give any alarm, but ran up stairs under a bed, to which she set fire. The smell of fire and the smoke issuing from the window led to the discovery	——
178	F.	6 yrs.	Nov. 28	2 days	Face, head, throat, right thigh, arms, and hands	A burning bit of rag, thrown into the fire by her sister, fell out upon her clothes	——
179	M.	2 yrs.	Dec. 4	9 days?	Right arm and cheek, breast, & right thigh	Child playing on the hearth, when the coffee kettle tilted on one side	Linseed oil and lime-water
180	F.	66 yrs.	Dec. 11	16 hrs.	All over, except belly	Gown caught fire when her back was towards the fire. Not sober	Infirmary.
181	F.	3¾ yrs.	Dec. 24	13 hrs.	Arms, breast, & face	Left in charge of a girl aged 11 years, who allowed her to be alone	Infirmary.
182	F.	61 yrs.	Dec. 24	4 days	Arms, breast & face, and right side	Drunk. Set her clothes on fire when lighting a candle. Alone.	Infirmary.
183	M.	21 yrs.	Dec. 30	Immediate death.	——	Suffocated and scalded by steam being suddenly directed upon him from a boiler	——
184	F.	6 yrs.	1842 Jan. 4	15 hrs.	All over, except feet and part of legs	Standing on the fender chalking the chimney-piece. A girl of 8 years in charge. Parents out	Infirmary.

No.	Sex.	Age.	Date of Burn.	Interval between burn and death.	Parts which were burnt.	How the accident occurred.	Remarks.
185	F.	5 yrs.	Jan. 6	4½ hrs.	All over, except back	A cripple. Left with two young children, one of whom it is supposed set her on fire. Mother in the yard	Infirmary.
186	M.	2¾ yrs.	Jan. 4	20 hrs.	Knees, stomach, arms and face	Lighting chips. Mother out	——
187	F.	8 yrs.	Jan. 8	20 hrs.	All over, except feet	Alone. Not known how	Infirmary.
188	M.	3 yrs.	Jan. 7	23 hrs.	Bottom of his belly and right side of his head, & right arm	Clothes caught in reaching something off the top of the oven. Mother out	Dispensary.
189	F.	1⅔ yr.	Jan. 8	21 hrs.	Back and waist, legs and feet	Scalded by the mother tilting a panful of water over upon the child upon the hearth	——
190	F.	11 yrs.	Jan. 10	22 hrs.	All over, except feet	No mother. Father bed-fast. The van at the door to take him to the Workhouse. Child supposed to have been taking a potato out of a pan on the fire	Infirmary.
191	F.	11mos.	Jan. 10	14 hrs.	Neck,arms,head, ears and back	Mother out. Left with two children, eldest of them 5 years' old. One of them threw a lighted stick upon her	Infirmary, (out patient.)
192	F.	1⅔ yr.	Jan. 10	48 hrs.	Thighs, belly, arms and chin	Left by parents, along with a twin (sister,) on the hearth, there being no fender. A cinder supposed to have fallen upon her. Parents out	Infirmary, (out-patient.)
193	M.	37 yrs.	Jan. 13	8 hrs.	All over his body except his face	Fell into a brew-pan containing boiling beer. Not sober	Infirmary.
194	F.	6¾ yrs.	Jan. 13	19 hrs.	All over except left arm and head	Clothes caught in stirring the fire. No one older in the house	Linseed oil and lime-water
195	M.	5¾ yrs.	Jan. 16	11 hrs.	All over	Left locked up with another child. Man passing by saw flames in the cellar, burst open the door. The other child and the bed were on fire	Infirmary.
196	F.	6 yrs.	Jan. 8	7 days	Arms, breast and face	Reaching coffee off the chimney-piece	Infirmary.
197	M.	1⅔ yrs.	Jan. 7	9 days	Face and neck	Pulled a jugful of boiling water off a table upon himself	——
198	F.	28 yrs.	Jan. 9	12 days	All over, except legs and bottom of back	Apron caught fire while reaching to the chimney-piece. Instead of lying down she ran from room to room	Infirmary.
199	F.	5¾ yrs.	Jan. 24	17 hrs.	All over	Rubbing the bar with her frock	Infirmary, (out-patient.)

Proceedings of Societies.

BATH AND BRISTOL BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

The Seventh Annual Meeting of the Bath and Bristol Branch Association was held in the Lecture Room of the Bath Literary and Philosophical Institution, on Thursday, June 22nd.

There were present Drs. Blackmore, Daniell, Davies, Goodridge, M'Dermott, James Watson, Messrs. John Barrett, Bartrum, Barrow, Cox, Church, Evans, George, Hanks, Hunt, King, Mason, Norman, Ormond, Skeate, Stone, Skinner, G. Skinner, of Bath; Drs. Bompas, Simmons, Messrs. Burrow, Colthurst, Estlin, Hetling, Lancaster, Morgan, Ogilvie, Swayne, of Bristol; Dr. Morgan, of Bradford; Messrs. Farnham Flower, of Chilcompton, Race Godfrey, of Yatton; Washbourne, of Corsham, &c., &c.

In the absence of Mr. N. Smith, the President of the Branch, Mr. Ormond, took the chair, which, after congratulating the members on the continued success of the Branch Association, he gave up to Farnham Flower, Esq., the President for the ensuing year, who read the following address:—

Gentlemen,—I cannot better commence the short address with which I am about to trouble you, than by thanking you cordially for the very honourable position in which you have placed me upon the present occasion. I thank you, not only on my own behalf,

but also on behalf of that department of the profession which I, though so humbly and imperfectly represent, I mean the rural practitioner. It must, I think, strike every one who has been accustomed to watch steadily those changes which are insensibly affecting society at large, and our professsion in particular, that a very great alteration has occurred, as to the estimation in which general practitioners are held both by the public and by the profession itself. This change is obviously attributable to the great improvement which has been effected in medical education, and which happily is still progressive; much need of it is there still, not only that those who undertake our onerous and painfully responsible duties should avail themselves of all the benefits to be derived from the immense accessions which every year is making in the medical and surgical sciences, but also that they should be able to meet and in some measure satisfy the requirements of the non-professional public. Time was, and I am old enough to remember it, when that which patients even now have in their mouths whatever they may feel in their hearts, I mean implicit confidence in their medical attendant, was very common, that state of mind being one of mere faith and non-enquiry. Thus Mr. A or B had been the medical adviser of the patient's father or mother, or his own adviser for twenty years and more; he (that patient,) had never troubled himself about physic, he was quite sure Mr. A or B, who had cured so many of his family could also cure him. Such was then the state of mind, confidence not in actually ascertained knowledge of the attendant, but simply in individual respectability of character. There were no fashionable systems of cure then afloat, perturbing the public mind; there were quackeries it is true, empirics wandering through the country, vaunting their cures in particular diseases; neither were there in those days, books upon "Physiology made easy," and "Every man his own Doctor," which now suggest all sorts of enquiries to our patients and their families,—inquiries absurd enough and difficult to deal with from the mixture of sense and nonsense. But still such questions must be answered. Moreover, there were no express trains in those days; it was not easy when there seemed any unwillingness or inability on the part of the medical practitioner to impart information upon cases, or to adopt a plan of treatment in accordance with the preconceptions of the patient or his family,—it was not so easy to start off to the metropolis, or even to the nearest provincial city, in pursuit of further advice. All this is now changed: the laity are wide awake, or at least they think so, and we rural practitioners are compelled to bestir ourselves; and I hope we are doing so not unsuccessfully. Certainly one of our great helps is in the formation of such Associations, as that, over which, through your kind, but I fear undeserved consideration, I have now the honour of presiding,—Associations which at due intervals draw the country doctor out of his fastnesses into the society of his brethren in adjoining cities, enabling him if he has not had time by reading and study to keep pace with the current literature of his profession, to have in conversation, as well as formal meetings, the newest results of scientific investigation and the products of individual experience. From these meetings, he goes back with his wits on the alert, alive to many things which before he had never dreamed of in his philosophy, and hopeful of reciprocating from his own observations some of the additions to his knowledge obtained from the experience of others. I trust also, that from these meetings, where he has opportunity of coming into contact with minds and characters of the highest order, he may return with an increased sense of the dignity and honourableness of the art which he professes. For in these meetings he learns not only to meet the views of the public, but in some measure to lead them, and to rely not on *ad captandum* methods, but on those which have their sure foundation in the truth of things, and which it is fully as much to the interests of the public as of the profession, that we should command and enforce. From my own professional acquaintance, which is not a small one, I am satisfied that a very marked change for the better is going on in professional bearing.

My friend, Dr. Symonds, in a letter which he addressed sometime since to Dr. Forbes, in the *British and Foreign Medical Review*, and in which he at once defended the orthodox plans of treatment, and exposed the follies of some of the popular systems, as well as the more dangerous doctrine, which was creeping into the profession, (I mean excessive reliance on the curative powers of nature,) remarks,—"I am of opinion that it is not so much a reformation or revolution in medicine that is wanted, as a more thorough and extensive education of practitioners in the art and science of medicine, as it at present stands. The most intelligent and accomplished must sigh for knowledge in a thousand directions, but the interests of medicine very loudly demand that its professors should know what is already known."

With these sentiments I fully accord, and confess that I have more hopes from this sort of reform than from mere changes in the political condition of the profession, though these are not without their value, and I congratulate my brethren on the changes which are taking place.

These alterations, whatever other good effects they may accomplish, will, at all events, confirm the properly educated medical man in his position, and the public will have the opportunity of judging, if they choose to avail themselves of it, as to who are, and who are not, by training and experience, qualified to take upon themselves the care of the sick and suffering.

I am anxious to occupy as little of your time as possible on the present occasion, but I feel that I ought to make use of the position in which I am now placed, to express my hope that my professional brethren will constantly keep before their eyes the moral obligation under which they lie. We are not engaged in mere pursuit of money or fame, we undertake the charge of that on which hang the dearest interests, not only of our immediate neighbours, acquaintances, and friends, but even of untold generations; for who can tell how much hangs on the life of a man—nay, of the most immature infant; and not

only on the life, but also on the health. As an illustration, we may, by a careless mode of procedure, not actually involve the life of the patient, yet deprive him of that which makes life desirable; we may so break down the tone of the nervous system, that life has ever afterwards lost its sweetness, and the individual who was the sole support and encouragement of his family, may become a source of continual anxiety, vexation, and irritation; his mind may be full of causeless suspicions and jealousies, or, what is scarcely less painful to contemplate, of habitual gloom and unfounded apprehensions. Such results may ensue from the best medical treatment, for which, with safety to life, there was no alternative, but we must feel convinced that in pursuing it we have chosen the right course. There is no satisfaction for us, in our many anxieties and perplexities, but in conscientiously determining to allow no considerations of ease or comfort, convenience, or popular opinions, to divert us from prosecuting what, to the best of our knowledge, judgment, and experience, is the right thing to be done. In this is included the duty of taking the best means in our power of improving our own knowledge; when we once acquire this habit and singleness of purpose, our course is plain and easy; we do our best, and leave the issue to an all-wise and all-benevolent Providence. If we endeavour to work on that high and christian feeling which should characterize the actions of all, and none more than medical men, we shall find our task will be less burthensome, and our reward will be sure, if not in a worldly point of view, at all events in comfort and peace of mind,—a reward beyond money and beyond price.

Mr. Bartrum, the Secretary for Bath, then read the report of the Council for the past year, which was unanimously adopted by the meeting.

Report.

The Council of the Bath and Bristol Branch of the Provincial Medicial and Surgical Association, in presenting this, their seventh Report, cannot but congratulate its members on the interest taken in the proceedings of the Association, and especially on the continued success of the quarterly meetings, the full attendance at which shows that they are valued as affording pleasing opportunities of professional intercourse, and cementing those friendly feelings that should exist among the members of a liberal profession.

It is also gratifying that the numbers included in the Branch Association have steadily increased, though occasional fluctuations must be expected.

The proceedings of the past year present but little requiring a detailed report or particular notice.

The subject of Medical Reform has so often been brought before your notice, as now almost to lose its interest; nevertheless, a subject so important to the interests of the future race of practitioners cannot be wholly passed over, your Council are therefore gratified to learn, that after the many vain attempts to modify the views and balance the interests of the various bodies governing the different branches of the profession, there is some probability that a legislative enactment sanctioned by them, and satisfactory to the bulk of the profession, should at last have been agreed upon, and will probably become law. The proposed measure, though not embracing several of the points strongly urged on the attention of previous Governments by deputations from the Association, appears to offer the only present probability of the settlement of this long and much agitated question. The part of the measure appearing to press unjustly upon the future English general practitioner is that, requiring of him to pass two examinations in surgery before two Boards with conflicting interests. Notwithstanding this, it is gratifying to learn, that the examinations and qualifications of the various Boards of the kingdom are, as far as possible, to be assimilated.

In the correspondence connected with the proposed bill, it will be scarcely necessary to remind the members of the Association of what marked benefit to physicians of a certain standing has been the intervention of the general Council. It should, however, be always remembered, that no legislative enactments will avail to consolidate the interests of the profession, or make it more respected by the community at large, unless its members, in their individual capacity, feel that to each other they owe a duty as strong as to themselves, and that while endeavouring to augment the usefulness of their divinely sanctioned art, they should not be harsh to the failures or failings of their neighbours.

Your Council are also pleased to observe, that the just claims of those ill-requited members of our profession entrusted with the care of the parochial poor, are being enforced on the attention of the government, who cannot fail to perceive the hardship commonly entailed on those obliged to undertake such duties, and they feel convinced that it is only necessary for the public to have their attention drawn forcibly to the matter by their professional brethren, in order, ere long, to place the medical relief of the poor on a footing more favourable to the sick, and more equitable to their medical attendants.

The hopes not only of the public but of the profession, having so often been raised, that the Legislature would enact a Sanitary Bill, remedying some of the causes of disease and death, it is with much pleasure that your Council can congratulate the Association in the prospect of some provision (however inadequate,) being made against the endemic sources of disease so abundant in our densly crowded cities. They, nevertheless, feel it incumbent on them to state their belief, that the sanguine expectation entertained by many engaged in this good cause of removing so large an amount of sickness, misery, and death, by mere sanitary improvements, is contrary to that sound judgment founded on experience, which it should be the aim of members of our profession assiduously to cultivate.

During the past year, by the untiring zeal of Mr. Newnham, the recently appointed secretary of the Benevolent Fund, the claims of this fund have been brought before the notice of each member of the Association; his appeals have been responded to by some of our members, but not to the degree commensurate with his endeavours, or with the paramount importance of the object in view, as many members still refrain from extending by this channel the help so often needed by the disabled practitioner, or his widow, or his children.

Though not forming an integral part of the Association, your Council hail with pleasure the formation within both cities of two Societies devoted to Pathological research, and having kindred objects with our quarterly meetings. Instead of regarding these with jealousy, all must rejoice to see this or any other indication of professional zeal, since the aim of all must be the same who desire to raise the character of the profession by making observation more accurate, and deduction more correct, thereby adding to the efficiency of the healing art, and thus conferring a lasting benefit on mankind.

After alluding to the loss of Dr. Riley, and noticing him as a man of the most intense industry and high philosophical mind, devoted to anatomy in its highest branches, the Council expressed their sincere hope that each member of the Association will use his earnest endeavours to make each meeting more instructive and more agreeable, and thus do his part to render permanent and more useful the Bath and Bristol Branch of the Provincial Medical and Surgical Association.

It was then resolved on the motion of Mr. Morgan and Mr. R. Godfrey, that John C. Swayne, Esq., of Clifton, be the President-elect.

The Secretaries and Council were re-appointed, with thanks for their services during the past year, William Church, Esq, being elected to fill the vacancy in the local Council, caused by the retirement of Peter Marriott, Esq.

The following resolutions were then proposed, and after some conversation thereon, unanimously adopted :—

Resolved—

"That the number of the local Council in future do not exceed 36, the like proportion being selected from the cities of Bath, Bristol, and the rural districts."

"That any member of the local Council, who, during one year shall not be present at one meeting, (illness or absence from home excepted) shall thereby be rendered ineligible for re-election during the year next ensuing."

The thanks of the meeting having been voted to the Committee of the Literary Institution for the use of their room, and to the President for his able conduct in the chair.

RESPONSIBILITY OF THE INSANE.

Dr. Daniell read a "Case of Poisoning by Prussic Acid, with observations on the relation of such cases to moral Insanity and Medico-legal Medicine." This case will be published in the Journal.

Mr. Hetling drew the attention of the members to the varying strength of prussic acid at the druggists' shops, Mr. Godfrey having found it in Bristol to vary 70 per cent. subsequent to the interesting case narrated by him, and published in the Journal of 1844, p. 398.

Mr. John Barrett begged that this meeting would not sanction the present fashionable doctrine, that decided moral insanity could or did exist without some intellectual insanity.

Mr. Ogilvie observed, that after a long experience he found, that though insanity might affect chiefly, or almost wholly, the moral faculties, yet to those intimately acquainted with persons labouring under this malady, some degree of intellectual aberration was always present, and that in such cases the bodily functions were ill-performed, and very constantly bodily ailment preceded the attack of insanity.

Mr. Estlin, though opposed to the punishment by death, had viewed some of the recent verdicts in cases of this character with great fear, as the tendency to such verdicts had been wholly to exculpate those, who, in pursuance of their designs, had shown full powers of reasoning, whose crimes had been marked by cool premeditation, and by a long-continued neglect of that control of the passions and feelings that was essential to the comfort of the individual, and the safety of the community.

Dr. Blackmore confirmed the remark of Mr. Ogilvie, that in all cases of moral insanity, the bodily functions will be found more or less failing.

Dr. Davies read the history of a "Case of Rheumatic Paralysis, treated by Electro-magnetism, with Observations thereon." The case will be published in the Journal.

MALIGNANT ERYSIPELAS AFTER PARTURITION.

Mr. G. King then narrated two cases of "Malignant Erysipelas after Parturition" which had occurred in his practice :—

On February 4th, he had attended Mrs. T——, in her third labour; her room was airy, house well situated; the labour was natural, and soon over. At the time she had a swollen face, which was hard, and much inflamed; it had disturbed her rest for some nights previously. She went on very well for two or three days, when the inflammation now became erysipelatous, extended around the neck and over the chest, with great constitutional disturbance, delirium, diarrhœa, &c. The submaxillary swelling went on to suppuration, degenerating into sloughing phagedenic ulcers, exposing the muscles of the neck, and involving a large portion of the upper part of the chest, and nearly the whole of the left breast. Here it was arrested; some parts filled up and healed, and she recovered so far as to be able to be removed to another part of the town. Six weeks afterwards she had an inflammation of the lungs, when she was under the care of another practitioner, and died.

The next case was Mrs. N——, in labour with her first child. February 21st. The labour, though lingering, was otherwise natural. About five minutes after the removal of the placenta there was frightful hæmorrhage, which for some time endangered her life. Except suffering from extreme debility, she went on very well for the first week, when she complained of excessive pains of her legs, which, previous to her confinement had been very large. On examination they presented nothing remarkable beyond their size, Mr. King considering that the pains were due to the reaction. They were well bathed with warm water, and a moist bandage was applied; she, however, became restless and

feverish, and diarrhœa came on. The next day Mr. King's attention was drawn to a small dark bladder beneath the right leg, to which the nurse had applied a poultice. On removing the poultice there was immediately recognized the peculiar fœtor and gangrenous appearance presented by the last patient. The poultice was continued, and the part became clean and healthy, but the diarrhœa continued unrestrained, and she died on March 16th, three weeks after her confinement.

In both cases the diarrhœa was the most unmanageable symptom. Mr. King had delivered eleven women in the interval between the first and second case, none of whom suffered from any untoward symptoms. This latter he had been obliged to visit in the clothes worn after seeing the first case, while in all the others he had been able to avoid that source of contamination.

SOUTH-EASTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

On Wednesday, the 28th of June, 1848, the fourth Anniversary Meeting of this Branch of the Provincial Medical and Surgical Association was held at the Sussex Hotel, Tunbridge Wells, when the following gentlemen were present:—

Messrs. Hargraves, of Tunbridge Wells; Stedman, of Guildford; Martin, of Reigate; Drs. Mackness, of Hastings; Plomley, of Maidstone; King, and Davies, of Brighton; Messrs. Underwood, of Battle; Trustram, Gream, Turner, Rix, Mitchell, and Cook, of Tunbridge Wells; Reid, of Canterbury; Giraud, of Faversham; John Cordy Burrows, of Brighton; Constantine Holman, of Hurstpierpoint; Dr. Butler Lane, of Ewell; Messrs. Stilwell, of Epsom; Newington, of Gondhurst; Samuel Battley, of London; Starling, of Hadlow; Thompson, of Westerham; Pickance, of Penshurst; Bottomley, of Croydon; Gold, of Wateringbury; Long, of Barham, Canterbury; Whitfield, and Wilks, of Ashford; Colebrook, of Southborough; Penkivil, of Staplehurst; Harris, of Northiam; Drs. Soulby, of Dover; Duncan, of Tunbridge Wells; and Silvester, of Clapham.

At one o'clock Mr. Hargraves, the President for the year, took the chair, and addressed the gentlemen present, to the following effect:—

Gentlemen, in taking this chair, and commencing the duties of the office which your kind partiality has assigned to me, and which I wish were in abler hands, my first agreeable duty is to bid you all heartily welcome to this place, which is on this occasion, honoured by the presence of an assemblage from all parts of the district, of gentlemen distinguished for cultivated talent and professional eminence. It is not my design to trespass long on your time and attention in any address from this chair, which would prove only an irksome delay of the far more interesting matter which will presently be submitted to your consideration. The principal objects of this Association are, the advancement of medical science, and the maintenance of the honour and respectability of the profession. This Association affords, therefore, an active and inspiriting stimulus to members to exert their best faculties, and most earnest efforts to investigate professional truths and practical results, so as to arrive at as accurate conclusions as can possibly be attained. To the talents and zeal of the members of our body, the records of our Association bear ample testimony, more especially in the Journal, which has of late been greatly improved: and the sentiments to which I am giving utterance, so far as my judgment and feelings are capable of guiding me, I have no doubt will be responded to by every impartial mind; and each returning year will afford fresh demonstration of the advantages which will result from an Association which has in view the promotion of harmony and good feeling among its members, and the collection and diffusion of facts which may serve to render medical science more signally beneficial to mankind.

The minutes of the last annual meeting at Reigate were then confirmed, as were those of the special general meeting at the same place on the 1st March.

The President then called on the Secretary to read the report of the Committee.

REPORT.

The Committee of the South-Eastern Branch of the Provincial Medical and Surgical Association, as on previous occasions, take the liberty of addressing themselves to their friends and neighbours, members of the Branch, on two or three points of especial, as well as of general, interest; and more particularly as respects the public affairs of the profession, the unsettled state of which has long given great concern to those who have ardently wished for that cordial and harmonious state of feeling, and of sentiment, among all classes of the profession, so much to be desired, and, as your Committee believe, so surely to be attained, by honourably-minded men taking up the consideration of the subject in a liberal and patriotic spirit.

A settlement of the question of Medical Reform, the Committee beg to inform their brother members, is now likely to take place; and certain "principles" have been agreed upon by delegates, consisting of some of the most eminent members of the different medical colleges and corporations of England, Scotland and Ireland, acting on behalf of themselves and their constituents. The "principles" alluded to were unanimously adopted by the Conference Committee; and it may be taken for granted, that every member of the Association has had an opportunity of reading and considering them, as they have been printed in all the medical journals. Some may be of opinion that the plan suggested will prove highly beneficial to the interests of the profession, while others probably may think that an alteration in the constitution of either the College of Physicians, or the College of Surgeons, or of both, without the addition of a third institution, would have better met with the requirements of the age. But the fact of the new arrangements having met with the unanimous approbation of the representatives of the different colleges and corporations who assembled

at the conferences, it is to be hoped, is a guarantee that they will meet the requirements of our body.

With regard to the constitution of the new College of General Practitioners, respecting which much anxiety has been felt and expressed, it is hoped that both the Bill and the Charter of Incorporation, when they are completed, will be found worthy of the approbation of every general practitioner in the kingdom.

Your Committee beg further to express their hope that if this long desired measure of Medical Reform should be accomplished in a comprehensive and liberal spirit, it will eminently conduce to the advantage of every branch of the profession, and likewise to the public welfare, by assuring to the whole population of the country the benefits of a continually improving agency in the treatment of disease; and by inducing the universal prevalence of a friendly feeling, and a good understanding among all sections of the profession, the practice of which has so long been alloyed and embittered by the contention of classes, and the constant intrusion of unqualified pretenders.

This pleasing prospect your Committee contemplate with the highest satisfaction. The calm, delightful, and peaceful pursuits in the study of the science of the profession, and its beneficent practical exercise in the cause ofhumanity, will constitute the great reward on which we shall congratulate ourselves, and each other, when, as we hope, at no distant day, these agreeable anticipations will be realized.

In consequence of the publicity given to the circumstances attending the Croydon inquest, and the consequent resolutions of the Board of Guardians reflecting on the conduct of Mr. Bottomley and Dr. Berncastle, a requisition for a special meeting of this Branch, to take into consideration the circumstances of the case, signed by the requisite number of members, having been sent to the Secretary, he summoned a special general meeting of the members of the Branch, which took place at Reigate on the 1st of March, when certain resolutions were agreed to in vindication of Messrs. Bottomley and Berncastle, which were inserted as advertisements in two daily London papers, two local weekly papers, in the weekly medical journals, and in the fortnightly journal of the Association. They have likewise, as of course, been recorded in the minute book of the proceedings of this Branch of the Association, and have doubtless been read by every gentleman present. It is worthy of particular remark that the medical officers of the Dartford Union, being unable to attend this meeting, most liberally forwarded a special contribution in aid of its objects.

During the past year a vigorous effort has been made to effect an improvement in the system of poor-law medical relief. A meeting was held in London last autumn, at which the grievances which oppress Poor-law Medical Officers, were fully stated, and a Committee was appointed to lay their case before the Government. This Committee has endeavoured to interest the three medical corporations in the matter, and has succeeded in so doing. It has also had interviews with the President of the Poor-law Board, Mr. Buller, and with the Secretary of State for the Home Department, and has obtained from Mr. Buller an assurance that he would consider the whole subject of Poor-law medical relief, with a view to its improvement. The Committee of the Poor-law Medical Convention has also prepared a plan for an improved system, which it is believed would be satisfactory to the profession; but your Committee cannot but feel, so great is the prejudice and the ignorance pervading all classes of the community, even the highest, upon the subject, that great exertions are still necessary to accomplish this most desirable improvement. This fact, however, should not lead to apathy on the part of the profession, but should stimulate to increased exertion, and your Committee are confident that, were the profession generally to exert their influence strenuously and continuously, success would be the result. That which is necessary is, to impress on the minds of rate-payers and guardians the fact, that their interests would be better served by an improved system, and more liberal payment for medical relief.

The Committee of the Poor-law Medical Convention have just issued a short address* on the subject, which your Committee recommend to your attention; and they strongly advise that all the members of the Branch should take every opportunity of impressing upon members of Parliament, guardians, and rate-payers, the impolicy, as well as the injustice, of the present system. No fact can more strongly show the great want experienced by the profession of a better organization than our powerlessness in remedying this great evil. Had the great body of the profession a central organization which really represented its wants and wishes, it would be impossible for a system so fraught with injury to the public, as well as injustice to the profession, to be continued. The Poor-law Medical Officers have experienced the sympathy and the co-operation of all the governing bodies, but neither of the colleges is prepared to take the leading part which should belong to the representatives of the medical profession, and which would be decisive as to the result. It remains, then for gentlemen, whether Poor-law Medical Officers or not, as individuals, to use their best exertions in persuading their friends and neighbours of the iniquity of the present system, and to aid the Poor-law Medical Convention in its endeavours to press the subject on the attention of Parliament and the Government.

At the annual meeting of the parent Association last year at Derby, a Committee was appointed to revise the laws of the Association, particularly as respects the caution to be observed in the proposition of candidates, and the admission of members; likewise as to the most eligible mode of treating the moral or professional misconduct of members, should any cases of gross delinquency unfortunately occur. That Committee will have to present a report at the meeting shortly to be held at Bath, respecting which it will be premature to make any observation, further than that members will do well to continue to be cautious in the recommendation of candidates for membership.

With respect to the Benevolent Fund of our society,

* See *Provincial Journal* for July 12th, p. 389.

our worthy associate, Dr. William Conolly, the treasurer, having, at the Derby meeting, expressed a wish to resign the management of it, on account of the infirm state of his health, and Mr. Newnham, of Farnham, having signified his willingness to be considered as Dr. William Conolly's successor, Mr. Newnham's offer was gladly accepted, and he was appointed the treasurer accordingly. It is well known to every member of the society that Mr. Newnham has always, and upon every occasion, advocated the cause of the Benevolent Fund with the greatest spirit, vigour, and eloquence, at the annual meetings, and by his pen in the pages of the Journal. Since Mr. Newnham's appointment he has been indefatigable in pleading the cause of the indigent widow and orphan, and of the worn-out practitioner himself; and no doubt he has been successful in a corresponding degree in the augmentation of the fund.

Since our last meeting we have had to lament the loss, by death, of our worthy associate Mr. West, who, at the preliminary meeting of this Branch, kindly took the chair. He was also the President of the first regularly-constituted meeting of this South-Eastern Branch, on both which occasions he officiated very much to the satisfaction of the members who were present; and at the time of his decease was a Vice-president. Born at Oundle, the son of a clergyman, he was apprenticed to his uncle, Mr. Lomax, in London. At the conclusion of his professional education he acted as an assistant at High Wycombe, where he distinguished himself by several surgical operations, particularly on the eye. In 1824 he settled at Tunbridge, where he speedily attained eminence, and acquired the confidence of a large circle of friends, by whom he was considered to be a sound and skilful practitioner, availing himself of the various improvements in modern medical and surgical science as they became known. He had a nice and particular, and generally, an accurate diagnosis and discrimination of disease, of its pathological bearings, and of the effects likely to be produced by remedial agents, and prescribed with much boldness, decision, and success. Added to these strictly professional and practical qualifications, he had a very respectable knowledge of geological and botanical science. In a social point of view, Mr. West was much esteemed as an eminently friendly, worthy man, possessing many virtues and excellent qualites, and his loss is much regretted by all who had the enjoyment of his friendship or personal acquaintance.

The report having been read, it was resolved unanimously that it should be adopted and printed.

It was then moved and seconded, and unanimously adopted, "That it appears to this meeting, that Brighton would be a convenient place for the general meeting in 1849; therefore, that the members of this branch of the Provincial Medical and Surgical Association shall be invited to assemble at Brighton on that occasion; and that Dr. Hall, of Brighton, be requested to accept the office of President of this Branch at the Brighton meeting, and for the ensuing year.

"That Dr. Jenks and Mr. Furner, of Brighton, be requested to accept the offices of Vice-presidents at and after the Brighton meeting.

"That Mr. Martin, of Reigate be requested to continue in the offices of Secretary and Treasurer for another year.

"That Drs. King and Plummer, of Brighton; Messrs. Winter and Cordy Burrows, of Brighton; Messrs. G. Weeks, and Henry M. Holman, of Hurstpierpoint; Peter John Martin, of Pulborough; Harris, of Worthing; Thompson, of Westerham; Trustram, of Tunbridge Wells; Peter Martin, of Reigate, and Charles Leeson Prince, of Uckfield; do form the next Committee of management.

"That the best thanks of this meeting are due to the officers and other members of the committee of management for the past year, for the services which they have rendered to this Branch Association at and since the last meeting to the present time; and that they be requested to accept the grateful acknowledgements of the members now present."

In reference to that part of the report of the committee which relates to the subject of Poor-Law Medical Relief, it was moved, seconded, and unanimously resolved,—

"That the profession generally is deeply interested in the improvement of the system of Poor-law Medical Relief; and that the Council of the Provincial Association be urgently requested to continue its exertions for the attainment of an object so necessary to the honour, as well as for the interests of the profession."

In reference to the biographical notice of the late Mr. West, the Secretary was requested to express in appropriate terms to the widow of the late Mr. West, the sentiments of respect for the memory of their deceased brother member, entertained by all the gentlemen present at this meeting, and of sympathy for her loss.

The Treasurer's account was then read and passed.

Medical Clubs.

Mr. Thompson having brought the subject of medical clubs before the meeting, so far as respects persons much above the rank and means of the mechanic, or farm-labourer, availing themselves of their privilege of membership in common with men of very inferior position, for whom such clubs were originally intended, and Mr. Trustram having still further elucidated and confirmed Mr. Thompson's statements, by corresponding facts and observations, it was moved, seconded, and resolved unanimously,—

"That while this meeting approves of medical clubs as a means of adding to the independent character of the lower classes, it is strongly of opinion that such clubs should be strictly limited to the lower classes only.

"That the admission of master tradesmen and persons of independent property into such clubs, is a gross imposition upon the profession, and tends greatly to lessen its usefulness and respectability.

"That the members present at this meeting pledge themselves to discountenance medical clubs, unless this latter class of persons are altogether excluded; or

that a scale of insurance is adopted with regard to them, more commensurate with their means of payment, and their position in society.

"That a Sub-committee, consisting of Messrs. Thompson, Trustram, and Pickance, be appointed, with full powers, to carry out the foregoing resolution in respect of Medical Clubs, and that they have power to add to their number."

(To be continued.)

NORWICH PATHOLOGICAL SOCIETY.

The first meeting of this Society was held on the 15th of last month, in the Museum Room, at the Norfolk and Norwich Hospital, when between thirty and forty of the medical gentlemen residing in that city, and in the adjoining counties of Norfolk and Suffolk, assembled together. J. G. Crosse, Esq., was called to the chair, and in a brief address alluded to the now general existence and formation of similar societies, in most of the important provincial towns of the kingdom, to the interest connected with the study of pathology, and the advantages to be derived from the investigation of so important a branch of medical science. Various rules for the order and management of the Society were then agreed upon by the members, and the following gentlemen were chosen to fill the post of officers to the Society for the ensuing year:—

J. G. Crosse, Esq., F.R.S., Norwich, President.
W. H. Crowfoot, Esq., Beccles, Vice-President.
W. H. Ranking, M.D., Norwich, Treasurer.
J. W. Crosse, Esq., Norwich, Hon. Sec.

The following specimens were then brought before the notice of the Society:—

DISEASED KIDNEY.

Mr. W. E. Crowfoot, exhibited a specimen of granular degeneration of the kidney, and gave the details of the case.

MORBUS CÆRULEUS.

Mr. C. B. Rose, of Swaffham, exhibited a heart which had been taken from a child, eleven weeks old, in which the aorta proceeded from the right ventricle, and the pulmonary artery from the left. The foramen ovale was patulous; the ductus arteriosus pervious; the right ventricle thicker than the left; valves healthy. Hence very little arterial change could take place, though the child lingered for eleven weeks. It was a fine child when born, but wasted rapidly till it died.

CALCULUS OF THE KIDNEY, WITH MALIGNANT DISEASE OF THAT ORGAN, AND OF THE LIVER.

Mr. Rose, of Yarmouth, related the following case referring to the specimen brought before the Society. A man, aged 55, had been the subject some time of a most acute, sharp, cutting pain in his left flank, occuring in spasmodic paroxysms, and never leaving him free from pain. He was attacked in a similar manner twenty-three years ago, and it then lasted three or four weeks, attended with almost complete retention of urine, considerable dysuria, and passing frequent small quantities only, which he compared to dirty gutter water. At the end of this time all his painful symptoms subsided upon the passage in the first instance, of a semi-solid gummy matter, the size of a bean, which dropped away exactly like semi-fluid lime. Immediately following this matter came away two hard dark calculi, exactly similar to pepper corns, accompanied with a plentiful flow of the same dirty looking urine.

Present Condition.—There is no tumour or swelling perceptible in the left flank, although a superficial hardness is very evident between the crista ilii and the ribs above, over which the slightest pressure produces agonizing pain; the skin also appears to be morbidly sensitive over the upper and outer side of the ilium. He can only lie upon his back. The acts of defæcation and micturition have no influence upon his pains. Bowels much constipated. His urine is of a dingy dirty colour, with a pretty copious sediment of small shreds (undoubtedly blood,) and exceedingly albuminous; pulse 75; tongue furred and dry. In the months succeeding this last attack he was at times free from pains, but they never entirely left him, and after awhile became worse. Within the last month of his illness he had symptoms of liver disease, with a sallow complexion, and urine loaded with bile, and he died convulsed.

Autopsy thirty-six hours after death. Upon laying open the abdominal parietes, the small intestines, omentum, and some large distended coils of the larger bowels, were healthy and natural in appearance, but upon handling them there was found to be quite a solid mass, fixed, without form or shape, filling the left side, and encroaching over the vertebræ upon the right side; it was most massive up in the left hypochondrium. The left kidney was sought for, but it was found next to an impossibility to get at it, and afterwards it was obliged to be cut out. The malignant mass which was found in the left side of the abdomen surrounded the left kidney, so as entirely to conceal it; but by cutting and violent tearing, it was at length detached from the ribs and lumbar vertebræ, breaking away gritty and solid. Occupying the kidney was found a large calculus, of coarse, grey, sandy concretion, confined to the cavity of the pelvis and its infundibula, which it had distended, condensing and thinning the walls of it. The structures of the kidney were all converted into malignant masses of yellow fibrinous structure; the same was the case with the mesenteric glands, and left lobe of the liver, which formed the upper and inner portions of this mass, as well as a considerable part of the front of it, the descending colon for several inches being covered by the edge. Upon examining the bowel, numerous round knobs as large as peas and beans projected into it, consisting of the same malignant matter, yellow, and hard. No maligant disease nor contraction of bowel was found in any other part of the alimentary canal. The liver was full of malignant matter, hard, fibrous, yellow, and cheesy-looking, with round lumps thickly studding its whole structure. The spleen was small, shrivelled, and quite healthy; the right kidney was half as large again as natural, pale and flabby, but apparently healthy; the bladder was empty, small, and contracted. The ureter of the diseased kidney could not be distinguished running within the malignant mass. The aorta and its branches were small and healthy.

DRY GANGRENE IN THE LOWER EXTREMITY, OCCURRING IN A GIRL TEN YEARS OF AGE.

Mr. James Cooper, of Filby, near Yarmouth, related the symptoms of this case, which occurred in a girl ten years of age. The girl was of a generally healthy habit, spare, of nervous temperament, and had been subject at intervals to attacks of nausea and vomiting, with palpitation of the heart. On the 10th of April last, (having had one of these attacks the day previous,) she was seized with pain and swelling in one finger; on the 13th with numbness of the legs and hips, especially the left. After a while these left her, but the pain subsequently returned most severe in the right foot, which became cool and livid from the foot to the knee, slightly swelled, of diminished temperature, with some pain on pressure. Leeches, &c., were applied.

On the 17th, the leg was much the same. She had an attack of vomiting this day. The sensation of the limb subsequently became more and more impaired, and the limb more livid. Afterwards there commenced all the symptoms of dry gangrene of the limb, extending as high anteriorly as the middle of the tibia; and posteriorly above the ankle the line of demarcation formed, and vesication appeared.

June 9th. She had no appetite, hectic, considerable discharge from the limb, and no pulsation could be detected in the femoral or popliteal arteries. It was, consequently, deemed necessary to amputate the limb, which was done, and the patient subsequently recovered.

Mr. J. G. Johnson, in trying to account for the occurrence of the disease in so young a subject, thought it must, in the beginning, have been a disease in the arteries—that it was the result of arteritis. And he related some cases that had occurred under his observation, where, in treating the case with this view, upon antiphlogistic principles, he had been successful in allaying the symptoms.

[This girl, and a boy of the same age, whose case is reported by Mr. Dayman, of Milbrook, in the *Provincial Journal* for 1846, p. 302, are, probably, the youngest subjects in which spontaneous gangrene has been known to occur. An instance in a subject aged 23, is recorded in the "Monthly Journal," March, 1848.]

FUNGOID TUMOUR, OCCUPYING THE LEFT LATERAL VENTRICLE OF THE BRAIN.

Mr. Thomson stated that this specimen had been removed from a patient who had been subject for some time to epilepsy and consequent paralysis, and who, ultimately, died of apoplexy. A large fungoid growth was found occupying the left lateral ventricle, which was also much distended with fluid. The brain, with the exception of some congestion, was in other respects tolerably healthy.

The specimens which had been exhibited were presented to the Museum of the Hospital, and the Society then adjourned.

Foreign Department.

MEMOIR
ON THE LOCALIZATION OF SKIN DISEASES.*

By M. Baron.

(Translated for the Provincial Medical and Surgical Journal, from the Gazette Médicale, April 1847.)

DISEASES OF THE VASCULAR APPARATUS.

Roseola.—The patches of roseola are due to congestion of the vascular plexus. Whether the congestion is limited to one order of vessels or not, it is not easy to determine.

Rubeola.—This is but an exaggerated condition of the former state.

Scarlatina.—This disease is due to congestion or inflammation of the venous capillary plexus. The desquamation is thus explained:—In health, the epidermis is constantly renewed upon its under surface, while the cells composing its outer surface are expended and thrown off, no interruption of continuity existing; but during the eruption of scarlatina, the secretion of epidermis is suspended, and there is consequently an interruption in the continuity of this matter. The epidermis which was secreted prior to the eruption is not united to that which is formed when secretion re-commences, and the former is therefore dried up and thrown off.

Erythema is due to a high degree of congestion, united to effusion of serum into the cellular tissue.

Erysipelas is a veritable inflammation of the capillary vascular plexuses. Ribes locates the disease in the venous radicles; and the engorgement of the derma and subcutaneous cellular tissue, together with the formation of abscesses, and the occasional presence of pus in the veins, appear to favour such an opinion. Others consider the lymphatics to be the chief seat of the disease. This is, doubtless, the cause of the vesications.

Pemphigus is a chronic inflammation of the superficial lymphatic plexus of the skin.

Nævus Maternus.—Among the various congenital blemishes to which the infant is subject, most are due to alterations in the cutaneous vascular system, sometimes of the veins, at others, of the arterial capillaries.

Erectile Tumours.—These are exaggerated developments of the vessels of the cellular tissue, and of the true skin.

Purpura is due to extravasation of blood, from the minute vessels of the skin.

To recapitulate, we may have the following alterations in the cutaneous vascular plexuses:—

1. Congestion probably of the arterial capillary system.—Roseola.

2. Congestion, or slight inflammation of the same vessels.—Rubeola.

3. Congestion or inflammation of the venous capillaries.—Scarlatina.

4. Congestion, with slight cellular engorgement.—Erythema.

5. Acute inflammation of the capillary plexus,

* Continued from page 329.

occupying either the veins, the arteries, or both conjointly.—Erysipelas.

6. Chronic inflammation of the superficial lymphatic plexus.—Pemphigus

7. Abnormal development of the superficial capillaries.—Nævus.

8. Exaggerated development of the deeper vascular plexuses and subcutaneous cellular tissue.—Erectile tumour.

9. Extravasation in the tissue of the derma.—Purpura.

DISEASES OF THE PAPILLÆ.

1. Congestion of the papillæ, and of the vascular network surrounding them.—Urticaria.

2. Chronic inflammation of isolated papillæ.—Prurigo.

3. Exaltation of sensibility.—Hyperæsthesia.

4. Diminution of sensibility.—Anæsthesia.

5. Abolition of sensibility, with hypertrophy of the papillæ.—Elephantiasis.

DISEASES OF THE SUDORIPAROUS APPARATUS.

Profuse perspiration, miliary sweat, sudamina, miliary fever, are all different degrees of exaggerated action of the sudoriparous glands. It is doubtful whether sudamina are caused by rupture or dilatation of the perspiratory tubes.

[This portion of the memoir ought to have preceded that inserted in the last number, but was overlooked through the confusion in which the French journals have lately been sent.—For the continuation, see p. 387.]

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS.

Of the memoirs recently presented to this Academy, the most interesting are those relating to obstetrics.

CÆSAREAN SECTION.

M. Malle, Surgeon-in-Chief to the army in Africa, reported a case of the Cæsarean operation, which proved successful both to mother and child. The mother was 19 years old, a *primiparous* patient. She recovered perfectly.

DOUBLE MONSTER.

M. Derieu narrated a case in which labour was terminated without artificial aid, although the fœtus was at full term, and had two perfectly developed trunks, united from the neck to the umbilicus, two heads, and eight extremities. This double monster was dead, and putrefaction had commenced. The mother was aged nineteen.

INTRA-UTERINE FRACTURE OF THE CRANIUM.

The third communication was one by M. Blot, of intra-uterine fracture of the cranium. The mother was twenty-seven years old, and during her labour fell down stairs, and fractured her right thigh. Having removed her to bed, it was ascertained that the head was in the vagina, and a sensation of crepitus was distinctly perceived; the fœtal pulsations were inaudible. The labour was terminated by the forceps, and it was found that blood was effused on both sides, between the cranium and pericranium. Fracture of both parietal bones was also discovered. The dura mater and membranes of the brain were uninjured.

Other communications were presented, none of which were of particular interest.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DES SCIENCES, PARIS.

The memoirs presented during the past month are—

1. A report by M. Fortex, on the growth of a peculiar cryptogamic plant, in the bread served to the garrison at Budah.

2. A memoir on the means of eradicating the marks of tattooing.

3. A memoir on the active principle of Cannabis Indica.

4. A report by M. Rayer on the signs of death, and the means of preventing premature interment.

General Retrospect.

PATHOLOGY & PRACTICAL MEDICINE.

PARALYSIS OF THE TONGUE FROM PASSION.

The following case is related in the "Medicinische Zeitung." A man, aged 59, of delicate constitution, and choleric temperament, while engaged in a dispute, suddenly lost the power of speech, his intellectual faculties, however, remaining. He was unable from this time to move his tongue freely, or to utter any articulate sound. Respiration, the heart's action, the digestive and urinary functions, were normal. No symptoms of congestion of the brain were to be observed. His physician had recourse to electricity, which was continued daily for from five to ten minutes. In the course of five days the faculty of speech was restored.—*Journal of Psychological Medicine*, No. 2.

CHLOROFORM IN CHOREA.

Mr. Harris, of Rotesdale, relates the following instance of the beneficial effects of chloroform in this disease:—The patient was a female in her seventeenth year. The immediate cause which gave rise to her complaint was fright, the system being, doubtless, predisposed to its influence, owing to a chlorotic state of constitution. The ordinary remedies—purgatives, either simply or in combination with one or other of the mineral tonics—constituted the general treatment for the first ten days of his attendance. The symptoms gave, however, no perceptible evidence of any improvement; the involuntary muscular movements of the extremities especially, as well as those of the face, (causing the countenance to be at times hideously distorted,) continued rather to increase than otherwise, which, together with a constant state of watchfulness by night and day, (in spite of opiates,) contributed not a little to her exhaustion and suffering.

The chloroform was used every day for a week, preserving its influence with her on each occasion for about half an hour, when the muscular movements

became almost magically arrested, and a calm sleep was induced. Upon recovering from its influence, the muscles again resumed their state of excitement, although with decided and perceptible mitigation as to the power and severity of action. The nights, which before were watchful, became now, and without the aid of opiates, devoted to sleep and quietude. Believing that these beneficial results might be fairly attributed, if not wholly, at least in part, to the chloroform, Mr. Harris continued its employment for another week, twice daily, extending its influence to an hour each time, and on a few occasions to an hour and a half. It ought to be stated that the medicines were throughout regularly persisted in, and doubtless might have tended considerably to share in effecting the amelioration, which by this time the symptoms of the disease had undergone. The chloroform had been used rather more than a fortnight; the medicines were continued a few days longer, when the patient became perfectly convalescent.—*Lancet*, June 3rd.

CANCRUM ORIS: RECOVERY.

Two cases of recovery from this intractable disease are reported by Dr. Keiller. The first, a child, aged twenty months, became the subject of diarrhœa, with apthous sores on the tongue. The mouth soon got well, but the diarrhœa continued, and the aspect became extremely emaciated and feeble. He improved somewhat under quinine, but his gums became separated from the incisor teeth, and looked black. Muriatic acid was applied freely to the parts, and quinine and port wine were exhibited internally. In two days the sloughing process had extended to the lower lip, which it soon perforated, and then began to invade the left cheek, which it speedily destroyed. The aspect of the case was now such that recovery was neither expected nor wished for, but the tonic treatment was still persisted in. In a few days the gangrenous process stopped, and the sloughs began to separate, exposing the whole of the cavity of the mouth, and leaving the molar bones bare. The granulating process soon filled up the gap, and in a few weeks a large portion of the lower jaw exfoliated, together with two molar teeth. The place of bone is supplied by a hard gum, and the child is now healthy.

In the second case the breath was observed to be fœtid, and on examining the mouth, the upper gum was seen to be detached from the teeth and sloughy. The gangrene reached the cheek, which it completely destroyed, as in the preceding case. The treatment consisted in the application of nitric acid, and quinine and wine internally.—*Monthly Journal*, June.

[These cases must be considered as unusually fortunate. It has occurred to us to meet with five or six cases of the disease in question, but no external application or internal medicine appeared to have the smallest effect in checking the destructive process, and this we believe is the general experience of the profession. As a means of moderating the horrible stench, which is such as almost to prevent the most tender mother from waiting upon the suffering child, we have found a creosote gargle one of the most efficacious.]

NITRATE OF SILVER ENEMATA IN INFANTILE DYSENTERY.

Mr. Garlike (*Medical Times*,) relates some instructive cases of infantile dysenteric diarrhœa, in one of which great advantage was derived from enemata of nitrate of silver. As he states that he is not aware of the same treatment having been recommended by any writer, we refer him to a clinical lecture on the "Diarrhœa of Infants," (*Half-Yearly Abstract*, Vol. iv., p. 199.) In this lecture the following passages occur :—"If colitis accompany diarrhœa, it is necessary to act locally upon the large intestine, and this we do effectually by medicated enemata,—an injection, containing two grains of nitrate of silver to eight ounces of fluid, &c."

DIAGNOSIS BETWEEN SYPHILITIC AND SCROFULOUS AFFECTIONS OF BONE.

This is laid down as follows by Ricord :—

Syphilitic Affections of Bone.	*Scrofulous Affections of Bone.*
1. Very rare with young subjects.	1. Very frequent in youth.
2. Syphilitic antecedents.	2. Scrofulous antecedents.
3. Compact textures of the bone attacked.	3. Spongy tissues of bone attacked.
4. Superficial layers attacked.	4. Deeper layers attacked.
5. Little tendency to hyperostosis.	5. Much tendency to hyperostosis.
6. The pains which precede the development of the affection, increase and become very intense, until they decrease again.	6. The tumefaction precedes the pain, but the latter soon increases, and becomes more intense as the disease proceeds.
7. A tendency to circumscription.	7. A tendency to diffusion.
8. Exostosis.	8. Hyperostosis.
9. Ossification, eburnation, but seldom suppuration.	9. Tendency to softening, suppuration, caries, and necrosis.
10. Rapid cure under appropriate treatment.	10. Difficult cure, and sometimes impossible.

Lancet, June 10.

SURGERY.

WOUND OF THE HEART.

The following case is narrated by Dr. Alexander, of Charlestown, U.S.:—The deceased, whilst engaged in a scuffle, received a blow on his back, which arrested his attention; he turned and pursued the man who struck him, but another man followed him, who, while in the rear, and on the left side of the deceased, was seen to strike him with his left hand, in which was an open knife. The deceased immediately put his hands to his side, and, exclaiming "I am a dead man," staggered a few steps and fell; there was but little external hæmorrhage. He was taken to a neighbouring house, and died 78 hours after the infliction of the wound. On inspecting the body after death, two wounds were found upon the left side of the chest, one below the clavicle and over the second rib, which had arrested the instrument; this wound was seven-eighths of an inch long, but of trivial importance. The other wound was over the fifth rib, three-fourths of an inch from its junction with its cartilage; it was surrounded by a livid circle of considerable extent. Upon examining it with a probe, an indentation of the rib was perceptible, and upon opening the chest, the left

cavity was found filled with bloody serum. There were also signs of acute inflammation of the pleura, and an incision, corresponding to the wound on the surface, was seen on the internal surface of the ribs, by which the rib itself was severed, and the intercostal artery divided. This wound was found also to have entered the throat and pericardium obliquely, and to have passed entirely through the heart, about half an inch from its apex, opening and traversing the left ventricle, and wounding the diaphragm. There were a few ounces of bloody serum in the pericardium.—*American Journal of Medical Science*, January, 1847.

OBSTETRIC MEDICINE.

RUPTURE OF THE UNIMPREGNATED UTERUS.

M. Gozzo, of Naples, narrates the following extraordinary case:—A woman, aged 34, the subject of dysmenorrhœa, and sterile, was examined. The uterus was felt above the pubis, as large as at the fifth month, but perfectly destitute of inequalities of its surface. The uterus continued to increase until its fundus reached the xiphoid cartilage; the menstrual discharge was irregular, and followed by considerable leucorrhœa. She was shortly seized with symptoms of intestinal obstruction, from which she was recovering, when she was suddenly seized with collapse and abdominal pain, and died in less than twenty-four hours.

After death the peritoneal cavity was found to be almost filled with pus, mingled with serous fluid and fœtid gas. The uterus adhered to the lateral parts of the abdomen, from the pubis as high as the umbilicus, filling the iliac regions; it was covered by the large omentum. The intestinal surface was irregular, and covered with fungous excrescences and tubercular masses of various sizes and forms, its cavity being filled with a white inodorous pus. The uterine walls were thickened, and contained several small abscesses, some of which were close to its peritoneal surface. The posterior aspect of the organ exhibited a rent, through which the matter had escaped into the abdomen. An encephaloid tumour was likewise found occupying the lower segment of the uterine surface.—*Archives Générales*, Mars, 1848.

INFLUENCE OF INSUFFICIENT FOOD ON THE GROWTH OF THE FŒTUS.

Dr. Frentruss relates, in *Casper's Wochenschrift*, the case of a woman, thirty six years of age, who was pregnant for the third time. So short were the diameters of the pelvis in consequence of rickets, that he had been obliged, in the two former deliveries, to perforate and extract. He resolved in the present instance not to await the full period of gestation, and was proceeding to provoke premature labour towards the thirty-second week, when he found that the fœtus was so small that its position could in no way be ascertained; nor was he more successful a fortnight afterwards. Dr. Frentruss was then struck with the idea of *starving* the child, to keep it within the dimensions of the pelvis, and very low diet, with occasional purgatives, fully answered his expectations. At the usual time of gestation, he was able, with the forceps, to extract a *living* child, extremely small and meagre!—*Lancet.*

MEDICATED PESSARIES.

The following are those chiefly used by Dr. Simpson:—

Zinc Pessaries.—R. Zinci Oxidi, dr. j.; Ceræ Albæ, dr. j.; Axungiæ, dr. vi. Misce et divide in pessos quatuor.

Lead Pessaries.—R. Plumbi Acet., dr. ss.; Ceræ Albæ, dr. iss.; Axungiæ, dr. vi. Misce.

Mercurial Pessaries.—R. Unguent. Hydrarg. Fort. dr. ij.; Ceræ Flavæ, dr. ij.; Axungiæ, oz. ss. Misce.

Iodide of Lead Pessaries.—R. Plumbi Iodidi, scr. j.; Ceræ Flavæ, scr. v.; Axungiæ, dr. vi. Misce.

Tannin Pessaries.—R. Tanninæ, scr. ij.; Ceræ Albæ, scr. v.; Axungiæ, dr. vi. Misce.

Belladonna Pessaries.—R. Extr. Belladon., scr. ij.; Ceræ Flavæ, dr. iss.; Axungiæ, oz. vi. Misce.

Monthly Journal, June, 1848.

MEDICAL JURISPRUDENCE.

METHOD OF RECOGNISING SPOTS OF BLOOD ON THE CLOTHES.

A new method, proposed by M. Piria, depends on the property that fibrin possesses of attaching itself to the texture of the clothes, and on the action of sulphuric acid on articles made of hemp or linen. The suspected texture is to be plunged into concentrated sulphuric acid, which dissolves out all the vegetable tissue, and leaves the fibrin forming a network, in which may be distinguished the impressions made by the texture on which the blood was fixed.

REAGENT FOR STRYCHNINE.

In 1843 M. Marchand described the remarkable and perfectly characteristic property possessed by strychnine of giving a magnificent blue colour, passing quickly to violet, and lastly to yellow, when triturated with peroxide of lead, and a few drops of concentrated sulphuric acid, containing 1-100th of its weight of nitric acid. Since the period above mentioned several chemists have examined this reaction, and M. Herzog has proposed to omit the nitric acid as useless; another chemist proposes to substitute peroxide of manganese for peroxide of lead, and M. Otto prefers bichromate of potash to these oxides, which, according to him, gives rise to a much finer violet colour, and to a certain extent this is the case.

M. Marchand proposes some objections to these omissions and substitutions, and demonstrates that the reagents which he has proposed are the best suited to the purpose.

First, the nitric acid added in the proportion of 1-100th to the sulphuric acid is not useless, as stated by M. Herzog; for by its influence the series of colours is produced much more readily and sensibly than when it is omitted. M. Marchand states that he was aware that strychnine yielded a fine blue colour by the action of pure sulphuric acid and peroxide of lead only; but that it is almost impossible to perceive the red and yellow colours, which are readily perceptible in the conditions described by him: and the author adds that he never said nor believed, as supposed by M. Herzog, that strychnine, when placed in the circumstances described, might serve as a reagent for nitric acid.

As to the substitution of peroxide of manganese for that of lead, the author has only one objection to make, which is that the salts of manganese sometimes possessing a red colour, there can be no certainty that the series of colours obtained belongs properly to the substance supposed to be strychnine, since one of the reagents employed may itself give rise to one of the colours indicated.

The same is the case with the bichromate of potash recommended by M. Otto. This salt produces by its solution in sulphuric acid a yellow or green colour, and it follows that the series of colours indicated by M. Marchand is diminished by at least one colour, and sometimes by two, the yellow and the red, and consequently the reaction is far from being complete.

The method of employing M. Marchand's process is that of triturating the strychnine with peroxide of lead and concentrated sulphuric acid containing one per cent. of nitric acid; by this process the colours obtained are blue, becoming rapidly violet, then gradually red, and lastly, after some hours, it assumes a delicate yellow colour.—*Journ. de Pharm.*, Avril, 1848.—*Chemical Gazette*, May 1, 1848.

THE PRESENT ASPECT OF MEDICINE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In asking for a very small portion of the columns of the Journal in rejoinder to Dr. Forbes, I would deprecate, in the first place, any systematic answer to the various links of his reply; and still more, anything like that species of logomachy, which turns upon the possible construction which might be placed upon detached sentences of that reply.

Let me also offer my thanks to Dr. Forbes, for the kind and courteous manner in which he has spoken of my paper,—a manner, however, in which I felt assured he would speak, because from my long knowledge of his character, I was certain that literary differences would, in his estimation, make no inroads upon private friendship. Nevertheless, we are essentially at issue; his paper on "Homœopathy, Allopathy, and Young Physic" was carefully perused by me without its having wrought one new conviction, or effected even the semblance of a conversion in my opinions. They remained as at first, except that they were deepened and strengthened by collision, with what appeared to me to be very serious error; indeed, many of these opinions were publicly stated years before the publication of Dr. Forbes's essay. In their present form, however, they were put together shortly after its appearance, but they were consigned to the dark closet of many other papers, which will, probably, never see the light, until I was stimulated to their publication by the occurrence of some most fearful cases,* produced by an adoption of the principles of the "Natural History of Disease;" and by meeting in consultation with the grievous offsets from this heresy, by which the minds of practitioners had been lulled into fatal security, and several valuable lives had been lost, by the absence of active treatment, where it had been indispensably required, in the vain expectation that nature would do her own work, and effect the cure, if curable. It was under these circumstances that I was induced to publish my remarks on "The Present Aspect of Medicine."

And, now, although Dr. Forbes has quoted from my paper, some detached sentences, which give the semblance of an identity of views with his own; yet it would be easy to show, that these are only those portions of truth, which are mixed up with error, in the natural history of disease, which serve to give it currency and to render its influence so insidious and alarming.

It would occupy my time and yours, Mr. Editor, far too long, and too unprofitably to go into the proofs of this assertion; and I must fall back upon the general issue. This, I will venture to say, will bear me out in the observation, that the doctrines and the practice arising from, or advocated by, the respective papers, will appear, to all persons reading them without prejudice, to be diametrically opposed, and might be shown by the numerous letters of thanks I have received for my remarks in *opposition to "Young Physic;"* and if there were really any thing of similarity in the two essays, it is very remarkable that Dr. Forbes should have been so thoroughly miscomprehended.

I verily believe, that were I to meet my friendly antagonist at the bed-side of a patient, we should readily, and thoroughly, and rationally, agree upon the indications, and their mode of fulfilment; but I am equally persuaded, that the effect upon the minds of the great body of his disciples, will be to paralyse exertion, and to induce a system of waiting, not *for indications, but for results.*

Finally, if I have misrepresented Dr. Forbes in any way, I much regret it; I can only say that I then thought, and still think, (however mistakenly,) that there was sufficient ground for all I said. But admitting that I was mistaken upon these points, I shall still claim for myself and Dr. Forbes, that we are both in pursuit of what we believe to be truth, and that we shall both rejoice if the issue of this discussion shall advance our joint object in promoting rational medication,—if it shall have established the paramount importance of medicine, and the secondary, though confessedly great value, of diet, regimen, and hygienic rules,—and if it shall have induced a greater amount of circumspection in forming rational indications, and of fearless judgment in carrying them out into *active*, though not *heroic*, practice.

To my professional brethren I now leave the decision of right and truth between us; and

I remain, Sir,

Yours faithfully,

W. NEWNHAM.

Farnham, July 14, 1848.

* These, probably, I shall publish, as soon as circumstances permit.

REPLY TO MR. HUNT ON THE MINIMUM FATAL DOSE OF ARSENIC.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I am pleased to see that the report of the case of poisoning by Fowler's solution, which appeared in the Journal of the 28th of June, has attracted the notice of so able and indefatigable an inquirer as Mr. Hunt, the result of whose investigations into the medicinal action of arsenic I await with some impatience. Meanwhile will you allow me, Sir, to encroach for a little on your valuable space, while I attempt to substantiate my view of this particular case, and thus to dissent from the belief that the minimum fatal dose of arsenic, or its compounds, is yet known.

When we consider that a third of all the fatal cases of poisoning result from arsenic alone, it is matter for surprise and regret that this drug can be procured by any one in almost every village. A pharmacien of Paris has been fined for leaving his shop without first locking up his poisons; but in this country, an allusion to rats, and a fewpence, will enable the murderer, or the suicide, to procure an ounce of arsenious acid!

Mr. Hunt, in his remarks on the case of H. T., seems entirely to have overlooked the fact, that arsenic was detected in the contents of the stomach, in the stomach itself, and in the liver; if so, the question is not so much whether arsenic was the cause of death in this case (for it can scarcely be doubted,) as whether the case itself be of value sufficient to enable us to generalize, to a certain extent, and to say,—"It is *highly probable* that two grains of arsenious acid, in the form of arsenite of potass, will prove fatal, in circumstances favouring the action of the poison."

When it is stated that the poor woman, H. T., was ill fed, and lived in a cellar, it is not, I think, difficult to conceive, that twenty or thirty minims of Fowler's solution, repeated at intervals till half-an-ounce had been taken, sufficed to originate disease, which, left to its course, terminated fatally.

I fully agree with Mr. Hunt that isolated cases should not be valued at more than they are worth, and I apply this caution in the cases he has cited. Data founded on the use of arsenic, under the eye of the surgeon, can be but partially applied to toxicology, and then only negatively; and, conversely, cases of poisoning, either accidental or designed, are rarely available as guides in therapeutics. That Fowler's solution has been taken in large doses, and for a long time, with comparative impunity, only proves that some constitutions are much less susceptible of the influence of arsenic than others. But many cases of extreme intolerance might be quoted. "Dr. Burne has reported the case of a young female, who took in divided doses, in three days, one-fifth of a grain of arsenic. Symptoms of inflammation of the stomach, and alarming symptoms of a nervous character, appeared, which rendered a discontinuance of the medicine absolutely necessary."* Hahnemann says that one or two grains of the white oxide may prove fatal in a few days. "The effects of medicinal doses, which seldom exceed a quarter of a grain, without causing irritation of the stomach, must convince every one that the general statement of Hahnemann cannot be very wide of the truth.*

The smallest fatal dose hitherto recorded, shows us what *has* proved fatal, not what *may* do so. Such a case is a beacon to warn, not a chart to guide.

Again, "If the substance with which a poison is combined increases its solubility, it generally increases its activity, and *vice versâ*."† And as potass is a recognized constituent of the blood, it is, perhaps, not fanciful to infer that the power of election which determines its presence in the vessels, also facilitates the absorption of a salt having this alkali for its base.

With regard to *post-mortem* appearances. Their presence alone cannot determine a case to be one of poisoning, any more than their absence can prove the contrary. Illustrations of this axiom are scattered throughout every work on toxicology. Notwithstanding the authority of Mr. Hunt, I still doubt whether it be "exceedingly common" to find, after sudden death, intense inflammation of the stomach, duodenum, and rectum, "where no suspicion of poison exists." That redness of the mucous membrane of the stomach is frequently met with is true, and no medical jurist would trust to this *post-mortem* appearance alone as evidence of poisoning; yet, if mere venous congestion were found to co-exist with arsenic in the tissues, the conclusion that they stood in the relation of cause and effect could scarcely be avoided. The degree of inflammation is not always in proportion to the quantity taken. "It is also the general opinion of toxicologists, that arsenic occasions death more frequently through means of its remote effects, than in consequence of the local inflammation it excites."‡

In the case under consideration, I judged the immediate cause of death to be the action of the poison on the heart, and regarded the inflammation of the alimentary mucous membrane as a link only in the chain of causation,—as a valuable point of departure for suspicion to be afterwards verified or not by analysis.

The importance of acute observation, ever-wakeful caution, and sound, cool, and unbiassed judgment, is never lost sight of by the surgeon who has formed a just estimate of the power of his profession for good, or for evil. Such an one does not wear a glossy creed of the newest fashion, but prefers the gold-headed cane of experience. He neither rushes into the arms of "Young Physic," nor is he carried into the air by fumes from the laboratory of Giessen; but, standing on the time-tried rock of induction, "with the free thought placed in the middle," he calmly surveys the whole.

If it be always necessary to guard against the taking hypothesis, the pet theory, the assumptive system, and the mere *ipse dixit*, it is so, *à fortiori*, in conducting a medico-legal inquiry. Here the surgeon is often beset by the artifice and cunning of the murderer, the maniac, and the slanderer, and the scarcely less formidable

* Taylor's "Medical Jurisprudence," p. 141.

* Christison "On Poisons," 3rd edit., p. 269.

† *Ibid.*, p. 21.

‡ *Ibid.*, p. 263. See also Beck's "Medical Jurisprudence," 6th edit., p. 731.

examination of the counsel for the defence. A false step may be fatal, and one of the most frequent is that of quoting an authority as dogmatically as a schoolboy demonstrates a problem in Euclid.

The following extracts, from a letter from the distinguished chemist who performed the analysis, besides their direct bearing on the case of H. T——, serve also to strengthen the general argument derived from it:—

"As to the chemical proof in T——'s case, I may state that I operated on the stomach itself, its contents, and the liver,—on each by Reinsch's method, on some by Marsh's also; and that I obtained, from each of the three, metallic arsenic, and on the re-sublimation, arsenious acid."

"When the medical, moral, and chemical testimony concur in proving, *on the whole*, that death has been produced by poison, I think it most futile to argue the contrary from larger doses having been taken with impunity,—from the absence of this or that symptom, lesion, &c."

"My own pretty extensive experience in toxicology for thirty years, and all my reading, tell me that the history of poisons is a history of anomalies and exceptions."

I am, Sir,

Your obedient servant,

HENRY T. CASTLE.

Leeds, July, 1848.

INFLUENZA.

[We have been requested by Dr. Theophilus Thompson to insert the following questions on the last epidemic influenza. Dr. Thompson will feel obliged for any information on the subject, and the replies may be addressed to him at his residence, 3, Bedford Square, London, or to the Editor of this Journal, Worcester.

1. Was there any epidemic or peculiar state of public health prevailing in your neighbourhood prior to the occurrence of the influenza?

2. What were the usual symptoms, and what the most remarkable of occasional symptoms, attending influenza under your observation?

3. What influence had age, sex, mode of life, temperament, and locality, either in securing exemption from the malady, or in modifying its phenomena?

4. At what time did the disease commence in your district?—when attain its height?—when cease? Were relapses frequent?

5. What was the proportion of fatal cases, and what were the principal *post-mortem* appearances?

6. What medical treatment proved most useful?

7. What temperature, and what plan of diet, were most appropriate?

8. What conclusion did you form as respects opiates and bleeding?

9. Was the liability to the disorder influenced by exposure to the air, or by shelter in public institutions, such as schools, manufactories, barracks?

10. Were members of the same household usually affected together, or in succession, and what other facts did you observe bearing on the question of contagion?

11. What did you observe regarding the direction of its advance, and did it appear first in detached houses, villages, or towns?

12. What are the geological features of your district; and what is its condition as respects drainage?

13. Have you any meteorological records regarding the season of the epidemic, or the period preceding?

14. Did any epizootic diseases prevail about the same time?

15. Have you noticed any change in the public health since the epidemic?

Will you have the kindness to mention any other particulars worthy of record, and also to specify what replies are derived from notes taken at the time, and what others from general impression?

Medical Intelligence.

PROGRESS OF CHOLERA.

It is with regret we have to record the fatal progress of the cholera in the Russian dominions. Six large hospitals exclusively intended for cholera patients have been opened at St. Petersburgh. At St. Petersburgh, from June 24th to July 3rd, there were 5,063 cases, of which 2,596 have proved fatal; 198 have been cured; and 2,269 remained under treatment. On the 4th instant there were 1,064 new cases announced; 553 deaths, and 131 recoveries. On the following day there were 2,983 cases in the hospitals. At Moscow, from the 12th to the 19th of June, there were 1,724 new cases, and 728 deaths. On the 19th of June, there were 327 new cases, and 153 deaths. The number of persons labouring under the disease at Moscow on the 30th of June was 1,974. The cholera is also raging in several of the Russian provinces.

At Jassy, in Moldavia, from the 17th to the 28th of June, 1,799 persons had been attacked, of whom, 810 had died, 334 were cured, and 655 remained in the hospitals.

Some of the cases were so rapidly fatal that the patients died within four, and even two hours of the attack.

APPOINTMENTS.

M. Archambault, Medical Director of the Lunatic Asylum of Mareville, near Nancy, has been appointed Physician to the Asylum at Charenton, in the room of M. Foville, dismissed.

M. Chatin has been appointed Professor of Botany in the School of Pharmacy, Paris, in the room of M. Guiart, deceased.

William Bowman, Esq., has been appointed Professor of Physiology at King's College, London, conjointly with Dr. Todd. This appointment was made on the proposition of Dr. Todd, and the recommendation of the Medical Professors of the College.

John Hughes Bennett, M.D., has been elected Professor of the Institutes of Medicine in the University of Edinburgh, in the room of Dr. Allen Thompson, who has been appointed Professor of Anatomy in the University of Glasgow.

ROYAL COLLEGE OF SURGEONS.

At a meeting of the Council on the 13th of July, Edward Stanley, Esq., was elected President, and Joseph Henry Green, Esq., and James Moncrieff Arnott, Esq., were elected Vice-Presidents of the College for the ensuing year.

Gentlemen admitted Members Friday, July 14th:—A. Birney; R. Wilson; H. B. Robertson: E. Batt; T. English; T. Walker; J. T. Matthew; J. W. Crow; W. Scott; E. Ilott; J. Conry; J. F. Johnson; and T. M. Jones.

Monday, July 17th:—J. M. Todd; G. M. Young; T. S. Ludlow; G. W. Paternoster; T. S. H. Jackman; J. George; T. Roberts; W. C. Lake; G. Smith; J. Hinton; T. B. Rake; H. E. Turnour; and H. Turner.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, June 29th:—Augustus Robert Henry Padmore, Pilton, near Barnstaple; Thomas Rhys, Penlline, Glamorganshire; Samuel Nathaniel Squire, Pakefield, Suffolk; Eade Sewell, St. Oakley Hall, Essex; Alfred Drew Dunstan, Wadebridge; James Kingdon Luke, Week St. Mary, Cornwall; John Vacy Lyle, Launceston; Hugh Creolahan; Blackall Marsack, Barnstaple.

Thursday, July 13th.—Henry Llewellyn Williams, Beverley; Robert Edwards Jones, Long Melford; Henry Mervill Williamson, Chapel-in-le-Frith; John James Robert Robertson, Chelmsford; James Nuttall, Liverpool; Charles Wethered, Little Marlow.

OBITUARY.

Died, June 24th, aged 46, John M. Jameson, M.D., late of Enfield.

June 30th, at Cavan, Hugh M'Donald, M.D., Physician to the County Fever Hospital in that town.

July 2nd, at Tewkesbury, aged 57, Joseph Higginson, Esq., Surgeon.

July 3rd, at Headford, of fever, Mr. J. T. Oben, Medical Assistant to the Headford Dispensary.

July 4th, at Southampton, aged 28, James Claudius Paxton, M.B., only son of Dr. Paxton, of Rugby, and recently elected to one of the Travelling Fellowships on the Radcliffe Foundation at the University of Oxford.

July 9th, at Oxford, aged 53, Charles Webb, Esq., Surgeon.

July 14th, aged 47, of fever, Joseph Howell, Esq., Surgeon, Southwark Bridge Road, London.

BOOKS RECEIVED.

The True Pathological Nature of Cholera, and an Infallible Method of Treating it, &c.: in a Series of Letters. By George Stuart Hawthorne, M.D., late Senior Physician of the Belfast General Hospital, &c. London: Simpkin and Marshall; Churchill. 1848. 8vo. pp. 64.

A Practical Treatise on the Diseases Peculiar to Women. By Samuel Ashwell, M.D., Member of the Royal College of Physicians, London; and late Obstetric Physician and Lecturer to Guy's Hospital. Third Edition. London: Highley. 1848. 8vo. pp. 772.

Memoranda for Young Practitioners in Midwifery. By Edward Rigby, M.D., &c. Second Edition. London: Renshaw. 1848. pp. 64.

Cases of Torsion, Doubling, and Expulsion of the Fœtus in Shoulder Presentations: with Remarks. By Thomas Radford, M.D. Manchester: Irwin. 8vo. pp. 8.

Practical Observations on the Administration and Effects of Chloroform, especially in its Application in Cases of Natural Labour. By J. H. Stallard, Esq., M.R.C.S., Surgeon to the Leicester General Dispensary. London: Churchill. 1848. 8vo. pp. 22.

Report of the Medical Cases treated in the Liverpool Northern Hospital during 1846 and 1847. By James Turnbull, M.D., Physician to the Hospital. (From the *Edinburgh Medical and Surgical Journal.* Edinburgh: Black. 8vo. pp. 63.

Report of the Trustees of the Massachusetts General Hospital, with a History of the Ether Discovery, and Dr. Morton's Memoir to the French Academy. 1848.

A Plain Statement with Reference to Medical Reform. By Edwin Lee, &c. London: Churchill. 1848. 8vo. pp. 16. [*This pamphlet, as well as Mr. Lee's other pamphlets on Medical Reform, is gratuitously distributed to the Profession.*]

The Half-Yearly Abstract of the Medical Sciences, &c. Edited by W. H. Ranking, M.D., Cantab., late Physician to the Suffolk General Hospital. Vol. VII. January—June, 1848. London: Churchill. 1848. pp. 430.

The Retrospect of Medicine. Edited by W. Braithwaite, Lecturer on Obstetric Medicine at the Leeds School of Medicine, &c. Vol. XVII. January—June, 1848. London: Simpkin, Marshall, and Co. 1848. pp. 462.

General Index to the British and Foreign Medical Review. London: Churchill. 1848. pp. 303.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Gentlemen having cases or other communications to read at the Anniversary meeting, are requested to send information of the same to the Secretary of the Association, on or before Wednesday, the 9th of August.

ROBERT J. N. STREETEN, Secretary.

TO CORRESPONDENTS.

Communications have been received from Mr. T. Crosse; Dr. C. Barham; Dr. Herapath; Mr. Newnham; Dr. Castle; Mr. Crompton; Mr. Whitehead; Mr. W. F. Morgan; Mr. T. Hunt; Dr. Soulby.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

ON DIVISION OF THE CICATRICES CONSEQUENT UPON SEVERE BURNS.

By James Whitehead, Esq., F.R.C.S., Manchester.

(The subjoined case was mentioned at the Annual Meeting of the Newton Branch of the Provincial Medical and Surgical Association, held at Newton July, 1847.)

Morbid contractions, the result of deep and extensive burns, are among the most unmanageable deformities which the surgeon is called upon to remedy. In instances where the whole thickness of the integument, together with its subjacent cellular expansion, has been destroyed to any considerable extent, and especially if the injury happen to have been inflicted upon parts naturally enjoying great sweep of motion, as about the large joints of the extremities, or the neck, the consequences are frequently of the most disastrous kind, the members or parts being, in many instances, incommoded to a degree rendering them worse than useless, accompanied with physiognomical disfigurement of a description often painful to look upon. Thus, the head may be bowed down, and permanently fixed upon the chest, or towards the right or left shoulder; the jaw may be immoveably depressed, and the lips held apart, subjecting the whole interior of the mouth to constant exposure, while the faculties of articulation and mastication are rendered almost useless; the eyelids may be prevented from closing upon the eye, the arm be bound down upon the side, and the forearm violently flexed towards the shoulder, so as to become little better than a mere incumbrance. It is not without a very humbling sense of the poverty of our scientific resources that one is forced to acknowledge moreover, how completely surgical art has hitherto failed to furnish an efficient means of remedying these unfortunate conditions, whether as regards its unavailing efforts at restoration of the maimed organs to even a moderate degree of usefulness, or towards improving the appearance of the seared and unsightly surfaces which cover them.

In accidents of the class now under consideration, the lost integument is replaced by a structure which necessarily possesses a very low degree of organic force, being, for a great length of time after its formation, little more than a mere protecting web, wanting in the adequate power to sustain the deeper-seated organs within their assigned limits, and deficient also in its capillary development. The natural consequence resulting from this absence of tonic resistance is, shrinking of the cicatrix, with simultaneous displacement of the subjacent organs, followed by deformity and disorganization to a degree commensurate with the gravity of the accident. These changes in the relation of parts do not usually occur immediately after the infliction of the injury, nor even during the continuance of treatment; they take place most commonly after the reparative process is considered to be complete, and appear to be owing, in some degree, to the abandonment of the curative measures at too early a period. For it generally happens, even in cases where the loss of substance is very considerable, that until the healing process is fairly effected—the parts having, up to this crisis, been kept in a quiescent state, and well protected by the artificial covering employed to promote reparation—no tendency to displacement is perceived; but so soon as the new surface is freely exposed to atmospheric influence, and the subjacent muscles resume their functions, the cicatrix begins materially to alter its dimensions. Its imperfectly-formed cells, unoccupied by adipose deposit, fall together, and speedily become obliterated, and the organizing process going on within it, is, comparatively speaking, arrested; for while its extent of surface is daily diminishing, a corresponding increase takes place in its thickness and density, and the new formation, scantily supplied with nerves and blood-vessels at this early period, soon acquires a textural condition peculiarly unsusceptible of further organic increase. The nature of the structures entering into the composition of the bands of cicatrix, for the removal of which it is the intention of this paper to propose a remedial measure, and the manner in which they assume their abnormal arrangement, may probably be better understood if the reader be first of all briefly reminded of the anatomical disposition of the parts more immediately implicated.

The aponeuroses of the human body form a very important appendage to the organs of locomotion. Long neglected, as Cruveilhier has noticed, by the early anatomists, or alluded to in a very cursory manner as existing in particular parts only, and in portions independent one of another, they were first studied in an especial manner by Bichat, who arranged them under the head of fibrous membranes, of which system they constitute the most considerable portion. Of late years, however, the minute examination of these structures has occupied the attention of several able anatomists, and their importance in a physiological sense, is now duly appreciated.

Regarded in their totality, the fibrous membranes form a perfect model of the body of which they constitute so important an element. Immediately beneath the integument they are everywhere present; they afford a lining to all the great cavities, and a protecting sheath to the organs contained within them, as well as to their prolongations, the vessels, nerves, &c., in their minutest ramifications; they extend processes from the superficial to the deep-seated parts, becoming inserted in an especial manner into the various prominences of the osseous frame, which they also surround in its entire extent. Were it possible to remove every other organ and tissue, leaving only the fibrous membranes *in situ*, the latter would form a perfect skeleton of the whole body, nearly equal in its dimensions with those of the original. Being subject to the same laws which influence other tissues in reference to organic development, as a consequence of healthy functional activity, these structures may be seen to the greatest advantage in vigorous, athletic individuals, and in parts which enjoy great extent of motion, as the extremities. Thus, in one possessing a well-developed muscular system, they are thick, tense, and of a glistening pearly whiteness; but become flabby and attenuated, with loss of their characteristic pearly aspect in feeble subjects, and those who have undergone emaciation by chronic disease. In carniverous animals they are remarkably strong; the interfascicular septa which, in the young, or in the domesticated of this species, appear but as thin cellular membrane, being in the adult animal, especially if untamed, replaced by a thick pearly-looking structure, manifestly fibrous. This transformation of cellular into fibrous tissue, proves the analogy which exists between the one and the other, in relation to their organization, their vitality, and their uses, (Cruveilhier.)

The aponeuroses of different regions form with each other one continuous expansion, although generally described as existing in distinct portions, each of which is denominated according to its form, situation, use, or some other attribute. Their extent, therefore, is commonly regarded as being limited by certain marks, palpable or imaginary, forming the boundaries of different regions, and which, for the purpose of facilitating description, are referred to as indicating the commencement or termination of particular portions of fascia. For instance, that which envelops the upper extremity, called brachial aponeurosis, may be said to commence above at the lower margin of the clavicle, the acromion and spine of the scapula, and the muscular boundaries of the axilla. From these lines of departure, the membrane is expanded, in variable thickness and density, upon the whole circumference of the limb, tightly embracing the muscles and tendons from the shoulder to the points of the fingers, and being firmly implanted in the various osseous prominences about the joints and into the shafts of the cylindrical bones. From the internal surface of this general investment, processes are detached, called intermuscular septa, supplying each muscle with its proper sheath; these again, are seen to furnish other more attenuated projections to surround the component muscular bundles, each constituent fibre of which is also similarly provided; the subdivision being continued to a degree of microscopical tenuity. Thus it is found, that each ultimate fibrilla of which a muscle is composed, possesses its *sarcolemma*, or proper tubular investment of membranous tissue, not unlike in its nature, probably, to that which is manifestly fibrous.

The general aponeurotic investment just described, is nearly void of elasticity, and is immoveably adapted upon the parts which it surrounds. But between it and the skin is another similar though looser tissue, called the superficial or subcutaneous fascia. This fascia, in which the subcutaneous vessels and nerves are embedded, is connected by its outer aspect to the skin, of the cell-work of which it is a continuation, and by its deep surface, through the medium of innumerable thread-like fibres, to that upon which it rests, but in such a manner as to allow considerable extent of movement of the one upon the other in most parts of the body.

In those injuries classified by Dupuytren, as burns of the fourth degree—namely, where sloughing of the skin and both layers of fascia leaves the surface of the muscles exposed, the organizable matter destined to form the cicatrix or new skin, is furnished by the vessels ramifying upon the intermuscular and interfascicular tissues, with each of which, consequently, it becomes intimately associated; the vascular, nervous, and cellular prolongations of the one being directly continuous with those of the other. It thus appears evident, therefore, that in the kind of contractions now alluded to, simultaneous displacement of the subjacent tissues is physiologically inevitable:—in fact, the cicatrix from the moment it first begins to shrink, drags after it all the portions of interfascicular tissue with which it has become inseparably connected, disturbing at the same time, to greater or less extent, the relations of the muscles themselves. The fibres thus raised forward, soon shew signs of increase both in thickness, and in power of resistance; the result partly of shortening in their linear direction, and partly of actual structural accretion. Each movement of the limb tends to augment the mischief, so that in process of time a thick, firm, unyielding band is found developed within the folds of the meagre integument, consisting of dislocated intermuscular fibres, which it is impossible to replace by any means hitherto known.

The procedure generally recommended for the prevention of these deformities, is to keep the limb or part in an extended posture, until the new skin be sufficiently consolidated to act as an efficient substitute for that which was lost. But this of itself appears to me altogether inadequate to the purpose. The only media which are alone capable of supplying the deficiency,—namely, an ample extent of good skin, and a firm fascial investment beneath it,—are still wanting, and must of necessity remain unsupplied; yet, although the power of reproduction be, physiologically speaking, very limited, there is little doubt that the substitute may be materially improved, both in texture and efficiency, by careful management during its formation. The practice generally adopted of allowing the cicatrix

to be freely exposed immediately after the healing process has been effected is, in my opinion, a great evil, as it effectually hinders all further efforts of the re-organizing function, which would probably proceed to a much greater extent than is usually seen, if the atmosphere were to be so excluded as to prevent for a time the formation of hard cuticle over the new surface, which has the effect of arresting increase of substance, in an outward direction at least, if not throughout the entire structure. In addition to the plan of keeping the part extended in a direction opposed to that of the contracting tendency, my belief is that the whole extent of the cicatrix should also be surrounded by an impermeable tissue, oiled silk for example, in such a manner as completely to exclude the atmosphere, and the new skin ought to be now and then smeared with an unctuous application, having occasionally in combination, as necessity may require, some irritating or stimulating agent, such as turpentine, or an essential oil. These measures ought to be continued, in severe cases, many months after the healing process is considered complete.

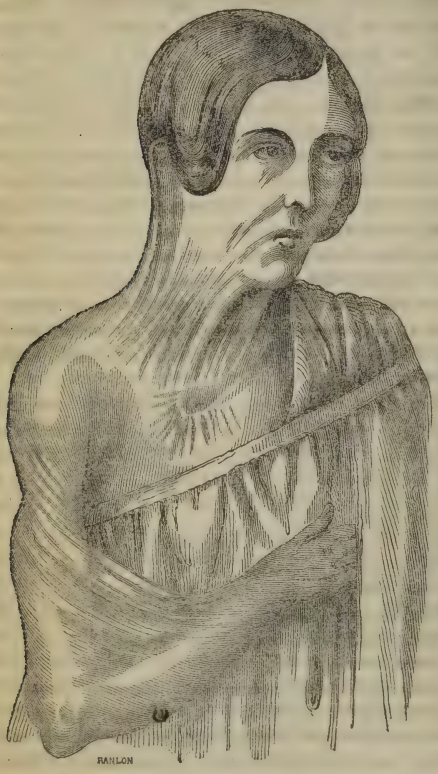
But my present purpose is to direct attention more especially to a means of restoring the use of parts disabled by the firm unyielding structures constituting the cicatrices already described, and which, in cases such as the one presently to be noticed, are productive both of serious functional inconvenience, as well as of great disfigurement. The almost uniform want of success which has hitherto attended surgical operations practised with a view to the relief of such deformities, has led medical men to regard them, for the most part, as irremediable cases; the removal or division of the abnormal structures having been generally followed by a state as bad as, or even worse than, that which it was attempted to remedy. Mr. Earle's plan of bringing the edges of the sound skin forcibly together, and securing their union, may possibly succeed in cases where the mischief is limited to a small space; but in extensive injuries, as for example where half the circumference or more of a limb is implicated, such procedure would be impracticable. The favourable issue obtained in the following case, which remains permanently relieved after the lapse of four years, has induced me to submit it to the notice of the profession, believing that the plan adopted in this, may be practised with a reasonable prospect of success in other cases of similar character.

Case.—E. B——, daughter of respectable parents, resident in North Cheshire, received a severe burn from accidental ignition of her clothing, in August, 1830, when *eight* years of age. The injury implicated a considerable portion of the left, the front, and the whole right side of the neck, extending from the ear, jaw, and occipital scalp, to the chest and axilla in front, and lower part of the shoulder behind; also the boundaries of the axilla, the whole circumferance of the arm at its upper third, and the entire half of the rest of the limb on its anterior aspect, from the last-named part to the hand. The left limb was also severely injured, but to a less extent. Twelve months afterwards, in August, 1831, the surfaces having been for a length of time completely cicatrized, the right fore-arm was found immoveably contracted upon the arm to the degree of an acute angle, in which posture it was maintained by a web of cicatrix extending between the distal extremities of the two portions of the limb, and occupying of course the whole intermediate space. The corresponding limb was similarly fixed, the displacement being, however, less considerable. She presented herself at the last-named date for the purpose of having the position of the limbs restored by operation. The skin of the neck was also deeply furrowed, and the head distorted, but an operation upon these parts was not deeemed advisable on the occasion in question. The cicatrices on the arms were accordingly removed, and the limbs maintained in an extended state by means of splints. A thick cord was tied round each limb at the elbow-joint, after a fashion long since recommended. Being at that time engaged in the pursuit of my elementary studies, I had an opportunity of witnessing from time to time the progress of the case. At the end of twenty-one weeks the cure was considered perfect, but in consequence of some degree of contraction being already manifest, the use of splints was ordered to be continued. Had this injunction been fully complied with, the issue would probably have been much more favourable than it proved to be. But once from under the actual surveillance of the surgeon, daily attention to the measures enjoined soon became irksome, even to the anxious parent, and the apparatus was not long afterwards abandoned altogether.

The contraction alluded to as existing at the time when the patient was returned to her friends, although but slight, was, nevertheless, not susceptible of replacement, even by the application of considerable force. But in twelve months after the operation, both limbs were again fixed in nearly the same position as before, and the right one rendered all but useless. Bands of cicatrix had sprung up nearly equal in extent with, and much more resistant than, those which had been removed, and the deformity, which was subsequently further aggravated, remained unrelieved for *twelve* years following.

In May, 1844, the patient, being 22 years of age, presented herself again to my notice. The parts exhibited the appearance represented in the accompanying engraving, made from an original sketch by a talented artist, Mr. G. W. Anthony. At this period the head was dragged downwards towards the right side in a very inconvenient and unsightly manner, the distortion in this part being in reality much greater than the figure appears to represent. The fibrous band subtending the angle at the elbow-joint, was equal in thickness to, and tangibly as firm as, the Tendo Achillis. The first operation was performed upon the neck, the incision commencing below the ear, the lower part of which organ was merged in the folds of the cicatrix; it was thence continued below the line of the jaw to a point opposite the middle of the chin. Division of the skin simply appeared to afford no relief whatever to the distortion, there being immediately beneath numbers of bands of a bright fibrous aspect, which effectually prevented the parts from resuming their natural position. These being successively divided with the bistoury upon a grooved probe, and the head raised, other sets presented themselves to view, which, when extended, still produced a tractive effect upon the cicatrix below.

Bundle after bundle was in turn dragged forward and divided, from one extremity of the wound to the other, until caution suggested a cessation. The wound, which appeared dreadfully large, was cleansed and covered with simple dressing; it was quite healed in four weeks.

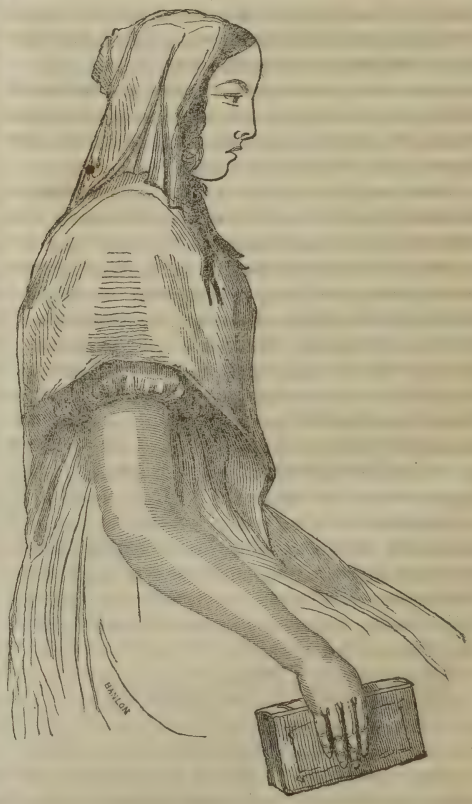


The relief afforded by the above operation encouraged confident hopes of a successful issue from a like procedure upon the arm; this was accordingly practised on the 8th of June, 1844. The bistoury was plunged through the structure at the angle of flexure, as close upon the joint as safety to the neighbouring parts would admit, and thence carried forwards, emerging at the free edge. But this incision, which might, *a priori*, have been looked upon as all that was necessary, constituted comparatively but a small share of the operation. The divided parts immediately retracted considerably; but when extension was attempted, even but to a limited degree, a number of shining fibrous bands started forwards completely hindering further movement. These were also divided and extension again attempted, when others of similar character were brought into view, occupying an elevated position in front of the joint, and opposing like resistance. In this manner successive groups of fibres had to be separated, layer after layer, before the limb could be brought into a straight line, which was not accomplished until all the deep-seated bands reaching across the joint on each side of the large vessels, and outwards towards the condyles, has been completely divided, including of course the fascial insertion of the biceps muscle. During the operation the median basilic vein was accidentally wounded; this, it was found necessary to ligature on each side of the puncture, before further steps could be taken.

The wound, which measured eight or nine inches in the long direction, and upwards of four inches transversely, was cleansed and covered with simple dressing and a bandage. A splint was applied to the back part of the limb on the fourth day, but this appeared unnecessary, as there was no difficulty in easily maintaining an extended position; the apparatus was altogether abandoned at the end of three weeks, and never afterwards required. The wound was completely cicatrized in six weeks.

About three months afterwards I divided, in a similar manner, the cicatrices bounding the axilla, on the same side of the body, with nearly equal success.

The accompanying engraving from a sketch made on the 30th of March, 1847, nearly three years after the operation, by the artist above-named, represents the state of the arm at that period, and its appearance now



is even still more favourable, the limb having become more rounded and fleshy.

The successful issue of the operation was undoubtedly attributable, mainly, to the *perfect* division of *all* the fascial fibres traversing the elbow-joint anteriorly from the arm to the fore-arm, or at least *all* that could be exposed with safety.

It is not a little remarkable that the elbow-joint, which had been almost totally unused for twelve years,

appeared in no way injured, as no pain was complained of, nor difficulty experienced, in the attempts that were made to move it. The limb is now plump and well shaped, and apparently as strong and useful as though it had not been materially injured.

OBSERVATIONS ON ANÆSTHETIC AGENTS IN SURGICAL OPERATIONS.

By George M. Humphry, Esq., F.R.C.S., Surgeon to Addenbrooke's Hospital, Cambridge.

(Read at the Annual Meeting of the Suffolk Branch of the Provincial Medical and Surgical Association, held at Bury St. Edmunds, June 16th, 1848.)

My experience in anæsthetic agents having been confined to æther and chloroform, the following remarks must be understood as applying to them, though the mode of operation of other substances of a similar kind which have been more recently brought into notice is probably much the same. I should likewise state, that my observation has been almost entirely limited to the effects of these agents upon the human body, the experiments on animals which I have seen being few, and not very instructive.

After a brief consideration of the *modus operandi* of æther and chloroform, I will proceed to state also briefly the results of my own experience as to their value in surgical operations.

There can, I think, be little doubt of the anæsthetic properties of these agents being due to a direct effect upon the nervous centres produced by them in consequence of the mixture of their vapour with the blood, which takes place in the lungs much in the same manner as the components of the atmosphere are added in the ordinary process of respiration. Travelling the round of the circulation, and carried into the capillaries of all organs alike, the influence of the vapour is first observed in the nervous centres, which we know from other experiments to be peculiarly susceptible of impressions made in this manner through the medium of the blood.

The complex organ or rather system of organs which we include under the denomination of nervous centres, ministers to a variety of functions. To the intellectual, the sensational or perceptional, and the volitional, by the cerebral hemispheres;—to the special senses and the emotions, probably by the corpora striata, optic thalami, and other ganglia, at the base of brain;—and to the reflex functions by means of certain of these ganglia, by the spinal cord, and by the medulla oblongata, the reflex functions most essential to the continuance of life,—viz., those upon which respiration and deglutition depend, being executed by the latter of those organs. These functions of the nervous centres have been enumerated above in the order of their liability to be interrupted by various agents affecting the whole system. A blow on the head may deprive a man of consciousness, and, as a necessary sequence, of volition; the persistence of a certain amount of sensation being often evinced by his resisting attempts to separate the eyelids, withdrawing his limbs from irritating causes, curling himself up into a comfortable position in bed, and even crying out lustily when hurt. In all this, being unconscious, he may have no perception of annoyances; in strict language, he may not feel them. A more severe injury is followed by total loss of sensation as well as of volition; the limbs lie motionless wherever they are placed, and the man exhibits no sign of discomfort from any irritation or impression of light or sound. Even some of the reflex functions are suspended, the iris and the sphincters cease to act, but the actions of respiration continue, deglutition is performed, and there may be vomiting. The effect of all this disturbance upon the heart, which is less directly influenced by the nervous centres, varies a good deal; sometimes its pulsations are slow, laboured, or intermitting, at others they are accelerated or continue but little altered. In these cases of cerebral injury, the different parts of the nervous centres are for the time paralysed by the direct effect of the shock or jar upon them; and they suffer in proportion to their delicacy or their susceptibility to such an impression. Happily, the parts which minister to the reflex functions most essential to life are the last to be affected.

In their general outline the symptoms of cerebral injury correspond with those produced by anæsthetic agents, though in the latter case the several portions of the nervous centres are paralysed, not at once by a rude shock, but gradually, one after another, by the application to them of a subtle and evanescent poison, which thus dissects or unravels, as it were, the functions of the brain, removing first one, then another, with a regularity and certainty we were not prepared to expect. Moreover, with both æther and chloroform, a period of excitement sufficiently distinct precedes the depressed or paralysed condition. The first few inhalations are usually productive of some cerebral excitement or wandering, with suffusion of the face and eyes, and acceleration of the heart's action; various sensations are felt, strange sounds, knockings and beatings are perceived, and stars or flashes of light are seen, which increase in rapidity till they are lost in silence and gloom; for these signs of excitement are soon followed by a depression or suspension of the cerebral functions, the loss of consciousness, of perception, and of volition, shewing that the hemispheres of the brain are yielding to the agent. It occasionally happens that volition is lost before perception and consciousness; thus, a gentleman who took chloroform by way of experiment, was aware of the pinchings, and pullings of the hair, which I inflicted on him, but could not move nor express that he was so. I was told that a young woman felt the key applied, and the wrong tooth drawn, without being able to intimate the mistake, or to offer resistance. More frequently common sensation is the first to yield, and the patient may watch the steps of the operation upon his own person, may comment upon them, may hear the scissors snap, or be conscious of the crash caused by the dislodgement of his tooth, without feeling pain.

Usually, sensation or perception, volition, and unconsciousness, are lost together, and an interesting period may now often be observed before the parts of the brain subservient to the emotions are paralysed,

during which laughter and crying take place, sometimes even to a violent degree, being unrestrained by the controlling influence of the mental powers. There may also be struggling, even violent struggling, requiring several persons to hold the patient, with delirium. These emotions and strugglings are sometimes the effect of the anæsthetic agent exciting the ganglionic, at the same time that it is paralysing the hemispherical, portions of the brain; or they may be the result of irritating impressions made upon the surface, as during the operation, and acting through the nerves upon the emotional part of the brain. Consciousness and perception are lost, but the emotions remain; for it must be remembered that the former are by no means essential to the latter, and that the exhibition of the latter is no evidence of the existence of the former. The patient partially under the influence of æther or chloroform may cry out, not because he perceives the pain of the operation, but because the emotional parts of the brain remain free, and easily excited, after the perceptional regions are paralysed. It may be sometimes that he feels and forgets the sensation, but no doubt it often happens that the emotion of crying is produced without the perception of pain actually taking place. It is of importance that we should be fully aware of this distinction, and remember, that so far as our patients' sensations are concerned, it is not necessary to press the anæsthetic influence to such extent as to quell the emotions.

If the inhalation be continued the emotions subside, and not unfrequently a clonic contraction of all the muscles is observed, a condition which the dentist has often found to baffle his attempts to open the mouth. This contraction will pass off, and the muscles again become released, as the effects of the æther or chloroform go off, and by watching the gradual subsidence of the anæsthetic influence, the operator may succeed in opening the mouth and drawing the tooth, without the consciousness of the patient. The contraction will likewise subside under the increased influence of the agent which produced it; the muscles now become released, and the reflex functions begin to give way. Probably the clonic contractions just described, and the quick deep inspirations which immediately precede this last state, are the result of the exciting influence of the agent upon the reflex system, which precedes its paralysing effects. If this be true, the order of sequence of the stages through which the patient usually passes, when submitted to the influence of æther or chloroform, is as follows:—First, excitement, followed by depression or paralysis of the mental powers, including sensation and volition; then, excitement and depression of the emotions; and, lastly, corresponding excitement and depression of the reflex functions. I do not mean to say that these stages can be clearly traced in each instance, or, indeed, that they are invariably present, but that the above is the order in which they usually occur.

When the last-mentioned stage has commenced,—when the iris ceases to act,—when the breathing becomes less quick,—when the head falls back, and the arms fall flaccid beside the patient,—more especially when snoring indicates that the natural reflex powers which preside over the upper part of the respiratory apparatus are failing, the operator knows that his patient has imbibed quite enough, and the inhaler should be removed. A further dose might irrecoverably paralyse that part of the nervous system (the medulla oblongata,) upon which respiration depends, and produce a fatal result. Happily the diminished frequency of the breathing which now takes place commonly prevents the further rapid inhalation of the agent, and induces the operator to remove the inhaler. But he will do well to desist before this point, and by repeating the dose as the effect wears off, to keep his patient in an anæsthetic state, short of that in which the reflex functions of the medulla oblongata are affected; for the symptoms of fainting and collapse which are apt to occur under such circumstances are sometimes very alarming.

I have considered the effects of these agents almost exclusively as they relate to the nervous system; for it is probable that the influence excited by them upon other organs is, for the most part, secondary, and the consequence of that produced upon the nervous centres. The action of the heart varies; it sometimes remains unaltered, either as to frequency or force, during the whole period of the inhalation; more frequently it is at first accelerated, and subsequently becomes depressed, slower, feebler, irregular, or intermitting, and occasionally it appears to stop altogether for a few seconds. Sometimes the depressing influence of the agent is evidenced at once; the pulse goes down during the first few inhalations, and may rise again as the state of insensibility comes on. In what classes of persons each of these varieties is likely to occur, I cannot tell, nor in what cases the depressing effect upon the heart's action may be most early expected.

The congestions of internal organs, the brain, and lungs, which have been observed in *post-mortem* examinations, and regarded as the cause of death, are more probably the result of impaired nervous influence, and the cessation of respiration, than of any direct effect of the agent upon the minute vessels.

As the anæsthetic influence passes off, the patient retrogrades through the stages of insensibility in the order corresponding to that by which they had advanced. A considerable period often intervenes between the recovery of consciousness and sensation, so that the patient is often holding conversation during the latter part of an operation, without evincing any signs of feeling. Sometimes he wakes up suddenly from a state of complete insensibility, and is quickly himself again; thinks he has been asleep, and is for some time occupied with the recollection of his dreams, rather than with his present condition, till, perhaps, his stump meets his eye, and he is astonished to find that he has lost a limb.

The difference in the effect of æther and chloroform depends upon the greater potency and more rapid influence of the latter, so that the several stages of insensibility are less clearly marked, and the complete state of anæsthesia more quickly induced by it. Its evanescence is correspondingly quick, and the after effects, the excitement, giddiness, headache, &c., are much less persistent. Indeed, the patient is commonly

so far recovered in a few minutes as to feel no remains of its influence. In the administration of æther we were anxious to produce the effect quickly, so as not to overload the system with the poison, whereby the period of recovery was prolonged. In the use of the more rapidly-acting agent, the chloroform, we endeavour to feel our way and are careful not to paralyse too quickly the several parts of the nervous system, for fear the influence should extend too severely to that segment upon which the continuance of life immediately depends. Happily the cases in which death has followed the employment of these agents in the human subject, have been too few to enable us to reason with much certainty upon them, but it has appeared that the fatal results from æther depended upon the long continued influence of the agent upon the brain which could not recover its natural energies, death occurring after a few hours or even days. But chloroform has killed by sudden and complete paralysis of the respiratory and circulatory forces, the patient dying in a few seconds.

I come now to the consideration of the practical value of these agents in surgical operations. This is a question to be decided by observation alone, for we must be unwilling to admit speculation upon a discovery which had taken us so much by surprise, and exceeded our highest expectation of it. Surely, by no previous discovery, except perhaps that inestimable one of vaccination, has so much pain been saved at so little cost. That we should be able to remove limbs and perform other grave operations without the infliction of pain, was a triumph too great for our belief. Still less could we imagine that an agent capable of producing such an effect would be unattended by deleterious or even fatal results in the indiscriminate use which was too likely to be made of it. Though I commenced the use of æther very early after its discovery was announced in this country, I must say I did so with much apprehension, and with great care. It was a source of no little anxiety to me, and I used to watch the weekly periodicals in the fear that they would soon teem with the records of fatal cases. Even at the present time, after the administration of æther and chloroform in a great number of cases during the last year and a half, I cannot forget that I am wielding a powerful and very dangerous weapon, which requires the greatest care and attention in its use.

I have witnessed the administration of æther and chloroform in some hundred cases, nearly all the operations of importance in our hospital having been performed upon patients subject to the influence of one or other of these agents during the last year and a half. The æther was used from Christmas, 1846, to October, 1847. Two patients, young women, one of whom suffered amputation of the toe, the other of the thigh, were excitable, hysterical, or delirious, and at times faint, during the remainder of the day, Two other women to whom æther was exhibited for slight operations were said not to have recovered their memory and the full use of their mental faculties for several days after. One lad died with peculiar symptoms of oppression of the sensorium, preceded by delirium, three days after amputation of the arm on account of accident. Æther was administered; its effect was quick and complete and soon passed off, so that he slept well and the delirium was not observed till the following morning: we cannot with certainty attribute the fatal result in this case to the æther. With these exceptions I saw no ill consequences from the inhalation of æther beyond, occasionally, headache, sickness, and giddiness, lasting for a few hours.

Since its introduction, chloroform has entirely superseded æther in our practice; we have been in the daily habit of using it during the last nine months, and I am not aware that its administration has been productive of any ill consequence in a single case. It is usually given on a small sponge fixed in a mouth-piece to prevent excoriation of the lips. The mouth-piece is not closely applied at first, so that some air is admitted in the early inspiration. A drachm of the fluid is poured upon the sponge, and additional doses of half a drachm are given as occasion requires. The best time for commencing the operation is when the muscular system is relaxed and the head falls back. The administrator should be careful to remove the inhaler directly any snoring is observed, and indeed he will do well to stop short of that point. The only formidable symptoms which I have witnessed from the administration of chloroform have been those of fainting. On one or two occasions these were rather alarming. Splashing the face freely with cold water was found to be the most effectual means of inducing re-action. I cannot tell what conditions of the system decidedly contraindicate the use of chloroform, but I should be unwilling to administer it to persons in whom fainting was likely to be attended with serious consequences,—such as old people, or persons with feeble or diseased heart, intermitting pulse, or disease of brain.

I have observed chloroform and æther to act exceedingly well on delicate and enfeebled persons, those very cases in which we have most to apprehend from the pain and shock of an operation; and the knowledge of this fact has induced me to recommend amputation in some cases where I should have been unwilling to submit the patient to the unmitigated pain of such a procedure.

Of the influence of chloroform in preventing the sufferings of the patient, during an operation, there can be no doubt, and if it do no more, it is a wondrous boon; but the more important question of its influence upon the ultimate recovery of the patient can be decided only by the carefully collected results of extensive experience. I can venture only to give my own impressions, which have gradually grown, from the observation of many patients, and which are decidedly in favour of the agent. Though quite prepared for occasional fatal accidents, during its administration, I believe that the average success of operations will be increased by its cautious and discriminate use. The shock to the system (a very important item in an operation,) is so closely connected with the pain felt during the time, and is so greatly lessened by the absence of pain under the influence of chloroform, that

in several instances, and those cases in which its effects were most to be dreaded, I have been unable to trace any of its usual consequences. There has been certainly, on the whole, less prostration followed by feverish re-action, after operations under æther and chloroform, than we used to witness before the introduction of these agents.

There seems, moreover, to be a connection between the pain felt during an operation, and that which is experienced in the wound afterwards; for you cannot have failed to observe the comparative freedom from pain which patients enjoy for some time after operations which have been performed under the influence of æther and chloroform; they often converse on other subjects, as though there were nothing the matter with them, and when placed in bed they are at ease, and, perhaps, fall asleep.

Beyond the benefits which result from the lessening of the shock of the operation, and the diminution of the pain for a variable period afterwards, I am not aware that æther or chloroform exert any influence, good or bad, upon the progress of the wound, or the ultimate recovery of the patient.

We have sometimes thought the oozing of blood from wounds, after the administration of æther, to be greater than under ordinary circumstances. It always ceased upon the application of moderate pressure, and secondary hæmorrhage very rarely occurred.

Though I cannot but regard the introduction of anæsthetic agents as a general improvement in surgery, I hope enough has been said to show that I am not without due sense of the danger that may result from them, and of the great caution required in the employment of such very powerful agents.

HISTORY OF A CASE OF POISONING BY PRUSSIC ACID.

By J. Bampfylde Daniell, M.D., Fellow of the Royal College of Physicians, and Senior Physician to the Bath United Hospital.

(Read at the Annual Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, held at Bath, Thursday, June 22nd. 1848.)

Whatever tends, either as the result of pathological observation, chemical analysis in toxicology, or through medico-legal enquiry, to detect crime or vindicate innocence, cannot fail to be of interest to the members of the medical and surgical profession. It is with this view therefore, that I submit to this Society an account of the *post-mortem* appearances, chemical analysis of the suspected contents of the stomach, with some medico-legal observations on suicidal acts, committed in an irresponsible condition of mind, in reference to a case recently brought to my notice. Permit me to state, that I was present at the examination of the body, and at the subsequent chemical analysis of the contents of the stomach, both of which were ably and conclusively conducted at the Bath United Hospital, with the assistance of my friend and colleague, Dr. Davies, and our attentive House-Surgeon, Mr. Brace. I also attended the coroner's inquest.

Forty hours after death the examination commenced. The body presented strong muscular conformation; a livid patch over the posterior superior portion of the scapula extended to the coracoid process. The hands and mouth were partially closed, the usual effect when death is caused by prussic acid. There was an apoplectic resemblance in the eyes; no odour was evolved from the body; neither were there any external marks of violence. On dividing the scalp, fluid blood, perhaps more than usual, escaped; the vessels of the membranes of the brain were much injected, and the brain rather firmer than natural. On opening the lateral ventricles, the characteristic smell of prussic acid was observed by myself, Dr. Davies, Mr. Brace, and Mr. King; there was also a small cluster of hydatids in the fluid of the ventricles. The same odour was apparent in other removed portions of the brain. The lungs were healthy, but congested. The structure of the heart, with its valves and cavities was healthy. On reflecting back the muscles of the abdomen, there was observed an abundant deposition of adipose tissue, and before opening the abdominal cavity, a smell of prussic acid was again perceived; with the exception of the liver partaking of a slight tawny tint, the other viscera were healthy. On removing the heart and lungs, ligatures were placed around the upper portion of the œsophagus as well as at the pyloric opening, and the stomach with its contents carefully removed.

Near the cardiac extremity the mucous membrane of the stomach was vascular. The stomach was large, and contained about six ounces of pultaceous partly-digested food, smelling strongly of spirit. Some of the clearer portions of its contents were filtered and submitted to the action of three tests for the detection of prussic acid,—namely, "sulphate of copper, sulphate of iron and nitrate of silver." A portion of the filtered solution was subjected to the sulphate of copper test, when a greenish precipitate was thrown down, which was dissolved on the addition of hydrochloric acid. To a second portion, the sulphate of iron test was applied, and on adding dilute sulphuric acid, instead of the formation of Prussian blue, the greyish precipitate produced by iron, was re-dissolved. To a third portion the nitrate of silver test was used. A heavy precipitate fell, which remained unchanged on the addition of cold nitric acid, but was immediately dissolved on raising the acid to the boiling temperature. This might perhaps be considered open to a fallacy, as the fluid previous to being tested, had not been distilled, and probably contained animal matter. It was therefore deemed necessary to procure a distilled portion from the remaining contents of the stomach, by the employment of the water-bath, at a boiling temperature. This operation was continued for several hours, and strange to say, no distilled product was collected. Sulphuric acid was added to the fluid before distillation commenced.

It is probable that the cause of the prussic acid not passing over at the temperature of a water-bath, may be referred to the fatty matter contained in the ingesta,

which on melting formed a thick layer on the surface of the fluid, and thus the vapour of the acid was prevented escaping.

The following letters were received in reference to this point:—

"King's College, London,
"January 20, 1848.

"My dear Sir,—I fear I cannot give you any very certain answer to your questions; probably, however, your test with the filtered liquid from the stomach failed from the great state of dilution of the acid. When distilled, being very volatile, it came over in the first portions of the liquid, which thus was much more concentrated than the original solution, and so acted with the test.

"The reason usually given for employing a vapour bath is, that some organic substances in distillation furnish prussic acid though they contained none. Formiate of ammonia is one of these. I cannot say that the objection to the employment of a boiling heat seems to me a very serious one. No doubt you would have obtained the acid, however, by the employment of the water-bath, had you continued the operation, the only objection to this process being the greater length of time required, which, in such cases, ought not to be allowed to have much weight.

"Believe me, my dear Sir,
"Very truly yours,
"Wm. Allen Miller.

"J. H. Brace, Esq."

"Edinburgh, February 7, 1848.

"My dear Daniell,—In the process for obtaining hydrocyanic acid by distillation at a vapour-bath heat, from complex organic mixtures, it is recommended to add sulphuric acid to the suspected material before distillation. Was this attended to in your proceedings? for, if not, the poison may have existed in the form of hydrocyanate of ammonia, which may resist a mere vapour-bath heat, although ebulition may carry it over; or, may not the failure to obtain any acid by distillation without boiling have arisen from the heat not having risen sufficiently high around the retort or matrass, so that what rose from the fluid condensed above, and trickled back into the subject of analysis? for I have known this occur in other parallel processes of distillation.

"If you look again at what I have said, on the degree of heat and mode of applying it, you will see I am by no means so positive in prescribing ebullition as you seem to have thought (see pp. 755, 756, 4th edition,) nor is anything said derogatory to the spirit-lamp. In point of fact, the objection to the use of a distilling heat, on the ground of risk that intestine changes may thus be produced, with the effect of forming hydrocyanic acid in complex organic mixtures, is treated as a hypothetical one, and in practice I have been in the habit of disregarding it, boiling the suspected matter with a naked gas-flame, without fear of fallacy.

"Yours faithfully,
"R. Christison."

"15, Bloomsbury Square,
"January 17, 1848.

"My Dear Sir,—I have only time to express an opinion in favour of poisoning by prussic acid in the case you detail, founded partly on the details of the case, and partly on the test of "the odour." Your tests, however, are inconclusive when applied to the stomach before distillation. The best way to apply the several tests is by holding a watch-glass moistened with them over the mouth of a bottle containing the contents of the stomach, &c. If this do not give very decided results, you must distil, at a gentle heat, and test the distilled liquid. I would recommend you to get Mr. Taylor's "Toxicology," as containing the newest information, and if you have no chemist at Bath, to forward the matters for analysis in a sealed vessel, to Mr. John Bowman, or Dr. Miller, at the King's College; but, perhaps, the evidence at the inquest will dispose of all difficulties.

"Yours very truly,
"William A. Guy.

"W. H. Brace, Esq."

The same contents of the stomach were now submitted to the heat of a spirit-lamp, and distillation completed. A solution of the sulphate of copper being added to a portion of the distilled fluid, rendered alkaline by Liquor Potassæ, the usual green precipitate was observed, which, on the addition of hydrochloric acid was rendered white. A solution of sulphate of iron added to another portion, (also rendered alkaline,) threw down a greenish brown precipitate, which was re-dissolved by dilute nitric and sulphuric acid. This test was carefully repeated again and again, the same tests being applied to a solution of prussic acid, (rendered alkaline,) the characteristic blue colour immediately appeared. A solution of nitrate of silver in a third portion of the distilled fluid gave a dense white precipitate, which was insoluble in nitric acid, at a common temperature, but was dissolved when boiled.

The evidence of prussic acid was now established, although the quantity detected by the several tests was small and insufficient to account for death; but from the time that elapsed between swallowing the poison and the examination of the body, much might have volatilized. The blood was in a fluid state, indicative of death from prussic acid.

Before entering on the defence set up on the question of medico-legal enquiry, I may briefly relate the previous history of the case:—It appears that on the evening of the 13th of last January, two females passing up Dorchester Street, observed a man lying on the ground, and on going near him found him nearly lifeless, a slight gurgling noise in his throat being the only evidence of life. They immediately sought assistance, and by the help of two policemen removed him to the United Hospital. On being received it was found that he was dead; enquiry was made, and it was ascertained that the deceased was a surgeon, who *had left a widow and seven children:* the deceased had arrived from Chippenham by the night train, at which place he had stopped several hours, and drank at several inns; that latterly he had been in embarrassed circumstances, *which produced great depression of mind.* His mental disquietude was further established by the evidence of a police constable, who, on calling at the residence of the deceased, was met at the door

by Mrs. Spencer, who immediately exclaimed "Is he dead," and expressed her fears that she should hear of his destroying himself, every time he left home, as he *was so troubled in mind about his affairs.*

A druggist, residing at Chippenham, deposed that the deceased entered his shop about eight o'clock on the evening of the 13th, and asked for an ounce or an ounce and a half of prussic acid, but did not say for what he wanted it. Witness handed him an ounce bottle of Scheele's hydrocyanic acid. Deceased appeared as if he had been drinking. Witness had known him for three or four years, and considered him only an occasional customer.

The Counsel for the defence having in his cross-examination endeavoured to elicit something favourable to the supposition that deceased had died of apoplexy, or some such cause, a conversation arose between him and the Coroner, whether the evidence could lead the Jury to the conclusion that the deceased had committed suicide, and if so, the Counsel would request an adjournment, in order to produce evidence of unsoundness of mind. The Coroner commented on the evidence, and remarked, "Should the Jury consider death was caused by taking poison, *the next point* on which they ought to be satisfied, was the *state of mind* in which the deceased was prior to his death, and unless they had evidence that he was not sane, or was suffering from temporary derangement, the law allowed of no intermediate verdict, in what state of mind the deceased was there was no evidence to show; should there be no evidence of insanity, the jury must return a verdict of *felo de se*; at the same time, should they do that, it was not for him to inform them beforehand what would be the legal effect of such a verdict, as it respected property or life-insurance." The Jury having intimated that they had made up their minds as to the first point, desired an adjournment on the second, for the purpose of ascertaining by evidence, whether deceased *was of sane or insane mind.*

It was urged in the defence, that the deceased was of a plethoric habit, addicted to spirit-drinking; that British brandy (having drunk some shortly before his death,) sometimes contained essential oil of almonds; that there was no evidence to shew when prussic acid was taken; that if deceased had taken an ounce of Scheele's hydrocyanic acid at the Bath Station, he could not have walked from thence to the spot where he fell; (a case, however, is given in "Taylor's Medical Jurisprudence," of a person taking half an ounce of hydrocyanic acid, who had walked a similar distance;) that deceased being a surgeon, it was essential to his business that he should possess poisonous drugs; that very little prussic acid had been discovered in the stomach, and that *little*, insufficient to cause death; that the human senses were fallible; and that as odour presented no visible test, it was dangerous to place too implicit a reliance on it; that no bottle was found near the body,—a fact which Professor Taylor had remarked was seldom found to occur in cases of suicide from deadly poisons, so instantaneous in their paralysing effect as prussic acid is, to destroy the power of volition, by means of which the bottle or vessel whence it was imbibed could be flung to a distance; that the deceased was of a plethoric temperament, and constitutionally predisposed to apoplexy,—a disease simulating the effects of violent poisons.

Should the Jury, however, be of opinion that deceased had poisoned himself, the next question was, whether he had committed the act in a *sound state of mind or not.*

Evidence was adduced that deceased had first called at a druggist's shop where he had been in the habit of purchasing all his drugs for some years; that between six and seven o'clock on the evening of the 13th, deceased entered the shop and asked for an ounce of prussic acid, Scheele's strength. It was refused him, his manner being very strange, and his answers wandering. Witness had known him to be in embarassed circumstances, particularly during the last two years. Deceased soon left the shop. From his appearance witness believed he was in a deranged state of mind; he was far from being affected with delirium tremens; he was low, lost, and wandering.

The brother of the deceased also stated some circumstances, which confirmed the unsettled condition of his mind, and that deceased had given a bill at two months, for some trust-money, which he had appropriated to his own use, and which became due on the day of his death.

Dr. Daniell deposed that he had seen the brain of the deceased at the *post-mortem* examination, and found a similar condition of the brain and vessels with that of those who had died in an unsound state of mind.

The form of insanity under which the deceased laboured, appears to me referable to that which has been termed *moral mania*, as distinct from *insanity* of the intellect. Since the time of Esquirol, all the distinguished authorities in insanity have recognized this form of lunacy. In the one the moral sentiments are perverted; in the other the reasoning powers are overturned. These two forms of insanity may be observed separately, or in combination. We may see cases of *moral mania* in which the reasoning powers remain unaffected; and we may see cases of purely *mental mania* in which the *moral sentiments and the affections* are in a healthy state.

No one can observe the separate forms of moral and mental mania in a lunatic asylum without being able to trace their separate indications in mixed cases.

We cannot shut our eyes to the real existence of cases in which the tendency to crime is a disease which no self-control on the part of the individual can arrest. What must be contended for, is the distinction in criminal cases betwen the results of vice and disease. Let the laws of the country deal with vice, but let the victim of disease, or of that peculiar condition of disorder where insane manifestation is temporary, be handed over to medical care and superintendence. The great object is to ascertain where *vice* ends, and *disease* begins. That the two run into each other so closely, that the separation is difficult, admits of no doubt; but this should not prevent medical men from following out the truths of crime to their legitimate consequences.

In the case I have just related, there was no evidence of intellectual mania; professional business was attended to; medical directions were correct; there was no disposition to injure others; but the *res augusta domi*, pecuniary embarrassment, the unhappy and soul-thrilling reflection of the present, as well as future, circumstances of an affectionate wife and seven helpless children, crowded on his brain. His habits vary. He was addicted to stimulating liquors; self-control is destroyed, and *on the very day when his difficulties* chiefly pressed on him, he destroys himself. His self-control was lost by disease, and he required the control of others to guard and protect him.

It is a very strong ground for the extension of pardon to a prisoner, where all the members of the jury, who by the terms of their oath, are compelled to find him guilty, have concurred in recommending him to mercy.

In the case of the unfortunate Annette Meyers, not only did this recommendation run with the verdict, but we find that the Jury, before quitting the Court, reiterated their entreaty to the Chief Baron, that the life of one whom they term a guilty, yet deeply injured woman, may be spared.

Let us see the reasons the Jury assign for their recommendation.

After hearing the testimony of the witnesses delivered orally in Court, they arrived at the following conclusion:—"That she slew the man for whose murder she stands condemned," say the Jury, "admits of no doubt. The degree of deliberation, however, and premeditation used by her previous to the commission of the act, materially affects its nature. To make the slaying of a man 'murder,' there must be cool premeditation." The Chief Baron on the trial insisted on this point.

Now, the Jury in their letter to the Chief Baron, state that they find Annette Meyers guilty of *murder*, but without premeditation. They are of opinion that, *up till the very hour* in which the fatal act was committed, *her purpose was not fixed.*

"It was," say the jury, "the deliberate and atrocious contempt with which the guilty deceased treated the prisoner,—it was the last crowning act of cruelty and indignity, which drove her into a state of phrenzy and uncontrollable passion. In that moment of phrenzy she drew forth the pistol, and laid the worthless wretch dead at her feet. That she purchased the fatal weapon under the influence of strong feeling, there is no doubt; it might have been directed against her own life, or that of the deceased. It was the merest affair of chance which of the two should fall. She accosted him in the Park with no fixed intention of injuring him. The deliberate cruelty and determined baseness of the deceased at that moment, drove her to madness, and in her frenzy she slew him. The prerogative of mercy, therefore, is prayed to be extended to her."

I need not enter more fully on this important subject at present, as an opportunity will probably occur during the meeting of the Provincial Medical and Surgical Association, of offering my remarks in a more matured form, and collecting valuable opinions from those enlightened professional gentlemen whose views have been particularly directed to such subjects.

CASE OF PERMANENTLY SLOW PULSE.

By C. Barham, MD., Truro, Physician to the Royal Cornwall Infirmary.

(Read at the Annual Meeting of the South-Western Branch of the Provincial Medical and Surgical Association, held at Truro, July 16th, 1847.)

In the *Dublin Quarterly Journal of Medical Science*, for August, 1846, there is an interesting communication from Dr. Stokes, on the connection of permanently slow pulse with repeated cerebral attacks of an apoplectic nature, though not followed by paralysis. Dr. Stokes has directed the attention of the profession to the subject as one requiring further investigation, and not hitherto much attended to, and he has himself collected only seven cases, in which the above combination of cardiac and cerebral phenomena was well marked. On this account I have thought it desirable to place on record, a decided instance of the co-existence of these affections, although I am not furnished with the precise results of any physical examination of the heart during life, neither was a cadaveric inspection permitted.

A lady, aged 69, the mother of a large family, having risen from her chair, and moved towards the bed, fell forward on it, and almost instantly expired. She was at the time apparently recovering steadily, though slowly, from an attack of hemiplegia, following an apoplectiform seizure, which had occurred about six weeks before. Her usual pulse was 28 in the minute, but it had risen on the day of her death eight or ten beats, a circumstance which excited some apprehension in the mind of her medical attendant, who had visited her some hours before the fatal event.

The first decided cerebral attack occurred in Sept., 1834. Before this she was a remarkably good walker, and took a great deal of exercise in the garden, but from that date she was obliged to discontinue walking and stooping, which produced an uneasy feeling about the heart. The affection was decidedly apoplectic in its character, and life was considered in great danger for some hours, but the recovery was afterwards rapid and perfect, and there was no paralysis. A similar attack occurred in the following year, and another about Christmas, 1841. Sickness and gastric disturbance attended them all.

There were thus, altogether, at least four seizures of this kind. But in the intervals between these, her family were many times alarmed by the occurrence of what they designate "fainting fits," which came on especially after dinner, when she would often appear quite oppressed, and sometimes talk in rather an incoherent manner. This was more particularly the case towards the latter part of her life, when cupping on the nucha, which had always relieved her, was repeated about once in three months. On the last two or three occasions, however, the benefit derived from it was very transient; the blood was always thick and flowed tardily. She was often obliged to have recourse to aperients, but their action produced no effect on the head symptoms, or rather seemed to aggravate them. The appetite was always good. Cold weather increased the affection of the head, and occasioned her severe suffering. In her latter years the breath became very

short on exertion of any kind, so as to oblige her to stop several times in mounting a flight of stairs, and the feet and legs becoming œdematous, she was limited to carriage exercise. In her earlier womanhood she was subject to very severe headache, which recurred at intervals, and sometimes confined her to a darkened room for two or three days. The Bath waters were of more service than any other remedy in obviating these attacks, and she subsequently derived much advantage from the use of porter. This was exchanged for brandy and water about fifteen years before her death, and she habitually took this with her dinner and supper. Diffusible stimulants were also administered from time to time for the relief of the feeling of faintness. Depressing influences, physical or mental, were always injurious, and the more severe attacks appeared to be generally attributable to circumstances which had occasioned considerable grief or anxiety.

It will not, I think, be doubted, that the heart was the organ chiefly in fault in this case, which presents a marked similarity in symptoms and the effects of treatment to those detailed by Dr. Stokes.

Another instance of the same combination of symptoms, though the slowness of pulse is not equally extraordinary, has been mentioned to me by my friend Mr. Spry, in an elderly patient of his in this place, who has had an apoplectiform seizure without paralysis, and several attacks of transient leipothymia, and has been greatly benefitted by the use of brandy and water, now continued for two or three years. His habitual pulse was 50, and is now 56.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by Peter Hinckes Bird, Resident Medical Officer.

Case II.

UNUNITED FRACTURE.

Joseph Roden, aged 22, painter, of pale anæmic appearance, was admitted into the Queen's Hospital, October 27th, 1846, under the care of Professor Cox. He states that about nine hours since he fell down from a ladder, and broke his arm. He was attended by a surgeon, who put the arm in splints. Has come from Weedon, a considerable distance, by railway, and must have necessarily been much shaken by the journey. The arm was found broken in its upper third; the ends of the bone were in good position.

November 14th. On examining the arm no union had taken place, nor was there any evidence of any callus having been thrown out. His health is good; appetite tolerable. The arm was well bandaged, and put into splints. On minute enquiry no syphilitic taint could be discovered. Extra meat. Mist. tonica.

Dec. 24th. No union has taken place, nor has any callus been thrown out. It appears that the lower end of the bone is drawn rather upwards and inwards by the action of the deltoid muscle. The ends of the bone were placed in the nicest apposition, and firmly rubbed together; the arm was then put in splints, and evenly bandaged. Appetite good; bowels costive. A pint of ale daily. Continue Mist. tonica. Pil. Extr. Coloc. Co. (Palmeri,) ij., pro re nata.

30th. The arm appears in good position; general health improved. To be made out-patient.

January 14th. The arm was examined this morning; the ends of the bone are pretty firmly united; health improved. An apparatus was contrived by which the fore and upper arms were retained at a right angle to each other, and the ends of bone kept in apposition by pads and light bandaging. R. Pot. Iodid., dr. ss.; Mist. Cascarillæ, Oss. Sumat unciam ter die.

29th. Firm union has now taken place, and he can raise his arm well; health continues good. Continue the medicine.

Feb. 8th. Can now move his arm well in all directions; the bone is perfectly straight, and its ends firmly knit. Discharged cured.

1. *A few remarks upon the circumstances under which fractures do not unite.*—The non-union of fractures sometimes happens from the anatomical structure of the parts, as when the neck of the thigh-bone is broken within the capsular ligament; in other bones it occurs from the want of proper apposition, from constitutional disorder, or disease of the bones themselves; sometimes from careless treatment, but more frequently from meddlesome conduct on the part of the patient. A piece of muscle may by chance get between the extremities of the bone, and prevent that apposition which is necessary for union.

2. *The most probable causes of slow union in this case.*—Continual disturbance of the parts was, in this case, the most probable cause of slow union, as the patient was constantly in the habit of undoing the bandage at night, and stating in the morning that it had slipped off of itself, or that it was too tight, and prevented him from sleeping.

It was the opinion of Mr. Cox that union would take place if the bones were kept in a state of perfect repose, and for this purpose the apparatus mentioned above was contrived; and there is no doubt that by means of the steady pressure, fresh action was induced, and the bones in a manner grew together, provisional callus on the outside being exceedingly small.

Case III.

INFLAMMATION AND SLOUGHING OF THE SHEATH OF THE TENDONS OF THE GREAT TOE: INFLAMMATION OF THE LYMPHATICS OF THE LOWER EXTREMITY.

Thomas Cole, aged 50, wood-turner, admitted Oct. 1st, 1846, under the care of Professor Cox. He states that about twelve years ago the second toe of the right foot swelled, and the sinew sloughed; about twelve months after the middle toe swelled and inflamed, which inflammation was followed by sloughing of the tendon; the sheath of the tendon of the fourth, and

afterwards of the little toe, inflamed and sloughed, two years intervening between each attack. Since these attacks he has lost the power of extending his toes; has had an ulcer on the foot for some time; attributes the present attack to lengthened exposure to wet and cold. About six weeks ago his great toe began to inflame, which inflammation was followed by suppuration, for which his toe was lanced.

On admittance the great toe of the right foot was found much inflamed, having two small ulcerations on its inner side, from one of which the extensor tendon protruded; he cannot extend the toe; the ulcers have an indolent appearance, and discharge a thin pus; general health good; bowels open; appetite good. To have a linseed poultice applied to the toe.

5th. The tendon has sloughed out; the inflammation is considerably abated; bowels rather costive. Extr. Col. Co., (Palmeri,) gr. x., statim. The wound to be dressed, and a bandage applied.

10th. Doing well; the wound looks healthy; does not complain of pain.

12th. Complains of pain all over the right leg; the pain commenced suddenly, and is described as sharp, gnawing; the foot is much inflamed and swollen; bowels costive. Pil. Calomel. cum Opio, quartis horis. Mist. purgans, oz. iss., cras mane. To have a poultice applied to the foot. Broth diet.

13th. The foot is still much inflamed, and the great toe is much swollen, and has a red and shining appearance; red lines are seen extending from the foot all up the leg; the femoral glands are much swollen, and are painful on pressure; there is some slight swelling and tenderness of the popliteal glands; tongue much furred; is very thirsty; pulse frequent and strong; no pain of head; the integument of the leg is much inflamed and hot; the redness disappears on pressure, but immediately returns. Appl. Hirud. xij. pedi; to be followed by warm fomentations. Lemonade. Mist. salinæ, oz j., quartis horis.

14th. The leech-bites bled freely; he feels better; tongue clean; bowels open; the inflammation is abating; the red lines are not so well marked; the femoral glands are not so painful, but are still enlarged to about the size of an egg; the foot is still inflamed and shining; the redness disappears on pressure, but immediately returns; the cuticle of the foot is desquamating. Linseed poultice to be applied to the foot. Lotio Plumbi to be applied to the leg.

15th. Better; the inflammation is abating; there is considerable discharge from the ulcer on the foot; the red lines are disappearing; the femoral glands are decreasing in size, and are not painful on pressure; the foot is shining and œdematous; tongue clean; bowels open. Meat diet.

16th. Doing well; inflammation of the foot subsiding; the red lines on the leg and thigh have entirely disappeared; the femoral glands are much smaller; general health improves.

21st. All appearance of inflammation has subsided; the swelling of the femoral glands has disappeared; the ulcer on the toe is nearly healed; health good.

28th. Discharged cured.

The lymphatic vessels, owing to their general and close distribution within, as well as between, all the organs of the body, necessarily take part in inflammation, constituting the disease termed angioleucites. From their simple structure, and their uniform reticular ramifications, they can rarely attain a distinct individuality, or be so substantially isolated from the parenchyma of organs, or even from cellular tissue, as to escape with the same frequency as arteries and veins, the influence of organic changes in the parts to which they belong. It is, therefore, only in unision with general experience, that Sömmering* insists upon this participation of the absorbents in the inflammation of every part of the frame.

The inflammatory process in the lymphatic vessels is originally developed in the contiguous cellular tissue, and from thence communicated in a reflex manner to the parietes of the canals. The vitiated contents of individual branches of the lymphatic vessels do not at once go into the larger trunks, and from thence into the general circulation, but have previously to pass through a series of glands, placed at various intervals from each other, and seeming to operate, to a certain extent, like purifying instruments; it thus follows that the consequences of a general diffusion of the morbid product, so serious in phlebitis, are here rarely to be apprehended. Having observed upon the slight susceptibility of the lymphatic vessels to irritation, and, as resulting therefrom, the comparatively rare occurrence of genuine inflammation of their tunics, it remains to inquire under what circumstances a septic inflammation is brought about. Velpeau assumes a peculiar disposition. A first condition, however, is that of liability to transudation of the morbid contents through the parietes of the lymphatic vessels. An exosmosis of this kind is induced, partly by the immediate action of the irritative matter upon the membranes of the vessels, partly by the clogging and distension of the latter, in proportion as the lymphatic glands become less permeable to the affluent lymph. This is abundantly confirmed by facts; for during life we observe that the lymphatic glands become turgid, whilst the course of the lymphatic vessels is indicated by a network of red stripes. These changes were well seen in the above case. After death the surrounding cellular texture is found to be the principal seat of the inflammatory changes; it is saturated with the transuding fluid, which, at an early period, is limpid, and of a pale red colour, but afterwards becomes turbid, either coagulating or being converted into pus. In the midst of this the lymphatic vessels may be recognized as thin knotty cords, their coats being thickened, especially in the vicinity of the valves, and about the point of the decussation of the individual branches. Externally they are milk white; their internal membrane, however, is of a pale red, and no longer smooth, but of a fine velvety aspect.

Inflammation of the lymphatic vessels and glands is observed as a sequence of very various and dissimilar diseases, but more especially of such as either result from the introduction of noxious, poisonous, or contagious

* De morbis vasorum absorbentium corporis humani.

substances, or as representing constitutional cachexia. Sömmering has enumerated a long series of disorders in all of which the lymphatic system is, in one way or another, primarily or secondarily engaged. In my opinion the inflammation was in this case induced by the absorption of acrid matter from the ulcer on the great toe. It is by a reference to the course which is pursued by the lymphatics that we are enabled to decide, almost at the first view, from a consideration of the figure and situation of the enlarged gland, whence the primary irritating cause has arisen. If, for example, the swollen and inflamed gland be situated just over Poupart's ligament, and more particularly if its greater diameter be disposed transversely to the direction of the long axis of the limb, then the swelling has, in all probability, been produced by some affection of the external genital organs,—a chancre on the penis, or the discharge of a gonorrhœa for instance; if, however, the tumour be situated lower down upon the front of the thigh, and its longest diameter be placed obliquely, and parallel with the course of the saphena vein, we may rest assured that the cause will be detected still lower down upon the limb, perhaps about the ankles, upon the heel, or between the clefts of the toes. In this case the cause was situated on the base of the great toe. Inflammation of the superficial absorbents of the thigh frequently ensues after contused and lacerated wounds of the leg and foot, and less frequently it is caused by the absorption of the acrid matter from ulcers. In the preceding case it was accompanied by very severe febrile disturbance of the whole system. If the disease be not quickly checked in its progress, it is often followed by diffuse inflammation of the subcutaneous cellular tissue of the limb.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, AUGUST 9, 1848.

It is related in the history of the Court of Bajazet, that this Sultan, whose career is replete with crime and dreadful excesses against the Christians, had condemned the judges of the country to death for bribery. Sinam, the tyrant's Fool, availing himself of a favourable moment, procured the dress of an Ambassador, and in that capacity desired to be sent to the Greek Emperor. "For what purpose!" said Bajazet. "To request some of his poor, miserable, bare-footed friars, for us to make judges of, now my dear lords are sent to prison." "I can," replied the Sultan, "supply their places with my own subjects." "We have none as learned in our realms," answered Sinam. "Well, well, you loved them," cried the Sovereign, "but they took bribes, and I will have their heads tomorrow." "'Tis just for that reason," said the Fool, "that I am going to fetch those silly Christians hither; none but such as they, who take an oath to starve themselves, will forbear the receipt of fees where no adequate salary is allowed."

It would seem that the authorities of the Poor-law entertain a similar opinion of the integrity of the members of the medical profession, who, though they may not absolutely have taken an oath to starve themselves, are yet considered to be the only persons who can be trusted to perform official duties without adequate remuneration.

But though we firmly believe, that, with perhaps a few unworthy exceptions, the Union Medical Officers will be found thus to have sacrificed themselves in the cause of suffering humanity, the sense of deep injustice cannot but remain *alta mente repostum*, rendering the performance of a sacred duty—the exercise of professional skill in behalf of the sick-poor—a source of annoyance instead of gratification, and pressing most where it is most efficiently and conscientiously discharged.

We have just received the able report of the Committee of the Convention of Poor-Law Medical Officers, too long, we regret to say, to be transferred to our columns entire. Every line of this document bears out to the full the complaints which individual members of the profession have from time to time made of the injustice inflicted on them in the working of the medical department.

"Although" (says the Report,) "the profession is sensible of the great defects in the present system of Poor-Law Medical Relief, almost every man affected by its operation, has hitherto been inclined to consider his own case, as special, and one of peculiar hardship; it is believed, however, that the facts obtained, and the inferences to be drawn from the labours of the Committee, will have the effect of merging all sense of individual grievance, into that of a deep feeling of general oppression and injustice."

The following extract from the Report on collating the returns made by the Poor-Law Medical Officers of no less than 805 medical districts is important:—

"By several of the returns, it appears, that on the issuing of the order of the Commissioners for the allowance of Extras, several of the Boards of Guardians, for the purpose of evading it, reduced the Salaries of the Medical Officers—others (a few only,) gently constrained the Medical Officers to compound for all extras, by a small fixed addition to the annual salary;—whilst others *have systematically and rigorously evaded it, by peremptory instructions to the Relieving Officer* to send all cases of accident, or cases requiring surgical operations, to the Hospitals to which the

Board subscribes. This is much complained of, not on account of the mere loss to the Medical Officer of the fees, only, but for the injury and risk suffered by the patient during the removal—sometimes in carts, over bad roads, for many miles."

The resolutions introduced into the House of Commons by Lord Ashley had, it appears, for a time, the effect of suspending the proceedings of the Committee with respect to their own plans. On these resolutions, however, being defeated and withdrawn, the Committee resumed their operations, and we now extract from the Report, as affording a summary of the remedial measures proposed, the heads of a scheme for carrying out the objects in view. These heads were submitted to Sir George Grey, prefaced by an appropriate memorial, explanatory of the evils existing under the present system.

1st.—"That in the opinion of your Memorialists, it is essential that the payment of Medical Officers should be by a fixed salary, exclusive of Fees for Midwifery and important Surgical cases."

2nd.—"That the amount of Salary might justly be fixed;—either by an estimate of the average of cases attended during a series of past years, considered in connection with the area of the Medical District; or by the payment of a certain sum per head on the population, corrected by the consideration of the relative density and poverty of the District.

3rd.—"That making every allowance for the difference which must exist in the remuneration of private and public practice, it would not be just that the Salary should be based on a less amount than 6s. 6d. per case, with the charge varying with the area.

4th.—"That Medical Officers of Workhouses should be paid a separate Salary, based on the average number of Inmates, at not less than 7s. to 10s. per head.

5th.—"That it is just and proper, and conducive to the interests of the Poor, that an extra payment should be made, as at present, for Midwifery and for important Surgical Cases; and that it appears to your Memorialists advisable that the Fees should be paid for cases occurring in Workhouses, as well as in Out-door cases.

6th.—"That to the cases of Surgery requiring payment, enumerated in the General Order of the Poor-Law Commissioners, should be added:—

Fractures of the Clavicle;—
Fractures of the Skull;—
Retention of Urine, when requiring repeated introduction of the catheter;—
Severe Burns and Scalds;—
And that £3 be paid for Compound Fracture of the Arm.

7th.—"That the payments allowed for Midwifery and Surgical Cases under the General Order of the Poor-Law Commissioners are satisfactory in amount.

8th.—"That in order to remove difficulties in the way of a more equitable payment of Medical Officers, and considering that half the Union Medical expenses are already paid from the Consolidated Fund, it is highly desirable that the whole expenses of the Medical attendance on the Poor should be removed from Unions to the Consolidated Fund.

9th.—"That it is expedient that there be a Director-General of the Poor-Law Medical Department appointed by Government, and exercising supervision over Poor-Law Medical Practice, in the manner of the other Public services.

10th.—"That it is expedient that there should be Inspectors-General of Poor-Law Medical Practice appointed by Government, and acting under the orders of the Director-General.

11th.—"That the Inspectors General acting each in a district assigned to them, should examine the Infirmaries of Workhouses, inspect the Reports of the Medical Officers, inquire into cases of alleged negligence, &c. &c., and that matters of disputed payment should be referred to them.

12th.—"That the Medical Officers of Unions should be appointed by Boards of Guardians as at present, subject to the approval of the Director-General; that their Qualification should be as at present ordered, but that all future modifications of the qualifications should be made by the Director-General.

13th.—"That the appointments of all Medical Officers should be permanent, that is, to endure until they die, resign, or are dismissed for some valid cause.

14th.—"That the Forms of Books or Reports should be approved by the Director-General, and should be as short and simple as is consistent with the requirements of the Public service.

15th.—"That the access of the Paupers to the Medical Officers should be made as ready as a due distinction between those who require Parochial attendance, and those who do not, will admit. That in doubtful cases where illness exists, and there appears to be temporary destitution only, the Board may grant Medical relief by way of Loan; that in such cases a Fee of be paid by the Board of Guardians to the Medical Officer."

Signed in behalf of the Committee,
THOMAS HODGKIN, M.D.,
Chairman.

4, Hanover Square, March 26th, 1848.

INQUIRY INTO THE TREATMENT OF BURNS AND SCALDS.

[The following communications have been forwarded by Mr. Crompton.]

CASES TREATED IN THE BATH UNITED HOSPITAL.

1, Circus, Bath, July 10th, 1848.

Dear Sir,—I send you the return made out by the House-Surgeon of the Bath United Hospital, by which you will see that various treatment has been employed; and you will see the proportion of deaths.

The opinion I have formed as the result of my practice in burns and scalds is, that each case must be treated according to its own peculiar circumstances,—that the constitutional treatment is the essential part,—that the local application is of minor importance; that which affords relief from pain is the best,—and that there is no real difference between a severe burn, and the destruction of the same extent of surface from contusion, laceration, or any other injury. Slight cases do not differ from the blister you produce by cantharides, and require only the same treatment. To

more severe and more extensive cases, I generally apply cloths, wet with cold water; or where a large extent of integument has been destroyed, cloths wet with warm water, frequently renewed. Opium, with stimulants, in the first instance, where the powers are much sunk, and strict antiphlogistic treatment afterwards; for I think the greater portion of deaths arise from inflammation of the throat, the pleura, or the peritonæum, according to the site of the injury. A severe burn over the throat and chest rarely recovers. Where the integument has been extensively destroyed, I dress the parts with ointment, in which there is spirit of turpentine, so soon as suppuration commences, and not before; and support the system with wine, bark, &c., so soon as the inflammatory symptoms have subsided. In this stage of severe burns it is that the patience, the care, and the nicety of dressing in the surgeon, will often make the difference between success and failure. The cleanliness, the early suppression of luxuriant granulations, the bandaging, the position of limbs, &c., will all tax the patience, and prove the ingenuity of the surgeon. I had a patient a year ago, in private practice, whom it took me two hours to dress; but for that care she would not have recovered. With these views you will see how difficult I should find it to answer the question of "What is the best treatment for scalds and burns?" I can only reply, shew me the case, and I will tell you how I would treat it.

I am, dear Sir, Yours truly,

To S. Crompton, Esq. GEORGE NORMAN.

TABLE OF CASES OF BURNS AND SCALDS TREATED IN THE BATH UNITED HOSPITAL,

(From January, 1846, to May, 1848.)

Date.	Sex.	Age.	Parts burned.	Result.	Discharged.	Treatment.
1846						
Jan. 1	F.	3	Chest and arms	Cure	Jan. 16th. 1846	Linseed oil and lime-water
3	M.	11	Abdomen (6 days)	Cure	Feb. 5th	Dressing on a granulating sore
25	M.	17	Legs scalded	Cure	Feb. 11th	Water-dressing
29	F.	12	Body extensively	Death	Feb. 6th	Linseed oil and lime-water, with wool
Feb. 20	M.	14	Abdomen and thighs	Cure	June 6th	Linseed oil & lime-water, &c.
21	F.	33	Face scalded	Cure	March 9th	Linseed oil and lime-water
March 17	M.	2½	Throat scalded	Cure	April 15th	Water-dressing
18	F.	5	Body extensively	Death	March 19th	Hot water
21	F.	54	Neck, arms and hip	Death from erysipelas	April 2nd	Linseed oil and lime-water
April 6	M.	3	Throat scalded	Cure	May 3rd	
6	M.	46	Back, arms, and leg, scalded	Cure	June 25th	Water-dressing
17	F.	51	Foot scalded	Cure	May 9th	Linseed oil and lime water
25	F.	18	Face and arms	Cure	April 30th	
June 17	M.	18	Face and hands	Cure	June 30th	
19	F.	18	Foot scalded	Cure	June 27th	
Sept. 13	M.	40	Foot scalded	Cure	Sept. 19th	
Nov. 3	F.	22	Body extensively	Cure	Feb. 12th, 1847	
5	M.	9	Body extensively	Death	Nov. 5th, 1846	
7	M.	8	Body extensively	Death	Nov. 9th	
20	M.	17	Legs and arms scalded	Cure	Jan. 4th, 1847	
20	F.	10	Chest and arms	Cure	Mar. 29th	
30	M.	10	Body extensively	Cure	Feb. 1st	
Dec. 10	F.	40	Chest and arm	Death	Dec, 11th, 1846	
21	F.	31	Feet	Cure	Mar. 26, 1847	
26	F.	11	Arms and neck	Cure	Feb. 10th	
1847						
Feb. 15	M.	8	Arms and side	Cure	March 1st	
April 2	F.	27	Leg	Cure	May 3rd	
13	F.	19	Chest and arm	Cure	May 10th	
Oct. 25	F.	16	Face scalded	Cure	Nov. 2nd	
Nov. 10	F.	24	Shoulder and arm	Cure	Feb. 21st, 1848	
24	F.	4	Thigh, leg, and chest	Death	Dec. 23rd, 1847	
Dec. 27	F.	55	Body very extensively	Death	Jan. 2nd, 1848	
28	F.	2	Legs	Cure	Feb. 11th	
1848						
Jan. 5	F.	27	Body very extensively	Cure	April 19th	
10	M.	3	Body	Death on the same day		
24	M.	8 mths.	Leg	Cure	March 2nd	
Feb. 28	F.	12	Chest and arms	Death on the same day		
March 31	F.	16	Perineum and thighs	Cure	April 10th	
May 15	F.	8	Legs and right arm	Cure	May 24th	

In all severe cases, as where the integument has been destroyed, the parts burned are freely painted over with a mixture composed of equal parts of linseed oil and lime-water, and then covered with cotton wool; these applications are renewed occasionally until the sloughs separate, when the granulating surface is dressed in the usual way, and the granulations are kept down by caustic and careful bandaging.

In less severe cases the cure is effected solely by the use of cold applications.

CASES TREATED IN THE ROYAL CORNWALL INFIRMARY.

Truro, July 5th, 1848.

My Dear Sir,—The following is a statement of burns and scalds treated at the Cornwall Infirmary within the last three years, which our Assistant House-Surgeon, Mr. Gorringe, has drawn up at my request. Though the house contains only forty beds, it is rather difficult to account for the smallness of the number of cases. It is, I presume, mainly attributable to the moderate population of Truro, (about 12,000,) and to the non-existence of those employments which call mothers away from the charge of their children. In the mining districts around they are differently circumstanced, but the nature of the accident would usually prevent the removal of the sufferer to any great distance. You will take the return as an evidence of good will, though it be like my little tract,—a very trifling contribution to the store of facts from which you will deduce inferences as to treatment.

Believe me, dear Sir,

Yours, with much esteem,

C. BARHAM.

S. Crompton, Esq.

TABLE OF CASES TREATED IN THE ROYAL CORNWALL INFIRMARY,

(Admitted during the last Three Years.)

Age.	Sex.	Interval between accident and death.	Interval between accident and recovery.	Situation and Cause of Injury.	Treatment.
Yrs.					
7½	F.	10 days	——	Her clothes caught fire. The parts involved were the arms, hands, neck, and face, with a few patches of raised cuticle upon the chest	Linseed oil and lime-water soon after the accident. The next day brought to the Infirmary, when *flour* was used. She did well until the sixth day, when inflammation of the lungs came on, and caused death. No *post-mortem*, as a few hours before death the mother removed her home. Small doses of carbonate of ammonia appeared for a time to do good.
30	M.	——	2 wks.	Scalded leg from boiling water	Spirit of turpentine.
36	M.	——	4 months	Fell with one foot into a trough containing the strong oil of vitriol at the Arsenic Works, Bissoe-Bridge. He had a thick lace-up boot on, and worsted stocking, these were so charred, that on withdrawing his foot they remained in the vessel. Deep ulceration followed, principally over the neck of the foot	Flour for a long time, and then red wash, (sulphate of zinc lotion.)
23	M.	——	2 months	Fell with one hand and arm into melted tin	Lapis Calaminaris, and afterwards the cerate.
16	M.	——	2 months	Clothes caught fire, and burnt both legs	Flour, afterwards the wash.
9	M.	——	2 months	Pinafore on fire. Burnt the chest and neck. Was treated at home, and admitted at the Infirmary for the contraction remaining after the cicatrization, the chin resting upon the upper part of the sternum. The integuments were divided, and the head kept back by a circle of wood fitting to the head, having attached behind a flat long piece of board, which was made to come as low as the scapulæ, and fastened by straps in front of the chest.	Relieved.
16	F.	——	3 months	Burnt neck and chest, and treated at home. Admitted for the contraction after cicatrization, the chin resting upon the sternum; the parts were divided as in the last case, and the same kind of instrument used.	Relieved.

Proceedings of Societies.

NEWTON BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

A Council Meeting was held at Newton, June 29th, Sir Arnold Knight, M.D., of Liverpool, in the chair, when the following members of the general Association were admitted members of this Branch:—C. R. Hall, M.D., Holmes Chapel, Cheshire; J. D. Price, Esq., Standish, Lancashire; S. Crompton, Esq., Manchester; T. W. Christie, Esq., Knotty Ash, Liverpool; at the conclusion of which, the business of the general meeting was proceeded with.

The members present were—Edmund Lyon, M.D., Wm. Chas. Bell, M.D., John Hatton, James Whitehead, Samuel Crompton, Manchester; Sir Arnold Knight, M.D., G. C. Watson, M.D., Liverpool; T. W. Christie, Knotty-ash; Henry Johnson, Walton; John Burrows, Liverpool; J. M. Robinson, Bolton-le-Moors; George Dagleish, Wigan; C. R. Hall, M.D., Holmes Chapel; A. O. Leete, Newton-le-Willows; Thomas Gaskill, St. Helen's; John Sharp, Warrington; J. D. Price, Standish.—*Visitors*:—John Hall, Congleton; Joseph Rogerson, Wigan; Alexander Shaw, Surgeon of the Middlesex Hospital, London.

The Secretary then read the following Report of the Council.

REPORT OF COUNCIL.

It has been usual for the retiring Council to present a report to the Annual Meeting. On the present occasion your Council have but little to report.

The Branch has within the last year suffered a great loss by the deaths of some valued and old members, to have to record which, is a very painful task; for, your Council have not only hereby to lament over the decease of fellow members of one common fraternity, but many have, at the same time, to deplore the loss of personal and endeared friends.

Dr. Holme, of Manchester, who died November 28th, 1847, in the 78th year of his age. He was, in fact, one of the founders of the Branch, if not the actual parent of it; he ever took a lively interest in the progress, harmony, and successful results of the Newton Branch, and never was absent from its Annual Meetings from the foundation, until the pressure of declining years and the inroads of ill health restricted his enthusiastic mind from those personal exertions in behalf of the objects of his profession, which had ever delighted him, for which he was ready to make any reasonable sacrifice, and which returned back into his own bosom their grateful fruits. His talents and acquirements, his public career of usefulness, his private worth, will form the theme of some biographic sketch which will find its way to the proper quarter—the Annual Meeting of the Parent Association to be held at Bath.

Dr. Kendrick, of Warrington, has fallen too, full of years and of respect, like his friend and fellow, Dr. Holme. The reaper put not in his sickle, till the corn may be said to have been fully ripe, and had already begun gracefully to bend somewhat under the golden freight of many a summer,—within two days of each other, and neither cognizant of the fact of the other having been summoned by the angel of death,—these two excellent practitioners sank, it may be said, together. It is sad, that even in these favoured and harmonious meetings, distanced from each other as they are by the intervals of yearly revolution, so many records of death's doings or threatenings should have to be made; but though your Council could have rejoiced in brighter subjects, and in many senses happier topics, yet they feel a satisfaction,—they cherish this last privilege left, that of noting down (no small or unimportant portion of their duty,) how great and good men fall at their post.

A third member of this Association, and one much respected, has paid, what is commonly called, the debt of nature. Dr. Howard, one of the physicians to the Royal Infirmary, Manchester, has been snatched off in the prime of life, and in the midst of a large sphere of useful and honourable labours. He fully appreciated the extensive importance of these fraternal gatherings, and often brightened the social interchange of kindly feeling and friendship nurtured by these re-unions.

A fourth fellow-member has been pressed, by the infirmities of years, to leave the field of duty,—it may be said, "Another standard-bearer fainteth!" When the name of Dr. Jeffreys, of Liverpool, is mentioned, all will admit that one of such untiring zeal and intrepidity is to be lamented, in his retirement from the active duties of his vocation, and that zealous co-operation and support which, whilst in health, he was foremost in affording, towards every cause which had the welfare of his own profession, or of his fellow-creatures, for its object. He was systematic, punctual, and indefatigable, in the representation of the local body, as its chairman. He was President of the Parent Association, when it honoured Liverpool with its annual visitation, in 1839.

This report ought not to be closed without a passing notice of the fact, that our indefatigable collaborateur, Dr. Duncan, of Liverpool, so extensively known and esteemed for his most able pamphlet some few years ago, "On the Physical Causes of the High Rate of Mortality in Liverpool," has received his appointment (under the sanction of the Secretary of State,) of Medical Officer to the Corporation of Liverpool, at a salary of £700 a year, whereby he will, in his official connection with the town under the New Sanitary Act for Liverpool, be able to render efficient service to the township by his personal attention and direction. His entire time and talent has thus been required for the public service, on those fair terms of remuneration which are satisfactory to himself, and also to his professional brethren, who could not but view, in his position, that of the rightful recognition, or the contrary, of the medical profession in its ability to serve the public by advice and services, so much required for the prevention of public ill health, and those services, in his person, duly honoured with adequate remuneration. Thus, on the notorious battle-field of ill-ventilated, over-crowded, badly drained, and, until now, misguided Liverpool, has the Legislature chosen to wrestle with this fearful group of physical evils, systematically and energetically, by adopting the alone means whereby the future health and interests of the town may be better provided

for and secured, than in the notorious by-gone years, whose fatal doings have passed the modern Tyre into a proverb.

It is to be hoped that the voice of the profession in commendation of this, the first Government step in the direction so imperatively demanded by the circumstances, and the waste of human life, may prove an encouragement to still further extension of the sanitary provisions to the whole country, whereby the waste of life annually equal to the loss experienced in many battles, may be saved by a measure which more truly—more correctly than by all its other conduct put together—will merit for the late and existing Cabinet, the honourable appellation of a paternal Government.

Further remarks on this and other correlatively important heads your Council does not venture upon, as its objects since the fusion of the once independent Newton Association with the Provincial Medical and Surgical Association, as a Branch of the latter, restricts the scope of the Branch to limited, and more properly, local objects. Still, your Council takes much pleasure in referring, before concluding its labours, to the zeal, ability, and persevering industry which the parent Association has manifested in its Council proceedings, watching over the interests of medical science and economy, and advising with the Government and Collegiate bodies, and the whole family of Provincial Practitioners, for the better security of interests common to all, and which it concerns the public, no less than the profession, to have definitely, wisely, and finally settled.

Through the instrumentality of the Parent Association, the Provincial Practitioners have at length acquired something like the power and the priviledged advantage of thinking, feeling, and acting, as one man. By this unity of action, the result of many laborious efforts, and well devised plans,—by many unselfish and generous-minded practitioners (several of whom have been called away ere the chief result have been won,) yet, by this unity, a promise is daily unfolding itself that the scattered, —the "*disjecta membra*" of the fraternity of physic, shall be ultimately re-cast in a mould capable of giving to them those fair proportions, relatively towards each other and the state; without which they must continue to present that anomalous and perplexing,—that often injurious feature, which results from the legislation of an earlier and less enlightened age, when war distracted the state from balancing its internal economies, having never been touched by a master-hand, and re-modelled in more just accordance, and useful subserviences, to the present state of society.

The Report having been read, it was unanimously resolved

On the motion of Dr. Hall, of Holmes Chapel, seconded by Mr. Whitehead, of Manchester, "That the Report of the Council now read, be adopted and transmitted to the Secretary of the Provincial Association for publication in the Journal."

On the motion of Dr. Lyon, of Manchester, seconded by Mr. Robinson, of Bolton, "That the thanks of this meeting be given to the President, Mr. Wilson, of Manchester, and to the Vice-presidents, Dr. Dickenson, of Liverpool, and Mr. G. M. Hardy, of Warrington, for their services during the past year."

On the motion of Mr. Burrows, of Liverpool, seconded by Mr. Crompton, of Manchester, "That Robert Thorpe, Esq., Surgeon, of Manchester, be elected President, and Dr. Kendrick, of Warrington, and Mr. J. Armitage Pearson, of Woolton, Vice-presidents, for the ensuing year, in accordance with the nomination of the Council."

Moved by Mr. Dagleish, of Wigan, seconded by Dr. Bell, of Manchester, "That the thanks of the meeting be given to the Council, for their services during the past year, and that they be requested to continue them."

Moved by Dr. Lyon, seconded by Mr. Whitehead, "That the thanks of this meeting be given to the General Secretaries, Mr. Hatton, of Manchester, and Dr. Watson, of Liverpool, for their services during the past year."

Moved by Dr. Lyon, seconded by Mr. Hatton, "That Charles William Bell, M.D., Manchester; Peter Pincoffs, M.D., Manchester; Thomas Hodgson Watts, M.D., Manchester; Frank Renaud, M.D., Manchester, be nominated members of the Parent Association, and also of this Branch."

Moved by Mr. Crompton, seconded by Mr. Dagleish, "That the next annual meeting be held in Manchester."

Moved by Mr. Crompton, seconded by Mr. Burrows, "That a sub-committee be appointed to revise the laws of this Branch, not only as respects the local arrangements of the Society, but its relation to the parent Association, and that such sub-committee consist of the following gentlemen:—Sir Arnold Knight, M. D.; Edmund Lyon, M.D.; W. H. Duncan, M.D.; R. W. Scott, M.D.; John Sharp, Esq.; Samuel Crompton, Esq.; John Burrows, Esq.; W. J. Wilson, Esq.; and the Secretaries, John Hatton, Esq., and G. C. Watson, M.D."

The Secretaries here reported the following members of the Branch, as having declined to continue their connection with it, viz.:—Francis Archer, John Cheesborough, G. H. Harbord, John Nottingham, Liverpool; Wm. Tinker, Hyde.

During the past year, the following members have died:—Edward Holme, M.D., James Kendrick, M.D., R. B. Howard, M.D., Mr. Gaston, St. Helen's.

MEMOIR OF DR. KENDRICK, OF WARRINGTON.

The following Memoir of the late Dr. Kendrick, of Warrington, was then read:—

Died, November 30th, at his residence, Warrington, Lancashire, aged 76, James Kendrick, M.D., F.L.S., the father of the medical profession in that town. He was born in Warrington, as were also his father and grandfather, and had spent the whole of his long and useful life in his native place. He received his early education at Burtonwood, a village, distant a few miles from Warrington, where is a small endowed grammar school, and from thence he proceeded to the free grammar school, in Warrington, then under the mastership of the Rev. Edward Owen, a man of the highest classical attainments, and the learned annotator of a well known edition of Juvenal and Persius," with which gentleman in after years he continued on terms of the closest intimacy. On leaving school he was articled to Mr. Hawkinson, of Warrington, a practitioner in surgery of some note in his day, and with him he passed the probationary course

of the profession. He first commenced practice in Warrington, as a surgeon, which he successfully continued many years, until maturer age induced him to seek the higher branch of medicine. During the early part of Dr. Kendrick's career, he enjoyed peculiar advantages in the society into which he was thrown. He had the good fortune to become personally acquanted with Howard, the philanthropist, who made Warrington his residence for several months in each year, during the latter portion of his life, for the purpose of superintending his various works which emanated from the press in that town, and he continued on terms of intimacy with him until his death. The assistance rendered by Dr. Kendrick in illustrating the period of Howard's life, above referred to, is acknowledged by his biographer, Dr. Brown, in his memoirs of that great and good man. The celebrity of the Warrington press had made that town, moreover, the resort of many other literary personages about the time named. Roscoe, Pennant, Doctors Aiken, Enfield, Percival, Ferriar, and a host of other writers might be mentioned, whose works were published towards the close of the last century, at Warrington, and into whose society Dr. Kendrick was by that means introduced. Amid this atmosphere of learning and science, his mind thus became imbued with a taste for literary pursuits, which continued to the close of life in its full vigour, and manifested itself at all times in the advancement of the means of intellectual improvement in his native town. Dr. Kendrick was on terms of cordial friendship and co-operation with the leading members of the medical body, and although his position as a practitioner in a country town prevented his name attaining more than limited fame with the world at large, his reputation stood deservedly high with the heads of his profession. The late Dr. Holme, of Manchester was one of his earliest and warmest attachments, as were also Dr. Rutter, and Mr. Park, of Liverpool, and the eccentric but talented Abernethy. He saw these bright ornaments of the age pass one by one from life, surviving the last and dearest, Dr. Holme, so short a space that he was spared the knowledge of his death. Endowed by nature with a remarkably robust constitution, he was able, even on the day of his death, to undertake his professional duties; and his anxious wish, as often expressed by him, "to die quietly at the close of a day's work," was literally fulfilled. He was devotedly attached to his profession, although, it is well known, it was not his original choice, and he attained in it an eminence, honourable, as it was his just desert. At the outset of his career, Dr. Kendrick evinced an untiring application and perseverence in the duties of his calling, which soon brought him into notice, and speedily led to the establishment of an extended practice; and when in after years he made way for the more active energies of junior practitioners, his clear understanding, sound judgment, and profound medical knowledge, ever inspired the greatest confidence in his skill. For the long period of half a century, at least, he may be truly said to have possessed, in an unexampled degree, the confidence of those with whom he lived, and in liberal and humane practice, he may be safely recorded as having indeed few equals. Conscientious in the extreme, his professional brethren bear testimony to the uniform integrity of his conduct, and throughout his long career, no act of his it is believed, incurred the slightest suspicion. Christian benevolence hsone forth as a prevailing trait in Dr. Kendrick's character, and as its fruits, there exist many local charities and institutions which derive their origin and support from him; to the cause of literature and science, as has been already observed, he was ever foremost to lend a helping hand.

In the year 1811 he succeeded, with a few others of congenial taste, in establishing the first literary and scientific institution in Warrington, of which he was chosen vice-president; and recently, in 1838, he joined in the formation of a society for promoting the study of natural history, of which he was president at the time of his death. He devoted himself at an early period to botanical study, which he cultivated with ardour through life, and he attained to superior knowledge and skill in the science.

As a companion, Dr. Kendrick was at all times agreeable and instructive; possessing a well-stored mind, powerful memory, and of a remarkably accessible and communicative disposition, his society could not be otherwise than attractive, and he has left a large circle of acquaintance, young as well as old, with whom his rich conversational humour, and fund of anecdotal wit, will long remain in pleasing recollection, and by whom his loss in social life cannot but be much felt.

On the day of Dr. Kendrick's interment, which took place at the parish church, on the 6th of December, every possible mark of respect, public, as well as private, was shown to his memory. The shops and other places of business along the streets through which the funeral passed were all closed, and his remains were followed to their resting place, not only by the corporation and other public authorities, but by all the principal inhabitants of Warrington and the neighbourhood, the members of the medical profession acting as pall-bearers. Dr. Kendrick was married and has left issue two sons, (the elder of whom, James, is also a physician in Warrington,) and several daughters. There is a clever portrait of the deceased gentleman in the possession of his family, of which a lithograph was published a few years back, and a copy of the portrait is about to be made for the purpose of remaining as a public memorial of him in the Warrington Dispensary, which institution he was mainly instrumental in founding, and to which he was at all times a most valued friend and supporter.

Foreign Department.

ON DROPSY IN PREGNANT WOMEN.*

By MM. Devilliers & Regnault.

(Translated for the Provincial Medical and Surgical Journal.)

DROPSY ASSOCIATED WITH ALBUMINURIA.

The study of dropsy in the pregnant female, associated with albuminuria, is surrounded with difficulties, inasmuch as we have not only to regard the subject of albuminuria itself, but have also to consider the numerous and important questions connected with the state of pregnancy.

* Continued from page 328.

We shall study together, dropsy with albuminuria in its simple form, and in its complication with convulsions; the latter being, in reality, one of the consequences of the disease.

Predisposing Causes.—Among the various changes wrought in the system of the female by pregnancy, those which are impressed upon the blood deserve the first consideration. In three cases of dropsy with albuminuria, in which the blood was examined, no very remarkable alterations were discovered, excepting in the quantity of albumen, which was greatly diminished, (from 61.34—56.39,) the ordinary proportion being 68.6. The water, on the contrary, was increased, (812.46—828.85, instead of 800.62.)

We have never been able to accomplish the discovery of urea in the blood, as has been done by Christison, Gregory, Rees, &c.. We explain this by the fact that our cases were in the incipient stage. All that we have been able to ascertain at present is, that the elimination of albumen by the kidneys has a powerful influence on the composition of the blood, and this materially favours the occurrence of serous effusion.

The age of the patients affected, does not in our experience offer any interest as regards predisposition. Temperament appears to have more influence, as all our cases were lymphatic females. A previous state of feeble health does not predispose to this form of dropsy; but the existence of the disease in one pregnancy, renders its recurrence probable in future ones.

Occasional Causes.—Those writers who have closely investigated the history of Morbus Brightii, regard vicissitudes of temperature, moisture, &c., as frequent precursors of the disease. We have not been able to verify this observation and the same remark has been made by Lever and Cohen. M. Rayer, however, attaches great importance to these agents. Insufficient food may possibly have some influence in the production of the disease, but we have in vain sought for evidence of the great influence attributed by English writers to intemperance.

Some authors explain the occurrence of albuminuria during pregnancy, by the compression of the ureters and renal veins, by the gravid uterus. We do not deny the fact, but we think the opinion open to discussion. Were this the case, albuminuria would be far more common in pregnancy than it is.

It remains for us to enquire whether the diseases which accompany gestation or are induced by it, have any influence in the production of albuminuria. One class of diseases in particular is thought to induce dropsy with albuminuria, as is well known,—viz., the lesions described under the denomination of "Morbus Brightii," "granular degeneration," and "nephrite albumineuse." We hope to be able to determine what amount of weight ought to be attached to this opinion.

Symptoms.—In the study of the symptoms of this form of dropsy, it is necessary to establish three divisions. 1st, the characters and progress of the serous infiltration; 2nd, the albuminous excretion; 3rd, the complications.

Precursory Signs.—Dropsy with albuminuria, in pregnant women, is sometimes preceded by giddiness, fainting, &c., which disappear when the infiltration is established, but in many other instances no such premonitory symptoms are recognized, the dropsical effusion being the first to attract attention.

Invasion and Progress. 1. *During Pregnancy.*—It is necessary to remember that albuminuria may occur in pregnant women without any dropsical accumulation. When the latter symptom does declare itself, it may be at very different periods. Thus we have known it commence with pregnancy, and also to show itself in other cases at the third, fourth, fifth, sixth, seventh, and even as late as the ninth month. The same diversity has also been remarked by M. Rayer and Dr. Lever.

In a small number of instances the dropsical symptoms have appeared suddenly, attaining a considerable development in a short period of time, but in the larger proportion of cases they are more chronic in their progress. The infiltration ordinarily first shows itself in the ancles, but often subsequently appears in the face.

2. *After Labour.*—As a general rule, this form of dropsy, however severe it may have been, disappears within a few days of delivery, seldom remaining beyond the tenth day, often departing as early as the third.

The distinctive character of this form of dropsy, is the presence of albumen in the urine, as may be ascertained by appropriate tests. In ordinary cases the symptom is not observed as an accompaniment of pregnancy, although M. Becquerel has advanced a contrary opinion. Other writers have stated that albumen may be found in the urine of females soon after delivery, but we have reason to suspect some error in their observations.

It is impossible to determine at what period the urine first becomes albuminous, because some œdema of the ancles is so common an affection of the pregnant state, that women do not complain until the affection has been of some standing. The quantity of albumen has never appeared to be in proportion to the amount of dropsical effusion; we have only been able to ascertain that it increases during labour, and rapidly diminishes after delivery.

MEMOIR
ON THE LOCALIZATION OF SKIN DISEASES.*

By M. Baron.

(Translated for the Provincial Medical and Surgical Journal, from the Gazette Médicale, April 1847.)

DISEASES OF THE HAIR-FOLLICLES.

Lichen.—Lichen simplex is a chronic inflammation, with hypertrophy of the cellular tissue immediately surrounding the hair-follicle. When the disease is of long standing, the tissue of the skin becomes dry and indurated, and the perspiratory tubes, in consequence, are obstructed or obliterated.

* Continued from page 389.

Favus.—The opinion is now pretty general that favus is seated in the hair-follicles. According to M. Baudelocque the follicle secretes a peculiar matter, which fills its cavity, concretes, and eventually by distending the duct points upon the surface.

M. Biett considers favus to be an inflammatory affection of the glands which surround the hair at its exit from the skin in the first instance, and that it subsequently invades the bulb, in which case the hair is entirely destroyed, and baldness ensues.

Alopecia is of two kinds. The first depends upon disease of the hair-bulb, as atrophy, &c; the other is due to a defect in secretion, or obliteration of the hair-duct, so that although the hair is regularly secreted, it cannot gain exit.

Calvities depends upon modification of the colouring matter, or obliteration of the central canal of the hair itself.

DISEASES OF THE CELLULO-FIBROUS STRUCTURE OF THE SKIN.

Ecthyma.—Many dermatologists range this among the diseases of the follicles, but the author believes it to be located in the cellular tissue of the derma. The same seat is attributed to rupia.

Variola, Varicella, Vaccinia.—These are all inflammations of various degrees affecting the same tissue.

Furunculus is the same, engaging the deeper cellular tissues, and causing death of a portion which forms the core.

DISEASES WHICH IMPLICATE SEVERAL TISSUES AT THE SAME TIME.

Scabies.—Many writers have treated of itch under the several varieties of papular, vesicular, and pustular itch, and Biett affirms on the contrary, that itch is essentially a vesicular disease, and that the papules and pustules are complications. The author does not admit any of these views, but affirms that the only pathognomonic feature is the presence of the little canal or track made by the acarus. The presence of vesicles, papules, &c., are secondary, and depends upon the character of the portion of integument upon which the insect makes its attack. Some of the complications are also due to the medications used.

[The above is a condensed sketch of the classification approved of by M. Baron. In as far as it is founded entirely upon anatomical considerations, it differs from most preceding writers on dermatology. Our countryman, Mr. Erasmus Wilson, has, however, taken the same ground, and with much better effect; but, as is usual with our French neighbours, the author of the above memoir is unacquainted with, or purposely avoids allusion to, the labours of the British pathologist.]

General Retrospect.

ANATOMY.

ON THE NERVES OF THE LIVER.

The liver is supplied with nerves from various sources, such as the left pneumo-gastric, the semilunar ganglia, and the right phrenic nerve, branches from all which enter the transverse fissure. Dr. C. H. Jones has examined the ultimate ramifications of these nerves, and ascertains that a large number of nerves are distributed to the coats of the portal vein, forming trunks, which subdivide and unite with other branches, so as to form a plexus with elongated meshes. In following further the course of the smaller branches, it is remarkable how great a distance they run. A small branch of 1-1500 inch diameter, separates from the main trunk, and runs along the coats of the vessel for a distance too great to be measured. The nerve may again unite with others, so as to form plexuses; or in other instances the structure of the nerve-filament becomes gradually less and less distinct, and the nuclei fewer, until it can no longer be discerned. The supply of nerves to the hepatic arteries is arranged much in the same way, but they are more numerous. With respect to the termination of the nerve-filaments, Dr. Jones is of opinion, that both in the arteries and portal veins, they form terminal loops, but of this he is not absolutely certain. The coats of the hepatic veins are more sparingly supplied; in some no filaments are perceptible. The ducts also seem to have but few nerves.

Respecting the structure of the nerves of the liver, Dr. Jones states that they consist almost entirely of the fibres, termed by Henle gelatinous, with which a few cerebro-spinal tubercles are intermingled.—*Medical Gazette*, July 15.

PATHOLOGY & PRACTICAL MEDICINE.

ON THE HYGIENIC INFLUENCE OF CUTTING THE HAIR.

Medical men are occasionally asked whether it is proper to cut the patient's hair; whether, in fact, this operation has any influence upon the health. M. Fredericque resolves the question by giving the following illustration:—

A little girl, aged 3, of good health in general, had her hair grow excessively long during the course of a few months. She was a beautiful child, but had latterly wasted without any apparent cause, becoming dull and apathetic, losing her appetite and strength without any organic lesion being discernible. There was an anæmic bruit in the carotids. She was placed upon a tonic regimen, with chalybeates, but without deriving material benefit, until her hair was cut short, at the suggestion of a friend, from which time she rapidly gained strength.

It would appear from this case that the economy had suffered a loss in the expenditure of blood necessary for the secretion of the abundant crop of hair. M. Fredericque considers that it is the formation of the colouring matter which chiefly exhausts the blood, as this is formed at the expense of the hæmatosine.—*Annales de Societé d'Emulation; Revue Médico-Chirurgicale.*

VENESECTION OF THE RANINE VEINS IN ANGINA.

An Italian surgeon, M. Ceglie, professes to have derived much advantage from this mode of bleeding in diseases seated in the throat. He explains the success upon the anatomical distribution of the blood-vessels.

He states that he has seen great benefit even in the acute stages of inflammatory croup, the symptoms of oppression, the agitation, suffocative cough, &c., ceasing almost instantaneously.

To perform the operation, the tongue is to be drawn forward, and after puncturing the veins, the mouth is to be frequently gargled with warm water. The bleeding may be repeated three or four times in the twenty-four hours, if necessary.—*Gazetta Toscana delle Scienze Medicofiseche.*

PHARYNGEAL POUCHES.

The following cases may be read with advantage in connection with an interesting example of the same disease, published in this Journal (see *Provincial Journal* for 1846, p. 402,) by Mr. Worthington:—

Mr. G. S., after some affection of the tonsils and uvula, eight years ago, placed a pepper corn in his mouth, which suddenly slipped backwards and lodged in his throat. It remained there about a week, causing great irritation, but was eventually dislodged. He has even since been aware of the temporary lodgement of foreign bodies in the same situation, but has not felt anxiety upon the subject. Gradually these lodgements seemed to increase, and large bodies became arrested in their course, the secretion of saliva becoming profuse. About two years since the uvula was excised, by which the complaint was much aggravated.

At the present time the patient is compelled to fill the pharyngeal pouch with soft solids, to the extent of two ounces, before he can get any food to pass into the stomach. He can at any time eject the contents of the bag.

In a second case, in the person of a bishop, now deceased, the affection came on imperceptibly, and could not be traced to any particular cause. The contents were often spasmodically expelled, and the breathing was occasionally interfered with.

Mr. Dendy, the narrator of these cases appends the following remarks:—

As to the anatomy of these curious cases:—The pouch, I believe, usually dips down between the œsophagus and the vertebræ, occupying, in fact, the place of the œsophagus, which is pressed against the trachea, and suffers attenuation of its coats from this compression. It is also strained or puckered by various degrees of traction, constantly increased, of course, by gravitation and the weight of the ingesta. This at length forms a valvular communication between the pouch and the œsophageal canal, immediately below the cricoid cartilage in front, and opposite the fifth or sixth cervical vertebra behind, thus not only impeding or entirely obstructing deglutition, but even preventing the introduction of a bougie or hollow tube, through which aliment might be admitted into the stomach, unless the relative position of the cavities be distinctly understood.

Now, what are the especial tissues which constitute the pouch?

May we not place the cases to which I have referred in the same category with those diverticula or pouchings, not only of the intestines, but of those other tubes which are frequently submitted to the influence of contraction and dilatation.

The lodgment of foreign or indigestible bodies will sometimes pouch the stomach itself. Amongst other persons, Dr. Baillie saw a capacious pouch thus and therein formed, which contained five halfpennies.

The cells of the colon are often immensely distended by scybalæ, especially in young women, although apparent regularity of defæcation may have averted the slightest suspicion of such a state.

Although the etiology may differ, we may adduce, as analogies, those dilatations found above the contractions of tubes, whether by spasm or thickening of coats. We may refer to the bulging abscess and infiltration behind urethral strictures; to the bagging of the bowel, when its calibre is diminished or contracted; and I may express my belief, that many cases which have been considered to be merely stricture, are indeed closely allied to those with the recital of which I commenced my observations.

And does the bag consist, or not, of the entire pharyngeal tissues?

I believe that it may consist of thickened mucous membrane only, and that continued and progressive pressure (as in the lodgment of a body in the sacculus formed by the rather sudden contraction of the pharynx, into the œsophageal tube, increased by the effort of severe conghing, especially when combined with pulmonary disorder, as in the case of my present patient and the bishop,) may have actually split or separated the muscular fibres of the canal, thus constituting a hernia of the mucous membrane analogous to the formation of true aneurism from muscular effort, or, perhaps, more nearly allied to those cases of double bladder, one of which is recorded in the last volume of the *Transactions* of the Medical Society. The coats of gastric pouches are usually much attenuated, and that not from inflammation or ulceration, but from mere mechanical pressure.

Now, on the assumption that many of these interesting cases may have been mistaken for œsophageal stricture,—a simple contraction of canal,—we may confidently point to one probable cause of difficulty or failure of the introduction of the bougie, in consequence of the *valvular orifice* (for such, indeed it may be termed,) of the œsophagus, and the constant slipping of the bougie into an artificial cul de sac. A point in practice may hence be adduced. In cases of difficulty, it would be well to place the patient nearly on his back, so that the pouch may rest on the spine, and then to press the bougie forwards on the trachea, at the same time uplifting the trachea itself. If the existence of a pouch be determined, the same plan should be adopted, and this immediately after the emptying of the pouch.

Regarding the permanent relief or obliteration of these bags, I cannot yet speak practically. I contemplate, however, the employment of a canula and sponge, slightly wet with a very strong solution of nitrate of silver, if the symptoms of my present case should, by their aggravation, warrant this proceeding. At the same time, I should impart nutrition as much as possible, or altogether, through the elastic tube introduced

into the stomach, so as to close the mouth of the pouch, and put it, as it were, out of office.

I believe that relief might be ensured on one or other of these principles,—either the shrinking or contraction of the bag, by its being kept empty and compressed, or by the adhesion of its sides, so as to produce complete obliteration; for although the mucous membrane is not so prone to adhesion as the serous tissue, we have very sufficient analogies to warrant that it might ensue in such a case.

CAUSE OF THE FATALITY OF INFLAMMATION OF THE UPPER LOBE OF THE RIGHT LUNG.

M. Hervez de Chegoin has for some time had his attention drawn to the peculiarity of the symptoms, and the especial danger, of pneumonia attacking this part of the lung. Such patients speedily exhibit all the signs of exhaustion, a very small pulse, a death-like pallor of countenance, peculiar disturbance of the intellectual faculties, nausea, and diarrhœa. Some complain, too, of intense pain in the clavicular region; the expectoration and cough are very slight, and crepitation is speedily exchanged for a dull *souffle*. The general and local signs of the inflammation are in fact very slightly displayed, although it almost always proves fatal. An autopsy of such a patient, which recently occurred to him, he thinks throws some light upon the matter. Examining the organs exactly *in situ*, he found, although the patient had lived thirteen days, the upper lobe was only in the first stage of hepatization, and that this now firm body exerted great compression upon the *vena cava superior*. This, he conceives, may explain the slow progress of the disease, the small pulse, the peculiar cerebral disturbance, &c. If this view be correct, instead of being deterred from bleeding these patients by their apparently exhausted state, our measures should be only the more vigorous; as the only chance of relief is the removal of the engorgement of the lung, which, by compression of the vein, impedes the circulation.—*L' Union Médicale*, No. 63.

SURGERY.

NEW MODE OF TREATING DEAFNESS ARISING FROM DESTRUCTION OF THE MEMBRANA TYMPANI.

Mr. Yearsley (*Lancet*, July 1,) mentions a simple means of remedying the loss of the membrana tympani with which he became accidentally acquainted through the instrumentality of a patient. This consists in inserting a small portion of cotton-wool moistened, into the meatus, and passing it with a probe to the site of the missing tympanum. He relates two very astonishing instances of the improvement in hearing thus accomplished. The remedy is a simple one, and its usefulness or fallacy will doubtless soon be amply ascertained.

TREATMENT OF ERECTILE TUMOURS.

M. Behrend, of Berlin, treats these tumours by the application of the concentrated acetic acid, followed by lint dipped in distilled vinegar. Under this treatment the tissue becomes pale and hard, diminishes in bulk, and is at length completely thrown off. He also, in some cases, enjoins the repeated division of the dilated vessels, by puncturing them with a needle with double-cutting edges.—*Journal fur Kinderkrankheiten.*

RESECTION OF THE SCAPULA.

W. ———, aged 32, was admitted into King's College Hospital, January 13th, 1847. He had suffered from disease of the right shoulder-joint for seven years, when the extremity was amputated at the articulation, at Fort Pitt Hospital, and a part of the glenoid cavity was at the same time removed. He recovered, but became the subject of abscess on the front of the chest about twelve months afterwards. On admission into King's College Hospital, the whole shoulder was enlarged, and the soft tissues hypertrophied; a great many fistulous openings existed in the pectoral region, and over the clavicle, which discharged copiously. Having determined on the propriety of removing the scapula entire, Mr. Fergusson proceeded to operate on the 6th of February, 1847. The patient was put under the influence of æther, and the clavicle was first exposed, and divided about two inches from its acromial extremity, with a saw; another incision extended along the spine of the scapula; and a third in the course of the old cicatrix. Some further dissection, and a division of the attaching muscles, enabled the operator to complete the excision, the subclavian artery being the while compressed over the first rib. The axillary and other arteries were tied, and the wound was closed with stitches. The patient's recovery was satisfactory, and unattended by anything deserving particular notice. On May 5th he was sent into the country, and a recent account reports him to be well and fat, though still occasionally troubled with small abscesses on the breast. After maceration the bone exhibited a hypertrophied condition; the remaining portion of the glenoid cavity was carious, and its margin was surrounded by a mass of new ossific matter.

MIDWIFERY.

HERNIA OF THE UTERUS.

Hysterocele is stated by Mr. Bell, to occur under three forms:—1. Through the inguinal canal. 2. Through the crural ring. 3. Through a separation or rent in the abdominal walls.

Two cases of the latter are recorded by him.

1. Mrs. P., delivered of her fifth child eight days previously. When seen she was collapsed, with quick small pulse. She complained of intense pain in the abdomen; on examining which the uterus was found protruding through a rent in the linea alba. It was reduced, but the patient died. No inspection allowed.

2. In a female, confined for the fourth time, after the birth of the child the uterus was felt to have escaped through a rent into the linea alba, and containing another fœtus. The membranes were ruptured after reducing the uterus, and the second child was speedily born. This woman did well.

Cases of inguinal and crural hysterocele are narrated by Sennert, Lallemand, Chopart, and Thurat.

The treatment of ventral hysterocele, consists in reduction, bandaging, and the recumbent posture.—*Monthly Journal*, July, 1848.

INTRA-UTERINE PERITONITIS IN THE FŒTUS.

Dr. Simpson exhibited at the meeting of the Edinburgh Obstetrical Society a fœtus, which had evidently laboured under peritonitis, as was evidenced by the effusion of lymph on various parts of the peritoneum. He believed that the disease was more frequent than is suspected, as he had discovered its traces in many fœtuses which had died in the seventh or eighth month of utero-gestation.—*Monthly Journ.*, May.

MATERIA MEDICA.

GUTTA PERCHA IN WOUNDS.

Gutta percha may be readily dissolved in bi-sulphuret of carbon in all proportions, and without the aid of heat. When a few drops of this solution are placed on the surface of any object, the carburet of sulphur evaporates with great rapidity, and leaves a thin layer of gutta percha, which acts as a preservative against the influence of air. On account of this M. Vogel has employed this solution to cover wounds caused by a cutting instrument. The carburet of sulphur in evaporating produces a sensation of cold in the skin, which acts as an antiphlogistic, and a re-union of the margins of the wound is readily effected. The sulphuret of carbon should be quite pure and free from all traces of sulphuretted hydrogen. This may be effected by treating it with litharge or carbonate of lead. He has also employed this solution for covering the surfaces of fruit which it is wished to preserve in a collection of natural history. Up to the present time a solution of wax has been employed for this purpose, but there is a great difficulty in removing the wax from the fruit without tearing the surface. The solution of gutta percha, which completely prevents the fruit from drying, has also the advantage of being easily removed by means of hot water. The solution offers also a great advantage for paintings and drawings, for it possesses the property of fixing in the paper, pencil, chalk, or charcoal drawings in such a manner that it is impossible to injure them by friction.—*Medical Times.*

NEW METHOD OF PREPARING CHLOROFORM.

The following method of preparing chloroform is recommended by Professor Böttcher:—Equal parts of chloride of lime and acetate of soda are distilled to dryness in an iron retort. But little chloroform is obtained in the first distillation, but a large quantity of dilute acetone, which is mixed with chloride of lime and submitted to a second distillation. But the whole of the acetone is not decomposed in this operation, and it is consequently necessary to mix the product with more chloride of lime, and again distil. The product is rectified over caustic lime. This method is said to effect a great saving.—*Polytech. Notizen Blatte*, No 1.

LIQUID INDIA-RUBBER AS STICKING PLASTER.

[It will be remembered that Mr. Douglas Fox, of Derby, drew attention to the utility of the liquid India-rubber at the last anniversary meeting of the Provincial Medical and Surgical Association, a notice of which subsequently appeared in the Journal. Mr. Fox has since communicated the following particulars to the *Lancet*.]

If liquid India-rubber, spread upon calico, or other material, by a stiff brush, or by a knife, be used as adhesive plaster, it will be found to answer far better, in almost every case, than any other adhesive material, as it sticks firmly, is pliant, produces no irritation to the skin, and will bear lotions, or washing over it. It is also most valuable in cases where the skin requires a soft plaster of an unirritating nature for its defence, as in old persons, or others long confined to bed. In such cases, it is better to use either soft leather or the vulcanized India-rubber, made in thin sheets; the latter, from its elasticity, is often the best, as it stretches with the skin on every movement of the body. To many kinds of wounds, from operations or otherwise, strips of thin vulcanized India-rubber, spread with the liquid, will be found invaluable as elastic adhesive plasters, as they become firmly attached to the skin, and give way to all its movements. But should any wounded part require a portion of the plaster to be non-elastic, as in the case of operation for hare-lip, &c., then, in order to secure such part from being stretched, a short piece of calico, about an inch in length, should be stuck upon the middle of the elastic plaster, by which means that portion would become stationary.

If a circular piece of thin vulcanized India-rubber, about two inches in diameter, be spread with the liquid, and applied on the abdomen of an infant having umbilical hernia, and a common bandage, such as is generally used for infants, be passed lightly round the body, the protrusion will be instantly checked; and if the same plaster be again spread with the liquid and re-applied, when it comes off from time to time, no trouble will be experienced by the infant. It is not necessary to use any pad or compress.

The liquid, which is like thick treacle, and the vulcanised India-rubber, may be procured in most large towns. (They are manufactured in Manchester, by Charles Mackintosh and Co.) In most cases, the thin sheet of the vulcanized India-rubber, or that sold as No, 50, will be the most suitable; in other cases, the thicker, or the No. 36, will be advisable.

The most convenient method of carrying the liquid is in one of the small, compressible bottles, used by painters, holding about an ounce, so that on removing the screw-cap, any required quantity can be squeezed out.

The above statement will give a general idea of the subject; the materials may of course be used in a vast variety of forms.—*Lancet*, Feb. 19.

MINIMUM FATAL DOSE OF ARSENIC.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In reference to Dr. Castle's case of poisoning by arsenic, I feel exceedingly obliged to you for reminding me of the case reported by Dr. Letheby, of which I now remember having taken a note, but had overlooked it in the multitude of (as yet) unarranged facts which are daily crowding upon me.

I readily admit that a well-authenticated case of poisoning, by two grains and a half of arsenic, taken

at one dose, should have its weight in guiding our opinion, on such a case as the one under discussion; still, after placing every sentiment of deference in the scale, I cannot bring my mind to think that it ought to be put on record as a case of poisoning by two grains of arsenic, taken in divided doses for three or four days. I really think that future toxicologists, finding such a case on record, resting upon "*imperfect evidence*," as to the dose, and not without suspicion of other poisonous substances having been taken, would say that it weighs nothing. The detection of *traces* of arsenic in the viscera is certainly no absolute proof of the cause of death, considering the extreme delicacy of our tests; for it cannot be doubted that such traces might be found in the body of a patient taking arsenic medicinally, and dying accidentally. On the other hand, assuming that arsenic destroyed life, the bare possibility of the deceased woman having taken *more* of the poison than appeared in evidence (for she might have been taking it for weeks,) appears to me to destroy the value of the case, considered as a *fact* in toxicology, although I confess that the publication of such a case, notwithstanding all its doubtful points, ought to awaken the utmost vigilance, as well as quicken our zeal, in the pursuit of an inquiry so fraught with interest as the action of minute doses of arsenic on the human frame.

Allow me to add that I feel honoured by the impatience expressed by Dr. Castle for the conclusion of my inquiries, he may be assured there will be no unnecessary delay on my part. I still wait in the hope of further communications from members, from *hundreds* of whom I have as yet received no reply.

I am, Sir,

Your obedient servant,

THOMAS HUNT.

Herne Bay, July 26, 1848.

PETROLEUM IN ASIATIC CHOLERA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

At the present time, when many persons are anticipating with fearful anxiety the arrival of the cholera on our shores, any information which may throw light upon the true nature of the malady, or the introduction of any new agent which may possess remedial powers against it, deserves our attention. Petroleum, it appears, from the report of Dr. Andreyoski, has been found to possess very valuable properties as a remedy in this justly dreaded disease; and I find from a letter in the last number of the Journal, Dr. Tunstall, of Bath, brought it under the notice of Sir Charles Napier, two years since, with the same view. Our knowledge of the *modus operandi* of many medicinal agents is very limited and uncertain, but I always feel a greater degree of confidence in prescribing when I imagine I have something like a definite notion of the action of the medicine I am about to use. My object in making the foregoing remarks, is to call the attention of Dr. Turnstall to what appears to me an inconsistency in his views of the action of petroleum. He says it has been demonstrated by Dr. John Davy and others, "*that the respired air of cholera patients contains a much smaller proportion of carbon than is sufficient for the proper purification of the blood;*" and then proceeds to say, "*Now, in the petroleum, we have a medicine that acts primarily as a powerful stimulant, secondarily by supplying the system with its due proportion of carbon for excretion; while its effects being produced by means of the absorbent system it acts beneficially as an antiseptic, preserving the frame from the rapidly fatal effects of this horrible disease by evolving carbonic acid from the lungs.*" I must confess that I cannot understand this secondary action, as explained by Dr. Tunstall. We are first told that the blood is not sufficiently purified of its carbon; and then we are recommended to use an agent which will supply the system with its due proportion of carbon for excretion, &c. Surely this is not scientific treatment. If the system is already overcharged with any element, we cannot expect to relieve it by administering more of the same, though I am aware that the doctrine of "*similia similibus curantur*" is professed to be held by some people.

I shall be glad to find that further experience confirms the value of petroleum as a remedy in cholera, anticipated by Dr. Tunstall; but if you think with me, that there is a little ambiguity in his idea of its mode of action, you will oblige me by inserting this letter in the Journal at your earliest convenience.

I have the honour to be,

Your obliged servant,

GEORGE SOULBY.

Dover, July 19, 1848.

INFLUENCE OF INSUFFICIENT FOOD ON THE GROWTH OF THE FŒTUS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the last number of the Journal you have inserted, (copied from the *Lancet*,) a case occurring to Dr. Frentruss, from which he infers that the fœtus may be *so reduced in size by starvation of the mother*, as to be born alive at the full period of gestation through a distorted pelvis; you will perhaps not consider the space misapplied in giving publicity to the following *controverting fact*.

M. R., reduced by the intemperance of herself and husband from easy circumstances to almost the lowest point of destitution, having barely sevenpence per diem for the support of the whole family, comprising herself, husband, and three young children, was delivered by me after a quick easy labour, in the month of August, 1843, of a *fine stout healthy boy*. She was then lying on the bare floor, covered only by a ragged quilt, in an apartment without one article of furniture, without the meanest necessaries, and in one corner of which, were crouched her three, absolutely naked children. No improvement whatever occurred in her circumstances, for they were *too proud* to apply to the parish, and their habits seemed to have disgusted every friend,—even their relatives had no compassion for them. I was, therefore, much grieved to be again

called to attend in about fourteen months from the former labour, during the whole of which time she *suckled the first child*. The labour was again easy and quickly accomplished, and the child as well-developed and healthy as under the most favourable circumstances. The first child had become emaciated and sickly by the poverty of its *only food*, its mother's milk.

I leave the comparison of these cases, and the result, in the hands of your readers.

And remain faithfully yours,

EVAN EVANS.

Bath, August 3, 1848.

MEDICAL LEGISLATION.

MEETING AT MANCHESTER.

At a meeting of the members of the Royal College of Surgeons of England resident in Manchester and its neighbourhood, convened by public advertisement, and held at the Town Hall, on Tuesday, July 11th, 1848, W. B. Beever, Esq., in the chair,

It was proposed by Daniel Noble, Esq., and seconded by Dr. Rayner, of Stockport, and resolved:—

That this meeting hereby records its decided opposition to any measure of legislation affecting the constitution of the medical profession, which may ratify the retrospective act of injustice involved in the provisions of the charter recently granted to the College of Surgeons, at the instance of the Council.

It was proposed by James Bower Harrison, Esq., and seconded by D. Bowman, Esq., and resolved:—

That the invidious proceedings of the Council in regard to the fellowship, have deprived it of the value and consideration which, under other circumstances, it would have possessed, and that in the opinion of this meeting it would be derogatory on the part of those who were members of the College anterior to the date of the charter of 1843, to procure admission to the fellowship by re-examination and further pecuniary payment as at present proposed.

It was proposed by Thos. Dorrington, Esq., and seconded by G. Southam, Esq.:—

That this Meeting conceives the Colleges of Physicians and Surgeons once placed in just and harmonious relation with their respective members, to be amply sufficient for all the requirements of medical science, and that the institution of a third and subordinate College of General Practitioners would, under such circumstances, introduce needless complication, and be prejudicial to the best interests of the profession.

It was proposed by R. H. M'Keand, Esq., and seconded by G. Southam, Esq.:—

That a Committee be appointed, consisting of the following gentlemen, with power to add to their number, to carry out the above resolutions:—Mr. Beever, Dr. Rayner, Messrs. Noble, M'Keand, Bower, Harrison, Southam, Yorke, Wood, Leah, and Bowring.

It was proposed by A. Featherstonehaugh, Esq., of Bolton, seconded by J. Leah, Esq., of Gee Cross:—

That the Committee be requested to publish the proceedings of this day in such a manner as they shall deem most advisable.

Proposed by John Windsor, Esq., and seconded by T. Dorrington, Esq.:—

That the best thanks of this meeting be given to his Worship the Mayor, for his kindness in allowing the use of the Town Hall, for the purposes of this meeting.

(Signed) W. BEEVER, Chairman.

JOHN WINDSOR, Esq., in the Chair.

Proposed by R. T. Hunt, Esq., seconded by T. Fawcett, Esq., Oldham:—

That the best thanks of this meeting be given to W. W. Beever, Esq., for his impartial conduct in the chair.

(Signed) JOHN WINDSOR, Chairman.

GLOUCESTERSHIRE MEDICAL & SURGICAL ASSOCIATION.

MEDICAL REFORM.

At a special general meeting of the members of the Gloucestershire Medical and Surgical Association, held at Cheltenham, on the 20th day of July, 1848, "To take into consideration the proposals for a measure of medical reform, lately published, as resulting from a conference of parties representing the metropolitan corporations and the general practitioners, and intended as the basis of an Act of Parliament for the regulation of the profession," Thomas Wright, Esq., M.D., President, in the chair, the following resolutions were carried unanimously:—

1. That the Charter granted to the College of Surgeons, in 1843, forms an insurmountable obstacle in the path of medical legislation, and that no attempt to adjust, by Act of Parliament, the difficulties of this subject, can be successful or satisfactory until the injustice perpetrated by that obnoxious measure be done away with.

2. That the Colleges of Physicians and Surgeons, if rightly organized, are quite sufficient for the requirements of the profession in this country, and that the proposed creation of a new corporation for the enrolment of the general practitioners is uncalled for by any necessity, and that such new institution would be alike injurious to the interests of the profession and the public.

3. That the parties who have undertaken to appear on the part of the general practitioners in the conferences which have led to the proposal of a new corporation, have no title whatever to be considered as representing the views and opinions of that great body of the profession.

4. That this Association pledges itself to oppose, by all means in its power, the adoption of any legislative measures which may tend to perpetuate the injustice inflicted upon the members of the College of Surgeons by the Charter of 1843.

5. That a memorial be forwarded to the Secretary of State, and a petition presented to the House of Commons, embodying the foregoing resolutions; and that a Committee be appointed for the purpose of drawing up such memorial and petition, and giving publicity to the proceedings of the meeting.

J. W. WILTON, F.R.C.S., Hon. Sec.

THE APPEARANCES ON OPENING THE BODY OF SIR THOMAS LYTTELTON.

16th Sept., 1751.

On opening the abdomen or lower belly we found all the parts perfectly sound.

In the breast or thorax the lungs appear'd of a livid colour, and through their whole substance were allmost fill'd wth small schirrous tubercles, interspers'd wth. purulent matter but quite free from any adhesion to the containing parts. In the left cavity we found more than a pint of a yellowish brown serous fluid. The great artery just above the heart & below it down to the bottom of the abdomen, was distended to an immense degree, & just at the heart this sac or cyst contain'd a large polypus, that weigh'd 2 ounces, of a hard, fleshy, and curdly substance. This cyst adher'd firmly to the vertebre of the spina, at the curvature of the aorta, or large artery. The spine was considerably distorted & bent to the right side at the place of this adhesion.

The bones of the cranium or skull were join'd together so close, that they appear'd as one continued bone.

The membranes of the brain, & the brain itself through its whole substance, appear'd perfectly sound.

The 2 lateral ventricles of the brain were very full of a clear limpid fluid.

We found the eye that he had most complain'd of perfectly sound and well.

J. Harvey.
Wm. Grosvenor.
Thos. Saunders.
Read Shaw.

Medical Intelligence.

APPOINTMENTS.

Dr. Babington and Dr. Jeaffreson have been appointed Consulting Physicians, Mr. Aston Key, Consulting Surgeon, and Drs. Peacock, Bentley, and Allan Williams, Physicians, to the City of London Hospital for Diseases of the Chest.

James Moncrieff Arnott, Esq., F.R.C.S., Surgeon to the Middlesex Hospital, has been appointed Professor of Surgery at University College, London, and one of the Surgeons of University College Hospital.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, July 21st:—W. N. Price; R. S. Harvey; T. Leeson; A. B. Jones; C. H. Gamble; E. E. Phippen; J. W. Harper; J. W. Trotter; O. H. Jennings; G. S. Knight; J. Sturdy; and T. Lunbery.

Monday, July 24th:—G. W. Peake; D. D. Murphy; G. F. Trimnell; E. J. Lazarus; H. Eales; G. E. Driver; C. C. Piper; R. C. Smyth; and T. B. Knott.

Friday, July 28th:—F. Deane; J. P. Smith; W. Robinson; H. Coleman; D. Thomas; W. C. Satchell; T. Alcock; E. Sewell; S. T. Gwynn; and M. Gosling.

Friday, August 4th:—C. Underhill; E. Horuer; J. Hendley; E. Andrews; R. O. Clark; J. King; and H. Bowe.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, July 20th:—Charles Walter Poulton, Cricklade; Henry Tizard, Weymouth; Charles Crowdy, St. John's, Newfoundland.

Thursday, July 27th:—Joseph Drew, St. Austle, Cornwall; William Davis, St. George's Town, Salop; Joseph George Thompson, St. Mabyn, Cornwall; Charles Smith, Weyhill; Louis Truefitt, Hyde Park.

OBITUARY.

Died, August 25th, at Speenhamland, near Newbury, Berks, aged 64, John Mort Bunny, M.D.

August 26th, at Fiddington House, near Devizes, aged 29, John Willett, M.D.

Lately, aged 61, Sir Joseph De Courey Laffan, Bart., K.H., M.D., and L.L.D., formerly Physician to the Forces in the Peninsular War, and to his late Royal Highness, the Duke of Kent.

BOOKS RECEIVED.

Outlines of Lectures on the Nature, Causes, and Treatment of Insanity. By Sir Alexander Morison, M.D., Fellow of the Royal College of Physicians, London, &c. &c. Edited by his son, Thomas Coutts Morison, late Resident Medical Officer of the Norfolk County Lunatic Asylum. Fourth Edition, with Plates, and much enlarged. London: Longman. 1848. 8vo. pp. 481.

A Course of Lectures on Dental Physiology and Surgery, delivered at the Middlesex Hospital School of Medicine. By John Tomes, Surgeon-Dentist to the Middlesex Hospital. London: Parker. 1848. 8vo. pp. 397.

Scriptural Authority, for the Mitigation of the Pains of Labour, by Chloroform and other Anæsthetic Agents. By Protheroe Smith, M.D., Member of the Royal College of Physicians, Physician to the Hospital for Women, &c. &c. London: Highley. 1848. 8vo. pp. 52.

The Eighth Annual Report of the Registrar-General of Births, Deaths, and Marriages in England. London: 1848. Folio, pp. 144 and 330.

Return of the Mortality in 117 Districts of England, for the Quarter ending June 30th, 1848.

The Clinical Repertory.

The Student's Clinical Memorandum Book.

TO CORRESPONDENTS.

Communications have been received from Dr. Kingdon; C. A.; Mr. Allan; Mr. G. Bowring; Mr. E. Twining; Dr. Toogood; Dr. J. M. Duncan; Mr. T. Hunt; Dr. Heaton; Mr. E. Evans; Mr. G. King; Mr. Law.

A Subscriber:—We believe not, but we would recommend our correspondent to make the inquiry from the authorities at the College and Hall.

Enquirer.—King's College.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNIVERSARY MEETING.

The Sixteenth Anniversary Meeting of the Association was held at Bath, on Wednesday, the 16th, and Thursday, the 17th, of August, 1848.

The following gentlemen recorded their names in the book kept for that purpose:—

James Tunstall, M.D., Bath; Thomas Nunneley, Esq., Leeds; J. P. Garlick, Esq., Leeds; E. Scholfield, M.D., Doncaster; C. Hastings, M.D., Worcester; G. Alton, Esq., Easton-in-Gordano; W. Colborne, Esq., Chippenham; F. Flower, Esq., Chilcompton; John Cardew, M.D., Bath; T. Hodgkin, M.D., London; W. J. Morgan, A.M., M.D., Bradford; G. W. Dyke, M.D., Corsham; J. S. Bartrum, Esq., Bath; James Stedman, Esq., Guildford; W. J. Wilson, Esq., Manchester; E. Hodges, M.D., Bath; W. J. Church, Esq., Bath; W. Conolly, M.D., Cheltenham; J. Conolly, M.D., Hanwell; J. Mackness, M.D., Hastings; R. F. Lindoe, M.D., Bath; R. G. Mayne, M.D., Leeds; W. Cantrell, Esq., Wirksworth; J. Heygate, M.D., Derby; Robert J. N. Streeten, M.D., Worcester; Thomas Martin, Esq., Reigate; John H. Fuge, Esq., Plymouth; Henry Terry, jun., Esq., Northampton; Clement Hawkins, Esq., Cheltenham; Charles Bayliffe, Esq., Chippenham; G. Soulby, M.D., Dover; Thos. Washbourne, Esq., Corsham; Thos. Paget, Esq., Leicester; G. Bottomley, Esq., Croydon; J. Hodgson, Esq., Birmingham; A. Adye, Esq., Bradford; T. L. Surrage, Esq., Clifton; G. W. Jotham, Esq., Kidderminster; W. Davies, M.D., Bath; J. J. Mitchell, Esq., Bath; C. Barham, M.D., Truro; G. Waldron, Esq., Bath; T. Barrett, Esq., Bath; C. J. F. Lord, Esq., Hampstead; J. G. Leete, Esq., Thrapston; Thomas Barter, Esq., Bath; J. Pearce, Esq., Bath; E. Blackmore, M.D., Bath; C. J. Edwards, Esq., Batheaston; Thomas Wheelan, M.D., Bath; H. F. A. Goodridge, M.B., Bath; R. Colthurst, M.D., Clifton; G. H. Hetling, Esq., Bristol; J. Colthurst, Esq., Clifton; E. Hunt, Esq., Bath; W. H. Brace, Esq., Bath; W. E. Gillett, Esq., Taunton; P. C. De la Garde, Esq., Exeter; J. C. S. Jennings, Esq., Lacock; T. Green, M.D., Bristol; J. B. Bartlett, Esq., Teignmouth; A. Paul, Esq., Torquay; C. Bailey, Esq., Chippenham; J. Toogood, M.D., Torquay; W. Kay, M.D., Clifton; G. Vicary, Esq., Warminster; E. Skeate, Esq., Bath; J. Prankerd, Esq., Langport; H Marrett, Esq., Bath; G. B. Wood, M.D., Philadelphia; W. F. Bally, Esq., Bath; W. Bush, Esq., Bath; G. Wallis, M.D., Bristol; J. Holbrook, M.D., Cheltenham; T. Smith, M.D., Cheltenham; J. K. Booth, M.D., Bath; J. B. Estlin, Esq., Bristol; W. E. Hunter, M.D., Lynn; R. Fookes, Esq., Stalbridge; H. Hanks, Esq., Bath; G. W. Hastings, Esq., Worcester; T. W. Walford, Esq., Reading; Evan Evans, Esq., Bath; R. F. George, Esq., Bath; Race Godfrey, Esq., Yatton Keynell; John Churchill, Esq., London; J. Paxton, M.D., Rugby; T. Shapter, M.D., Exeter; W. H. Ranking, M.D., Norwich; W. Trevor, Esq., Dulverton; H. W. Randolph, Esq., Milverton; F. Fox, M.D., Brislington; W. A. Cox, Esq., Bath; H. Clarke, Esq., Bristol; C. M. Harris, Esq., Moreton, Valence; A. Stilwell, Esq., Hillingdon; P. Martin, Esq., Reigate; R. B. Ruddock, Esq., Bristol; G. Bullen, Esq., Ipswich; J. Kilvert, Esq., Bath; E. D. Mac Dermott, M.D., Bath; W. H. Hall, Esq., Wareham; E. Boult, Esq., Bath; W. Budd, M.D., Bristol; T. Thompson, M.D., London; C. J. B. Williams, M.D., London; C. Cowan, M.D., Reading; J. B. Cowan, Esq., Bath; G. Skinner, Esq., Bath; G. R. Skinner, Esq., Bath; R. Partridge, Esq., London; S. F. Bridge, Esq., Wellington, Somerset; F. Mason, Esq., Bath; J. S. Soden, Esq., Sunbury, Middlesex; John Ormond, Esq., Bath; A. Robertson, M.D., Northampton; G. Norman, Esq., Bath; W. Newnham, Esq., Farnham, Surrey; C. A. Newnham, Esq., Guy's Hospital; W. A. Greenhill, M.D., Oxford; James Crang, Esq., Timsbury; Findlater Crang, Esq., Hallatrow; Edmund Lyon, M.D., Manchester; Anthony Martin, Esq., Evesham; J. Soden, Esq., Bath; J. B. Daniell, M.D., Bath; George King, Esq., Bath; F. H. Woodforde, M.D., Taunton; W. J. Highmore, Esq., Bradford; C. B. Nankivell, M.D., Torquay; George Kidgell, Esq., Wellington; W. C. Pyne, Esq., Wellington; J. Taylor, M.D., Castle Cary; Martin Hiscox, M.D., Bath; John Adams, Esq., Bath; J. L. Swayne, Esq., Bristol; J. C. Swayne, Esq., Bristol; J. Crouch, Esq., Bruton; Henry W. Livett, Esq., Wells,; C. Terry, Esq., Bath; T. C. A. Royds, Esq., Wells; S. Hare, Esq., London; W. Hutchins, Esq., Keynsham; W. Brown, M.D., Keynsham; S. Crompton, Esq., Manchester; C. C. Wallis, Esq., Castle Cary; C. H. Clarke, M.D., Bath; G. S. Ogilvie, Esq., Bristol; F. Salmon, Esq., London; Joseph Parsons, Esq., Beckington; James Taylor, Esq., Castle Cary; W.

M. Kelly, M.D., Taunton; Robert Marchant, M.D., North Curry; W. R. F. Marchant, Esq., North Curry; Thos. Stockwell, Esq., Bath; E. L. Bagshaw, Esq., Bath; P. Miller, M.D., Exeter; J. Walker, Esq., Bath; G. L. Wood, Esq., Bath; J. S. Daniel, Esq., Ramsgate; C. Simmonds, Esq., London; J. Godfrey, Esq., Bristol; J. C. Neild, Esq., Bristol; N. Highmore, Esq., Sherborne; Henry Desplan, Esq., University College; T. G. Hake, M.D., Bury St. Edmunds; E. S. Mayor, Esq., Bristol; E. Hodges, M.D., Bath; H. H. Fox, M.D., Northwoods, Bristol; W. Mortimer, Esq., Clifton; W. C. Trotman, M.D.; W. A. Cartwright, Esq., Teignmouth; J. B. Burroughs, Esq., Clifton; C. Smerdon, Esq., Clifton; J. Lancaster, Esq., Clifton; H. Clark, Esq., Bristol; W. Feilder, Esq., London; J. A. Symonds, M.D., Bristol.

FIRST GENERAL MEETING.

The Council having previously met, and arranged the order of the proceedings, the First General Meeting was held in the Assembly Rooms, on Wednesday afternoon. At the appointed hour (one o'clock) a large number of gentlemen had assembled, and the President, Dr. HEYGATE, having taken the chair, addressed the meeting as follows:—

Gentlemen,—I will not detain you one minute from the highly interesting and important subjects which will engross the attention of the present anniversary; but, gentlemen, I cannot quit this chair as your President, without expressing to you, and to the Association generally, the high gratification I have had in presiding over its general interests for one year; the more especially as I have discovered, during that year, a growing disposition on the part of every section of our profession, to unite hand and heart in cordially promoting what concerns the general good of the body politic. I have seen all petty jealousies gradually softening down. This is what was wanted, because it is notorious that the legislature has expressed a willingness to settle our differences, provided we can agree amongst ourselves. I have also the more pleasure in resigning this chair, knowing, as I do, that the gentleman who will be proposed for your consideration to day, will not only fill it with credit to himself, but with far more advantage to the Association than my feeble efforts have enabled me to do. Feeble, however, and inefficient as my efforts have been, I shall not cease, as long as life is spared to me, to feel a lively interest in this Society; not only on account of its vast importance to the provincial profession, but out of respect to its founder, my friend Dr. Hastings.

Dr. HASTINGS, of Worcester, said he had much pleasure in proposing George Norman, Esq., F.R.C.S., of Bath, as the President of the Association for the ensuing year. After the response which had been made to that nomination, he (Dr. Hastings) would not add another word, but would leave Dr. Woodforde, of Taunton, to explain the reason of the meeting being held in the ancient city of Bath.

Dr. WOODFORDE, of Taunton, said he had great pleasure in seconding the nomination of Mr. Norman, of Bath, as the President for this year, although he regretted that the meeting of the Association was not to take place at Taunton. Some of the members present might not be aware that in the year 1841, a purely local Association was formed at Taunton, which, in 1844, had united with the Provincial Medical and Surgical Association. In 1846, the Association was invited to hold its meeting at Taunton, but from previous arrangements it was impossible to accept the invitation, and the present year had accordingly been fixed upon. The death of the President-Elect, coupled with other circumstances, had compelled the Taunton Branch, to send a deputation to the Bath Branch, to request them to receive the Association in its place, which request had been most kindly acceded to; and while he felt sure that the interests of the Association would be promoted by its Anniversary being held at Bath instead of at Taunton, he would express the hope that as the advantages and objects of the Association became more generally known, in the part of the country from which he came, so its number of members would increase, and he would not despair of seeing the meeting held at Taunton in some future year. Dr. Woodforde concluded by seconding the nomination of Mr. Norman, as the President for the ensuing year.

Dr. HEYGATE said he need hardly put the resolution to the meeting. It was carried by acclamation, and George Norman, Esq., having been conducted to the chair, addressed the meeting as follows:—

PRESIDENT'S ADDRESS.

GENTLEMEN,—

On addressing you as the President of this Association for the coming year, allow me to express the high sense I entertain of the honour you have conferred on me, and to thank you for having placed me in that situation. The gratification, however, which I feel in this compliment is deeply mixed with a regret,—one in which I am convinced you will all participate,—for the unforseen circumstances which occasioned the removal of the Anniversary Meeting from Taunton to this place, and with a heart-felt sorrow for the melancholy death of Dr. Macmullen, your late President elect.

It is quite unnecessary for me, gentlemen, at this, the sixteenth Anniversary Meeting, to explain the principles of the Association, or the objects for which it was founded; these have been so often, so ably demonstrated, and so efficiently advocated in the Addresses of former Presidents, more particularly those of the first years of its existence, that it would be presumption in me so to occupy your time. It will be more appropriate for me, in the observations I have the honour to make to you, to speak of the present state, and to refer to some of the objects which have been attained by the Association.

In the report of the first Anniversary, in 1839, it is stated that 313 was the number of its members; each year since then has gradually added to that number, and we now report 1795 to be the present amount of members. This fact, gentlemen, evinces how fully the advantages of such an Association have been appreciated, and how zealously its objects have been carried out by the great body of medical men in the provinces.

The Annual Meetings of this Society have exhibited the true character of the medical profession, by showing how large a number assemble without any private object,—without the smallest chance of advancing their individual interests,—with the certainty of pecuniary loss,—for the sole purposes of improving their professional knowledge, and of promoting the inducements to intellectual and honourable conduct in their services to the public, and their transactions with each other. The medical practitioner, in the circle of his daily avocations, has little opportunity, and possesses few means of associating himself with the pursuits of general society; he is only sought for by others in their misfortunes; he only sees them in their misery; and as it is a character of the human mind to forget calamity when its urgency has passed by, it often happens that the medical man is, to a certain degree, forgotten, if he have not other claims on the notice of his vicinity.

It is true that by a long and conscientious discharge of professional duties, many individuals have gained a high position, and an honourable estimation in their own localities; but as a body, the medical profession is less known, its difficulties, its anxieties, its labours, and the amount of its reward less understood, than any one of the other professions,—nay, than almost any class of labourers in the field of industry and of general utility. But these, our Annual Meetings, by giving to us unity, strength, and importance, have made the general public better acquainted with the character of our profession; and I trust the time may arrive, when both the public and the legislature will better appreciate the opinion of our profession on medico-legal subjects, and all others connected with the social and sanitary condition of the people,—subjects on which medical men, from their peculiar education and avocations, have the means of forming a correct, because a practical, judgment.

The amount, gentlemen, which this Association has contributed to the advancement of medical science, may be estimated by the volumes of its Transactions,—by the industry and talent bestowed on many of the papers, particularly in the various Retrospective Addresses, which have given origin to two valuable works by members of this Association, the "Retrospect of Medicine," by Mr. Braithwaite, and the "Half-Yearly Abstract of the Medical Sciences," by Dr. Ranking. These works have rendered the reading of a Retrospective Address at these meetings unnecessary, are easy of access, and are now held in deservedly high estimation by all members of the profession. I trust, gentlemen, the volumes of your Transactions may continue to be nourished by the contributions of all those members who possess the opportunity and leisure.

The diffusion of medical information amongst the members has been much promoted by the publication of our periodical Journal every alternate week, which affords an easy mode of recording and communicating, throughout the Association, any circumstance or case of unusual interest; and, conducted as it now is, by its talented Editors, on the plan recommended by the Committee, it not only answers the expectations of the Association, but forms a valuable addition to the medical press.

The Association has also derived considerable advantage from the formation of Branches in various localities, which carry out the objects of the Association in more frequent meetings, by which unity and mutual good feelings are promoted amongst the members of the Branch, and a spirit of inquiry and investigation kept up by which materials are collected and forwarded to the Parent Society for publication in the Journal. One other mode of advancing medical science, and of giving credit to the Society, has been adopted by the Council, and will come into operation for the first time at the present meeting—that of offering a prize for the best essay on a subject proposed by the Council,—a plan which has been adopted by the Royal College of Surgeons, and by other associations, and which it is hoped may prove advantageous to this.

There is, Gentlemen, one other object of this Association, intended for the advantage of its members, which has been in some degree attained, but requires yet to be perfected—the formation of an adequate Benevolent Fund, for the relief of such of our members as from illness or from unavoidable adverse circumstances may have been placed in temporary difficulty, for more permanent assistance to one entirely disabled, or to the widow and orphans who may have been prematurely deprived of the support of a professional income. Even an approach to the maturity of such an object must be of slow growth; for in so large a number of persons as the members of our profession, adversity must be the lot of many, and of some who have struggled hard to avert its evils. The amount of relief required under such circumstances must be considerable, yet the means of supplying it can only be slowly accumulated. The expenses attending the proper performance of the duties of a medical man, the degree of respectability in the appearance and mode of life of his family, and in many instances the inadequacy of his remuneration, make it difficult for him to do much for the assistance of his brethren, and present serious impediments to the formation of an adequate fund. Much, however, has been done, as will be detailed by the Report, which may, I hope, shew a progressive improvement.

Miseris succurrere disco, is one of the mottos of our profession, and while we render our services to the general community, and afford our assistance gratuitously to the sufferer destitute of means to a greater extent than any other class of persons who have to support themselves by their labour, surely we shall not pass by our brethren either in their maladies, or in their adversity. *Nihil homini carius quam sui cuique libari*, and in this instance the children of misfortune should be our own. I trust, Gentlemen, that every member will consider the Benevolent Fund to be an integral part of the Society's objects, and will render his graduated assistance to its support.

Many important works on medicine and surgery have been published, Gentlemen, in the past year, and much valuable information afforded by the periodicals, which, to notice ever so briefly, would exceed the limits of this address.

The inhalation of æther and subsequently of chloroform, for the mitigation of suffering under the painful operations of surgery, has in the past year exerted in the public mind and in the profession an interest, not more than commensurate with the value of the discovery, if the safety of its application be established. From facts derived from various authorities, it appears that, independent of the saving of pain, another important advantage has been gained by the smaller proportion of deaths after capital operations where chloroform has been inhaled, compared with the results of such cases before that practice was employed. The analysis of the reports obtained by Dr. Simpson, shews a saving of life of eleven per-cent. above the lowest mortality of those who have undergone amputation unætherized, and of thirteen per-cent. above the success of British hospital practice in eight years previous to its introduction,—a result which may fairly be attributed to the diminished shock to the constitution in an operation without pain. It is, however, true, that some deaths have occurred from its use,—I believe five have been recorded,—a sufficient reason for not coming to a hasty decision on the subject. In all the most important and painful operations there is reason to believe the practice will be adopted and will prove highly valuable. In all such operations the mortality must be great, and the risk arising from inhalation, which, if properly conducted, with due regard to all circumstances, is not considerable, must be taken with the rest; but I am not disposed to assent to the use of chloroform in minor operations, not usually attended by danger to life.

The subject of Medical Reform has been considered by this Association from the time of its first formation, to be one of great interest to our profession; and by advice, and by active co-operation, the Council has on various occasions endeavoured to forward the progress of that measure to a final settlement by the Legislature. It is to be regretted that the object cannot be obtained in this Session of Parliament, and that medical men are to remain in the same unsatisfactory state, without any adequate legal protection, and with a very ill-defined title to the position they hold. There is, however, reason to hope, that the conferences which have taken place between the different departments of the profession, in which a committee of this Association has taken part, may be the means of framing a measure against the next Session, which may meet the wants of the profession and obtain the sanction of Parliament. If I might venture an opinion on the subject, I would suggest that those points which are most essential for the protection of the profession, on which all can agree, should be brought before Parliament without endeavouring to include every desirable object, lest by endeavouring to gain minor advantages, we lose the opportunity of obtaining those which are essential, and by raising subjects for difference of opinion, we bring on ourselves a censure which has been cast on us, either that we do not rightly understand our own wants, or that we are too much divided amongst ourselves to agree in them.

The situation of the medical officers of the Unions, and the inadequate scale of their remuneration, will form an especial subject for the consideration of the Association, and will no doubt receive that attention its importance merits. I will only say that I hope, by the combined movement of the Union Surgeons, and the better disposition evinced by the authorities, justice, though tardy, may ultimately be secured to that class of practitioners.

In allusion, Gentlemen, to the events of the last year, I should not do justice to the feelings of the Association, or to my own, were I to omit to pay some brief tribute of respect to the memory of those who have departed this life within the period. The number of our members, and the still larger number of those who have not belonged to our Association, who have been removed from among us, has been lamentably great. The report just now published by the Registrar-General, gives a considerable augmentation on the usual average of deaths in the past year, and our profession has partaken of the general mortality; but in Ireland a fearful number, and in our own island many valuable lives have been sacrificed to malignant fever. The loss of so many valuable men, with the distress of their families, is greatly to be lamented, but it is not the character of our profession to be deterred from pursuing the path of duty by its dangers.

Amongst those of our Association, the name of one of our Vice-Presidents, Dr. Holme, of Manchester, stands pre-eminent—one of the first and most indefatigable promoters of this Association. He was never absent from our meetings, where his talents graced, and his judgment advanced, every object of our Society. His memory will ever be preserved in the annals of this Association. Dr. Kendrick, of Warrington, a physician of literary, as well as medical celebrity; and Mr. Kenrick Watson, of Stourport, were two of the earliest members of our Association. Mr. Jubb, the late Senior Surgeon of the Halifax Infirmary; Dr. Hardwick of Kensington; Mr. Coates, a surgeon of eminence, for many years belonging to the Salisbury Infirmary; Mr. Barlow of Blackburn; and Mr. John Walker, of Manchester, have died in the past year, the last two of fever taken in performance of their duties. In this neighbourhood, we have lost Dr. Bompas, President the year before last of the Bath and Bristol Branch; Dr. Riley, of Clifton, a Lecturer in the Bristol School of Medicine; and our friend, Dr. Macmullen, of Taunton, who at this hour would be addressing you, but for the attack of that direful malady under which he so rapidly sank.

Of those who were not members of our Association, the name of Liston requires our particular notice. The high position he held as a teacher and an operator, renders his loss, at a comparatively early age, a source of regret. He introduced into English surgery, a dexterity and celerity of operating which would somewhat have surprised the slow and cautious surgeons of the last age. By varying the plan as well as the mode of operating in some of the principle operations, he has rendered considerable service to that department of our art. Nearly at the same time, and at about the same age, a surgeon of no less eminence at Berlin, Professor Dieffenbach, died suddenly. He also introduced improvements in the department of

surgery by his novel and successful operations for various deformities.

I turn now, Gentlemen, from this sad subject to one of more pleasure, to express the gratification of my colleagues and myself by this your visit to our city. History is too familiar to all for it to be necessary to say ought of ancient, and your own observations will soon make you acquainted with modern Bath. The only topic to which I would carry your attention in the past, is that of a few of the distinguished men in our profession who have flourished here. We have had a Charlton, a Haygarth, and during the latter part of his life, a Currie,—names well known; Dr. Falconer, a man of great classic, as well as professional, knowledge, the author of a treatise on Bath waters; and Dr. Harington, an elegant classical scholar, a mathematician, an able physician, and the composer of some esteemed musical compositions of the higher class and others, combining perfect harmony with polished wit.

Amongst the names of those who have devoted their lives to the improvement, as well as the practice of our art, the name of Parry will ever hold a conspicuous place,—the friend and fellow-student of Jenner; the author of a work on "Syncope Anginosa," in 1799, an early step in our knowledge of the various lesions of the heart; on the "Nature of the Arterial Pulse, with Experiments on the Arteries;" and of "Elements of Pathology," in which are advanced doctrines derived from his acute and accurate observation, many of which have become established principles with all the enlightened of our profession. If I have dwelt too long on my notice of the late Dr. Parry, my excuse must be, the almost filial regard I have for the memory of one from whom I gained more valuable instruction in my profession than from any other single source, and who gave to my early efforts his powerful support in ascending that difficult and slippery path which the aspirant in our profession has to encounter in his first attempts. The name of another cotemporary and friend, one well known to this Association, is that of Dr. Barlow, the able assistant of our founder, Dr. Hastings, in the formation of this Society, and the zealous promoter of its interests; his name will long be remembered where his professional energies were exerted to a degree almost without parallel amongst the sick poor of this city. To that name I would add Dr. Crawford, though not a member of our Association; he practised extensively here for forty years, enjoying the estimation and regard of his brethren, his patients, and his friends. Of the names of our surgeons, though many, I need only mention that of Mr. Tudor, one of our Association, and that of Mr. James Norman, whose exertions founded the Casualty Hospital in 1788; of him I dare say no more than to express the reverence and regard entertained for his memory by his son.

The first object of interest connected with our profession in this city, Gentlemen, is the establishment for the use of the Bath waters—the Pump Rooms and the Baths. These were built out of the funds entrusted to the Corporation, with a degree of elegance and accommodation not to be surpassed, I may almost say equalled, by any thermal establishment in Europe. The history, the properties, and the analyses of these Waters, have been amply detailed by Falconer, Sir George Gibbes, Barlow, and Doctors Spry and Wilkinson; to which may be added the experiments and the scientific observations of Professor Daubeny.

I may briefly state that the temperature of the water, as it rises from the bottom of the baths, is 117° at the hot bath, 115° at the King and Queen's bath, and 109° at the Cross bath, the temperature varying very little at any period. Dr. Daubeny ascertained that at the King's bath 28,339 cubic feet of water were thrown up in twenty-four hours, and with it gas, in the form of air-bubbles, to the amount of 222 cubic feet, in the same time. This gas he ascertained to be ninety-five parts of nitrogen, and five parts of oxygen. In an imperial quart of the water are about thirty grains of solid contents, and we may collect from the different analyses that these are,—

Sulphate of lime.....20 grains and a fraction.
Chloride of sodium.....5 grains and a half.
Carbonate of soda .....1 grain and 4-5ths
Silica .....7-10ths of a grain.
Proto-carbonate of iron..1-10th of a grain.

That so small a quantity of iron should produce as powerful an effect on the system as the larger doses usually prescribed in medicine, is one of the difficulties not easily solved in the consideration of these waters; another, is one stated by Dr. Wilkinson, that no chemist has hitherto effected their artificial production; their natural production is as yet matter of conjecture. Dr. Daubeny thinks they arise from volcanic processes, and that were it not for the abundant evolution of gasses at the springs, some volcanic eruption must have long since occurred. The depth from which the water arises has been pretty well ascertained a few years since by accident. The proprietor of premises, about one hundred and fifty yards from the baths, wishing to procure a very large quantity of water, sank a well sixty feet deep, and not finding a sufficient quantity, he commenced a process of boring, and continued it to the extent of 110 feet more, when, at the depth of 170 feet from the surface, there suddenly came on a flow of hot water, which rapidly reached the surface, and continued to run at the rate of 114 gallons in a minute. An immediate diminution of the quantity of water discharged into the baths took place, so that the King's bath, which usually filled in eleven hours, required sixteen, and there was also a slight diminution in the temperature; that of the water at the new opening was only 99°, from the admixture of cold water in the well; but the analysis of the water by Dr. Edward Turner, and by Mr. Herepath, showed the water to be identical with the Bath water. By the persevering exertions and skill of Mr. Armstrong, the civil engineer, of Bristol, this calamity was effectually remedied. As soon as he had succeeded in stopping with cement the boring hole which had been made, the full quantity of water was restored to the baths, of as high a temperature as before the accident.

The internal use of the Bath water is beneficial in cases of impaired power in the stomach and digestive organs, in all cases where chalybeate medicines are indicated, and as a tonic in convalescence from

various maladies. The external application by means of the baths and the douche is beneficial in cases of palsy, by stimulating the branches of the nerves after the primary disease in the nervous centres has been in some degree repaired, and by giving additional power to the muscles. It is also useful in restoring the power of limbs impaired by gout and rheumatism, and in reducing the obstinate inflammatory tendency in the chronic forms of the latter complaint. In no disease is the Bath water more decidedly advantageous than in the peculiar form of palsy arising from the poison of lead, denominated painters' colic.

The mode of employing the Bath waters varies according to the indications of cure in each complaint. At a low temperature they may be used like the Buxton baths, as modified cold bathing: at 92°, 94°.96°, as tepid bathing: at 98°.100°, and even at 110°, they are used for the purpose of reducing chronic inflammation, when the patient remains in the bath for twenty, or even thirty minutes, is then removed to a bed between blankets, remaining there for an hour or more, and this repeated three times a week. In this last mode of using the waters and in the very small quantity of iron contained in them, you will perceive that the modern phantasmata of Homœopathy and Hydropathy, have been substantially in use by the Bath waters for the last two hundred years.

The Bath General Hospital, situated in Union Street, is an establishment for the admission of patients from every part of the kingdom, whose cases are suited to the use of the Bath waters. It has existed for a long period, is governed by an Act of Parliament, and contains [?] beds. The medical officers of this establishment will be happy to shew the hospital and the baths, and to explain the mode by which patients are admitted.

The Bath United Hospital, which was opened in 1826, was formed by the union of two charities,—the Bath Casualty Hospital, and the Bath City Infirmary. This hospital contains 112 beds for the admission of in-patients, and out-patients are seen daily at the hospital by one physician and one surgeon, who attend for that purpose. This hospital is recognized by the Royal College of Surgeons, and by the Apothecaries' Company. There is a small museum belonging to the hospital, of anatomical and morbid preparations, the foundation of which was made by a collection of mine, transferred to the hospital on the union of the two charities; this has been added to by various specimens collected from the practice of the hospital, and enriched by many preparations of comparative anatomy, made by Mr. Gore, with the accuracy and discrimination to be expected from the translator of Blumenbach's "Manual of the Elements of Natural History," and of Carus's "Introduction to the Comparative Anatomy of Animals."

There are also in this city two Dispensaries, where patients receive advice and medicine, and an Eye Infirmary, established by Mr. Soden. There is a Literary Institution, containing a valuable library, a small geological collection, and a collection of Roman antiquities found in various parts of the old city.

Dr. Streeten then read the—

REPORT OF THE COUNCIL.

The Council of the Provincial Medical and Surgical Association, in presenting the Report of their proceedings during the past year, have first to explain to the members the reasons which have led to the change in the place of holding the meeting, as appointed at the last Anniversary. It is with regret that they have to assign as the main cause of this change the severe illness of the President-Elect, Dr. Macmullen, of Taunton,—an illness which not only precluded him from availing himself of his election to the President's chair, and from all hope of taking any share in the proceedings of the Anniversary, but has since terminated fatally. Under these circumstances, together with the loss which the Taunton Branch had sustained by the removal of their local Secretary, Mr. Higgins, from Taunton, the Branch Council were of opinion that it would be better for the interests of the Association that the Anniversary should not take place at Taunton on the present occasion; and as the Council of the Bath Branch kindly acceded to a request made by a deputation from Taunton, to receive the Association at Bath, the Council felt that they could not better consult the wishes of the members at large, than to avail themselves of the opportunity of once again holding an Annniversary in this celebrated city, and proposing to the meeting their esteemed Associate, Mr. Norman, of Bath, for election as President of the Association for the ensuing year.

The Council are happy to report the continued prosperity of the Association. The number of Members now on the books amount to 1795; but they have deeply to regret the decease of several of those who have long adorned the Association, and among them they have to mention, in addition to the President-Elect, one of their Vice-Presidents, Dr. Holme, of Manchester, whose firm attachment to the Association, and exertions in its behalf on all occasions, will for years be beneficially felt.

FINANCE.

The general statement of receipts and expenditure during the past year is as follows:—

	£.	s.	d.
Receipts	1436	19	5½
Balance due to Treasurer	22	10	4½
Expenditure	1396	8	8½
Balance in hand	18	0	4½

The Treasurer will lay before the Meeting a detailed statement of the particulars of the accounts; but the Council would again urge upon the Members the necessity which must always exist for the regular payment of the subscriptions, and without which it is impossible that the concerns of such an institution as this can be carried on with advantage. They regret to have to state that several Members are yet considerably in arrear.

PUBLICATIONS.

The Council have to report, with reference to the publications of the Association, that it has been their endeavour, as far as was consistent with the funds at their disposal for the purpose, to carry out the recommendations of the Publications' Committee as adopted by the General

Meeting at Derby. Two subjects of inquiry have been especially recommended to the consideration of the Members, and the illustration which one of these subjects has already received in the pages of the *Journal* affords evidence of the value of this mode of eliciting information. The volume of *Transactions* for the present year has not yet been issued, partly because it has been thought desirable that the volume, or a portion of it, should be published immediately after the Anniversary Meeting, and partly because the Council are desirous of availing themselves in future, of the facilities afforded by the new Post-office arrangements, by which subjects of pressing interest may be immediately printed for the volume and issued directly through the Post-office to all the Members. Many collateral advantages will, it is further expected, attend this change; and the Council trust that, as soon as the Members have had experience of its working, they will find reason to be satisfied with the benefits resulting from it.

MEDICAL REFORM.

The Council, in referring to this subject, still in an unsettled state, though they would fain hope with better prospect of a satisfactory termination being ultimately obtained, would draw attention to the arrangements in progress with respect to two great classes of the profession. The results of the conferences held in London by the Corporate Bodies and the National Institute of Medicine, Surgery, and Midwifery, and by the Royal College of Physicians with a Deputation from the Council of this Association, are of considerable importance. On the promulgation of the proposed Charter of the Royal College of Physicians, as approved by the Joint Committee of Conference, the Council thought it their duty immediately to call the attention of the Physicians of England residing in the provinces to the bearing of this Charter on their rights and privileges; and subsequently, in a Memorial addressed to the College, the Council pressed upon that body the alterations which had been suggested to them in consequence. They have the gratification to announce that, with the exception of one point, all the recommendations of the Council will be found embodied in the draft of the new Charter now prepared for the College as the proposed Charter of the Royal College of Physicians of England. The Memorial of the Council, together with the reply of the College, has been published in the *Journal* and it is unnecessary, therefore, to refer to their proceedings further in this place.

On the publication of the Principles of Medical Legislation adopted by the Conference, the Council in like manner appealed to the Surgeons of England for the expression of their opinions on the subject, but did not receive in reply any communications which rendered it necessary for them to adopt measures on the subject, either with the Royal College of Surgeons, with the Joint Committee of Conference, or with Her Majesty's Government.

The Council, in common with the profession generally, had hoped, ere this, to have seen the question of Medical Reform settled, by the adoption of a comprehensive measure, founded upon those principles of equity and justice which the Association has for so long a period, and on such frequent occasions, declared to be the only just and equitable basis upon which such a measure can rest; but, believing that no measure will be found to be permanently satisfactory, and, consequently, desirable, which shall not recognize and enforce the views of the Provincial Medical and Surgical Association, consisting, as it does, of so large a number of all classes of the medical profession, it is to be earnestly hoped, that when any measure shall be introduced into Parliament, it will be of such character as will, by the adoption of sound and correct general principles, for ever allay the discontent of members of a profession whose time would be so much more profitably, both to themselves and the public, spent in scientific pursuits rather than in mutual recrimination and jealousy.

The rationale of medical education, and the amount of scientific and literary attainments which ought to be possessed by all those who shall, by the laws of the country, be declared qualified to practice physic, are sufficiently well understood and appreciated by the profession at large, so as to justify the declaration that the time has arrived for the Government to undertake the satisfactory settlement of the question.

The conferences which have been held will probably do good, and the information collected by the Committee of the House of Commons, now sitting, will, it is to be hoped, conduce to the introduction of a bill into the House, under such favourable auspices, and at such an early period of the next Session of Parliament, as shall insure its passing into a law.

The Council would, however, repeat what the Association has so often declared in the words unanimously adopted at the Annual Meeting at Sheffield, in 1845, that such bill will be found to "make it imperative upon all who may hereafter be admitted to practice in any of the recognized branches of the profession, that they shall, in their common entrance through one portal, undergo such an examination as shall exhibit a competent knowledge in all the departments of medical science. Further, that this examination shall be uniform in every part of the United Kingdom, and shall be the legal qualification for practice. The Council think that any measure which shall not recognize this uniformity of examination will be unsatisfactory to the profession, and detrimental to the best interests of the public."

POOR LAW.

The questions connected with Medical Relief under the Poor-Law were referred to a Committee appointed at the last General Meeting, by whom an Address to her Majesty's Secretary of State for the Home Department was then prepared. The members of this Committee have since been acting in conjunction with a general Committee of Poor-Law Medical Officers, by whom a mass of information on the subject has been collected, and brought under consideration of the Government authorities. Deputations from the General Committee have had interviews with Mr. Buller, the Chief Commissioner of the new Board, and with the Home Secretary and a Deputation from the Association was expressly appointed by the Council to accompany the General Committee in their interview with Sir George Grey. The Council are induced to believe that some more satisfactory arrangements than those at present existing

will result from these interviews, and that the information and details thus brought under the immediate notice of the Government will have the effect of placing the medical department of the relief of the sick poor upon a more equitable footing.

PUBLIC HEALTH.

The Committee appointed at the last Anniversary to watch the progress of any measure which might be introduced into Parliament for the improvement of the Public Health, have had their attention directed to the bill brought forward during the present Session by Lord Morpeth, but the Council have not hitherto received any report or suggestion from them on the subject.

BENEVOLENT FUND.

The Benevolent Fund has continued its quiet unostentatious course of mercy, and the past year has been marked by a considerable accession of donations and subscriptions, while the urgency and destitution of the cases relieved have been unusually great, and its timely succour proportionally appreciated. A detailed report will be presented at the meeting.

COUNCIL FUND.

The Council have to announce that two Essays "On the Cerebral Affections of Infancy," have been sent to compete for the prize of £50, offered by the Council of the Association last year. These Essays have been referred to the judges appointed at Derby, and their award will be communicated to the present Meeting. The Council have not hitherto offered any prize for the present year, but will proceed to select a subject for such purpose after the decision of the judges shall have been pronounced.

In bringing the present Report to a conclusion the Council cannot but congratulate the Meeting on the general prospects of the Association. The temporary difficulty in which an unlooked-for demand upon the general funds had involved their finances, is in course of removal; the publications are placed on a more satisfactory foundation; and the general objects—Medical Reform, Poor-Law Medical Relief, &c.—to which the attention of the Association has been from time to time directed, may be said to be at length holding out a prospect of settlement, on grounds as satisfactory, perhaps, as the complicated nature of human institutions admit of. The Benevolent Fund, also, they are happy to state, is in an improving condition. The Council will indulge the hope, therefore, that in each of the objects for which the Association has been constituted, an onward progress will continue to be made, and that succeeding Anniversaries will see the Association steadily carrying out its intentions, for the benefit and improvement of the profession, and forming more and more the rallying point of union for all classes of the profession, and especially for provincial practitioners, who, though separated by distance, have a community of interest and social feeling which such an institution as the Provincial Medical and Surgical Association is admirably calculated to promote and foster.

It was moved by Mr. Bottomley, of Croydon, and seconded by Dr. Davies of Bath, and carried unanimously, "That the Report of the Council now read be adopted and printed."

Dr. HASTINGS then read the Treasurer's Statement of Account, of which the following is an analysis:—

FINANCIAL STATEMENT.

Dr. HASTINGS then read the Treasurer's Statement of Accounts, of which the following is an analysis:—

Receipts.

	£.	s.	d.
Subscriptions, 1847-8	1307	13	0½
Transactions, Sale of	26	6	6
Journals, Sale of, and Advertisements,	102	19	11
	£1436	19	5½

Expenditure

	£.	s.	d.
Balance due to Treasurer	22	10	4½
Anniversary Expenses, 1847,.....	40	0	6
Branch Expenses.....	26	17	9
Secretary	105	0	0
Printing the Journal, Stamps, &c.....	800	0	0
Editing ditto	200	0	0
Plates and Wood-cuts, &c., for Transactions and Journal.....	176	4	10½
Postage, Stationery, and Incidental Expenses, ...	44	13	7
Sums paid in error	3	12	0
Balance in Treasurer's hands.....	18	0	4½
	£1436	19	5½

Moved by Mr. Flower, of Chilcompton, seconded by Mr. George King, of Bath, and carried unanimously, "That Mr. Martin, of Reigate, and Mr. Garlick, of Leeds, be requested to act as Auditors of the Treasurer's Account, at this meeting."

PRIZE ESSAY.

Dr. STREETEN announced that the successful candidate for the Prize Essay was Dr. Duke, of 199, Great Brunswick Street, Dublin, and Dr. HASTINGS read the following report from the Committee appointed to adjudicate on the two essays which had been sent in:—

"We are of opinion, that both the Essays on the 'Cerebral Affections of Infancy' are of a very high order of merit; but we concur, without hesitation, in awarding the prize of £50 from the Council Fund, to the Essay bearing the motto 'Gradatim vincimus.'

"JAMES HEYGATE.
"A. ROBERTSON.

"Bath, August 16th, 1848."

Dr. Daniell, of Bath, said he had been requested to move what he was sure must be the feeling of all present, viz., "That the thanks of the Association be given to Dr. Heygate, for his services as President during the past year."

Mr. Paget, of Leicester, briefly seconded the resolution, which was carried by acclamation.

Dr. HEYGATE said, he had most cordially to return his thanks for the high compliment which had been paid him; first of all, in electing him as the President of the Association, and now for the thanks which had been awarded to him for

the services he had been enabled to render them in that capacity. He felt that, were it not for the kindness of friends, he should have discharged those duties but inefficiently; but, with their assistance, he had done what he could to promote the interests of the Association, and he begged again most cordially to acknowledge the vote of thanks which had been accorded to him.

It was then moved by Dr. Robertson, of Northampton, and seconded by Mr. Hodgson, of Birmingham, "That the thanks of this meeting be given to the President of the Council, Dr. Hastings, for his continued and zealous attention to the welfare of the Association."

The resolution having been put, and carried by acclamation,

Dr. HASTINGS said: To you, Dr. Robertson and Mr. Hodgson, I beg to return my best thanks for the very kind manner in which you have spoken of my services; and to you, gentlemen, one and all, I have cordially to tender my acknowledgments. I will only add, that I shall always feel a pleasure and pride in doing all within my power to promote the interests of your Association, and so to deserve your continued approbation.

Mr. Martin, of Evesham, moved, and Dr. Blackmore, of Bath, seconded the following resolution, which was carried unanimously:—

"That the thanks of this meeting be given to the Council of the past year, and that they be requested to continue their services with the following additional Members, and that they be empowered to add to their number:—

——— Skrimshire, M.D.,	Sudbury
Berrington Chevallier, M.D.,	Aspall
John Growse, Esq.,	Hadleigh
W. Worthington, Esq.,	Lowestoft
G. Sampson, Esq.,	Ipswich
John Kirkman, M.D.,	Melton
George Mayhew, Esq.,	Stradbroke
William Jeaffreson, Esq.,	Framlingham
Richard Jones, Esq.,	Woodbridge
Spencer Freeman, Esq.,	Stowmarket
Francis H. Woodforde, M.D.,	Taunton
Peter Martin, Esq.,	Reigate
Edward Hodges, M.D.,	Bath
Wm. Davies, M.D.,	Bath
James Stedman, Esq.,	Guildford
William John Church, Esq.,	Bath."

DEPUTATION FROM THE AMERICAN MEDICAL ASSOCIATION.

Dr. HASTINGS said, he begged to announce, and he did so with the greatest gratification, that they were favoured with the presence of a deputation from one of the largest bodies of the medical profession which existed on the other side of the Atlantic. He was sure it was the wish of all present that the union between this country and America should be more closely cemented; and that whether they were engaged in the advancement of science, or for the welfare of humanity, there should be a reciprocity of feeling between these two great countries. He would therefore read to the meeting the formal announcement of the fact which he had just made known:—

"The American Medical Association, constituted of delegates from the several States of the Union, recognizing the ties of a common brotherhood among medical men throughout the world, and desirous, by literary and personal intercourse, to strengthen the bonds of such alliance, alike as regards individuals and Societies designed like their own to advance the honour and usefulness of the profession, and entertaining these sentiments and views, especially towards the medical profession in their mother-country, at the annual session held in the city of Baltimore, on the 5th day of May, 1848, instructed the undersigned (its presiding officers and Secretaries) to accredit to the English Provincial Medical and Surgical Association, twelve of its members as delegates.

"In the exercise of this duty, we do hereby accredit as a delegate, our associate, George B. Wood, M.D., Professor of Materia Medica and Pharmacy, in the University of Pennsylvania.

"ALEX H. STEVENS, of New York, President.

"JOHN C. WARREN, of Massachusetts, } Vice
"SAMUEL JACKSON, of Pennsylvania, } Presidents.

"ALFRED STILLE, } Secretaries."
"HENRY J. BOWDITCH, }

Dr. Hastings continued—He thought he need hardly say one word to ensure the unanimous concurrence of the whole meeting on the resolution he was about to propose, after hearing the fact of Dr. Wood's coming among them—knowing also that he represented the whole medical profession of America—and standing as he did, in the highest rank in that profession, he (Dr. Hastings) was sure that every member of the Association would be anxious to show Dr. Wood the greatest possible respect. There were, in connection with the Association, various associates, who were styled honorary correspondents, residing in foreign countries, and he should have the pleasure of proposing that the name of Dr. Wood be added to that list. He would therefore at once move—

"That George B. Wood, M.D., Professor of Materia Medica and Pharmacy, in the University of Pennsylvania, one of the Physicians of the Pennsylvania Hospital, and President of the College of Physicians of Philadelphia, be appointed an Honorary Corresponding Member."

Dr. Heygate had very great pleasure in seconding the proposal of Dr. Hastings.

The President put the resolution, which was carried unanimously, all the members standing.

Dr. WOOD said he could not let the occasion pass without offering a few words, though he would not detain the meeting at any length. He would, however, say, how gratified he felt at being present at their meeting as the delegate of his medical brethren on the other side of the Atlantic, and how profoundly grateful he felt for the honour of being appointed one of the Associates. Perhaps he might be allowed to indulge in two or three observations in relation to his position there on the present occasion. He was travelling in

this country with personal views when he received his credentials from the General Medical Association of the United States, accrediting him as their delegate to the meeting of the Institutions of Great Britain; and although it was entirely out of his plan to be there at that time, yet he felt too much the importance of giving proper effect to this expression of the feeling of the medical profession in the United States to allow any personal considerations to weigh with him. The General Medical Association of the United States was, as its name explained, a society of the practitioners of America; it was established some three or four years since, for the purpose of conveying information, and promoting union among the members of the profession; an organization ensued, and this year the third meeting of medical men from every part of the United States, represented by delegates, had been held at Baltimore. The Association was not local in its objects, but might properly be considered as representing the medical profession of America; and his appointment as the delegate from such a body might, he thought, be taken as an evidence of the desire which existed for reciprocating kindly feelings between the members of the profession in this country and America. On such a subject it would be easy to enlarge, but as the time of the meeting was limited, he would do no more than again repeat his thanks for the honour which had been conferred upon him.

On the suggestion of Dr. Hastings, a reply to the document received from the American Society was ordered to be prepared, and Dr. Robertson and Dr. John Conolly, of Hanwell, were requested to prepare the reply, and submit the same to the evening meeting.

Dr. Wallis, of Bristol, proposed "That the thanks of this meeting be given to the Secretary, Dr. Streeten, for his services during the past year."

Dr. Lyon, of Manchester, seconded the proposition, which was carried unanimously.

Dr. Streeten, in returning thanks, said it was a source of the sincerest gratification to him to do all he could to promote the interests and to forward the views of the Association. That his exertions had met the approbation of the members was additionally gratifying to him, and he trusted that in future the same exertions should not be wanting on his part, and that they would be instrumental in increasing the numbers and promoting the influence of the Association.

Amended Laws and Regulations.

Mr. Soden, of Sunbury, read the following Report of the Committee appointed at Derby last year, to consider the necessity of providing the Association with power to remove members guilty of unprofessional conduct; and also to remedy the want of punctuality in payment of subscriptions:—

At the Annual Meeting of the Provincial Medical and Surgical Association, held at Derby in August, 1847, a Committee was appointed "to consider the expediency of making some alterations in the laws of the Association."

The Committee so appointed, on mature consideration of the subject, approve generally of the laws by which the Association has hitherto been governed, and do not recommend a complete revisal of them; but they suggest to the meeting the propriety of making a new law to empower the Association to expel a member whose conduct may have rendered him unworthy to belong to the Society, and also an alteration in the 23rd law, which will be likely to insure punctuality in the payment of subscriptions.

The Committee are aware of the delicate nature of the first of these propositions; but as the honour and respectability of the Association are intimately connected with the purity of character and conduct of the individual members, they think the Society should have the power of expulsion, in cases of gross violation of professional etiquette and practice. They recommend, therefore, that the following be added to the laws already in existence:—

"That if a member be accused of professional impropriety or misconduct, and a majority of those present at an annual or a special general meeting, consider the charge to be proved, the name of such member shall be removed from the list; but no measure of this kind shall be adopted without the accused having two months' notice of the charge to be brought against him, and of the parties by whom he is accused, that he may, if he so pleases, explain, or defend his conduct."

It is well known that great inconvenience sometimes arises from members omitting to pay their subscriptions till long after they are due; the Committee are convinced that this delay proceeds in most instances from carelessness, or forgetfulness, and they trust that withholding the Journal from such defaulters till their arrears are paid, will remind them of their irregularity, and induce punctuality of payment at the proper period. They suggest the following in lieu of the present 23rd law:—

"Each member of the Association to pay one guinea admission, and the same amount annually afterwards; the subscription to commence from the 1st of January each year, and to be considered as due, unless notice of its being withdrawn be given to the Secretary, or Secretaries, antecedently to the year for which it would be payable. For such subscription each member shall receive a copy of each and all publications issued for the general use of the members of the Association; but if any member's subscription remain unpaid twelve months after it shall have become due, the *Medical Journal*, and other publications of the Society, shall be withheld from such member till his arrears be paid."

J. Conolly.
Thomas Nunneley.
John S. Soden.
Thomas Paget.
Thomas Martin.

It was moved by Mr. Newnham, of Farnham, seconded by Mr. Wilson, of Manchester, and carried unanimously, "That the Report now presented be adopted, and that the proposed regulations be incorporated with the laws of the Association."

Sanitary Committee.

Dr. Conolly, of Hanwell, announced that the Committee appointed on the Sanitary question had no report

to present, it being thought advisable to wait the issue of the Government proceedings.

The PRESIDENT.—Then I suppose the Government Bill will be the Report of the Committee.

COMMUNICATIONS.

The following papers were then submitted to the meeting:—

Local Application of Chloroform.

A case of removal of a tumour from the sole of the foot without pain, illustrative of the efficacy of chloroform locally applied, was communicated by Mr. Spry, of Truro, surgeon to the Royal Cornwall Infirmary; and in the unavoidably absence of that gentleman was read by the Secretary.

On the 9th of this month, a healthy-looking young man, aged 23, from the parish of Breage, was admitted into the Infirmary under my care. He exhibited a tumour on the sole of the left foot, which he stated had been forming about seven years, but which, since December last, had been rather rapidly increasing. The tumour was of an oblong shape, flattened on the surface, firm throughout, but harder in some parts than others, of a natural colour, except at its upper margin, where it appeared to be bounded by a number of small varices. It was two inches long and one wide, extending from the centre of the sole obliquely upward and inward toward the arch of the foot. It was extremely painful when touched, and he could not walk a step without suffering acutely. Considering that this was a fair opportunity for testing the efficacy of *chloroform* as a *local* application. I applied some folded lint saturated with it, to the surface of the tumour, placed a piece of oiled silk over it, to prevent a too rapid evaporation, and retained it in contact with the skin by passing a roller about the foot. In a quarter of an hour the lint was again moistened with chloroform,—the quantity used was under two drachms,—and in about half an hour from the first application, I examined the part. Finding that he could now bear pressure on the tumour without complaining, I proceeded to isolate it by a rapid dissection from the plantar fascia, to which it was firmly attached. The patient did not betray the slightest sign of suffering either by the retraction of the foot, or by the expression of the countenance, and he afterwards assured the gentlemen present that he felt only a very trifling pain at the deepest part of the dissection, but none during the division of the skin, cellular tissue, &c., that pain being, as he described it, "nothing worth talking about." He was not led to expect any particular result from the application of the chloroform. The wound was afterwards covered with lint soaked in warm water, and the oiled silk. The tumour itself was found to be of the fibro-sarcomatous kind, somewhat tuberculated in places, inclining to a grey colour; at its base were several consolidated varices almost as dark as melanotic deposit, but vascular, resembling that morbid enlargement of vessels which Graefe, and other German surgeons have described and nominated "Telangiectasie."

Considering the peculiar sensitiveness of the skin of the sole, this case adds to the testimony already afforded of the efficacy of this powerful sedative when applied to the surfaces of parts intended to be operated on, and tends to remove all anxiety as to any chance of inducing a state of excessive narcotism.

Truro, August 14, 1848.

Mr. Nunneley, of Leeds, made some observations on the effects of the local application of chloroform, and referred to the experiments which he had lately performed. For a notice of these experiments, we beg to refer to the proceedings at the annual meeting of the Yorkshire branch of the Association, which will be found reported in this Journal for June 28th, at page 353.

Employment of Arsenic: Local Paralysis.

A case of paralysis, following the medicinal use of arsenic in small doses, was communicated by Dr. Hastings.

1848. April 1st. Wm. Grimley, aged 16, was admitted into the Worcester Infirmary, having been an out-patient for a few weeks. He has been taking the Liquor Potassæ Arsenitis for seven weeks, in doses of m. iij. three times a day, for an eruption, of a scaly character, on the arms and legs. This eruption is now much better, but he at present suffers from the effects of the remedy; he complains of great weakness and partial paralysis of the upper and lower extremities, with burning pain in the feet; the conjunctiva is slightly inflamed; the eyes are suffused with tears, and there is slight pain in the epigastric region; bowels regular; tongue tolerably clean; urine not very plentiful, and covered with a pellicle. He drank cider while he was an out-patient, but there is no reason to suppose that the paralytic affection can be attributed to any lead contained in it. There is no pain nor tenderness in the spine. He complains of want of sleep at night.

Sumat Ferri Sesquiox., dr. j., bis die. Utatur balneo tepido bis in hebdom. Sum. Pulv. Doveri, gr. v., omni nocte.

12th. This morning he complains of more pain in the feet; and there is spasmodic action of the muscles of the extremities. During the time that he was an out-patient he says he was not always very particular in taking the dose prescribed, but that he never took more than five drops at a dose.

May 3rd. He has now less pain in the feet and hands, but the power of motion is very slightly increased. The conjunctiva is now in a natural condition. Sumat Mist. Ferri Co., oz. j., ter die.

9th. He has more power in the extremities, with less pain. The eruption has appeared in different parts of the body. About four months ago he fell over a gate, and hurt his back slightly at the time.

20th. An eruption of a vesicular character has now appeared on the hands and legs. Appl. Unguentum Sulph., partibus affectis.

June 1st. Vesicular eruption has now disappeared, but the scaly one still remains over a considerable extent. He walks better, and has no pain in the hands or feet, but the hands remain stiff, so that he cannot grasp anything firmly. He is generally much emaciated. Omitt. Ung. Sulph. R. Potassii Iodidi, gr. ij.; Dec. Cinchonæ, oz. j. M. Sumat ter die.

10th. The eruption has partly disappeared, and he slowly gains strength.

19th. Diarrhœa has come on. He walks much better. Sumat. Pulv. Cretæ Co., dr. j., urgente diarrhœa.

21st. He gains strength daily; the eruption has disappeared in a great degree. Galvanism to be applied to the extremities and down the spine.

July 4th. Numbness in the feet still continues, but the other symptoms are gradually disappearing.

8th. Made out-patient. Since this time he has been galvanised about once a week, and is now much improved.

Dr. Hastings observed, that the quantity of arsenic taken was so small in this case, that for some time he doubted whether the paralytic affection could arise from this mineral; but as all the symptoms which usually arise from this remedy were also present in a very remarkable degree on the progress towards recovery, he had come to the conclusion that from some constitutional peculiarity the patient was affected in this unusual manner. The man had nearly recovered the usual power in all the limbs, but Dr. Hastings was desirous of learning whether similar effects, from the use of arsenic in small doses, had come under the notice of any of the gentlemen present.

Dr. Tunstall, of Bath, said,—For the last five years and a half I have been attached to the Bath Hospital, as its Resident Medical Officer, during which time I have had on an average from three to five patients always under a course of arsenic prescribed for the cure of lepra by my superior officers; from my experience I may safely assert, that the safe and efficacious dose is from m. iij., to m. v., twice a day, continued until the physiological effects *commence*, when the disease succumbs. The first appearance of redness of the conjunctiva, with febrile lassitude, constriction of the throat, and mucous irritation of the stomach, are signs that the constitution is under arsenical influence. By closely watching cases, I have never seen any of the severe effects of the protracted use of the remedy, but I am in a position to assert that all the good derivable from arsenic as a remedy, is produced by small doses cautiously watched. Mr. Hunt, in criticising Dr. Castle's case of poisoning by Fowler's solution, refers it to idiosyncracy, and throws a doubt upon the fact of its having been fatal, relating a case where a patient of his own took forty minims thrice a day, with "but slight inconvenience." Will Mr. Hunt, or any gentleman present, say that this dose could have been continued for even three days more, without producing the effects detailed by Dr. Hastings in his valuable communication? In estimating the fatal quantity of successive doses of a poisonous remedy, we have to consider the effects of *climate*, *locality*, and *temperament*, not mere idiosyncracy, for all these are important, in estimating the doses, and period of their continuance. Mr. Hunt states that out of the records of a multitude of cases, in no one instance did it appear that the medicinal exhibition of arsenic, not always cautiously administered, has proved either fatal or seriously detrimental to health, which is more than can be said of any other very active medicine. This, which I copy from the report of the South Eastern Branch of our Association, must not go forth uncontradicted. I cannot admit either the fact or the deductions; where I to do so I should be accessory to the death of thousands. Two cases I will relate:—

Mary Bottle, a healthy young woman, 21 years of age, is now a patient in the hospital for the cure of lepra, on the 6th of July she had prescribed for her the Liq. Arsen. Potassæ, m. iij., twice a day. On the 13th I found her thoroughly prostrate with the arsenical symptoms, and having watched her daily, I know that she only took thirty-six minims in twelve doses. I shall be happy to shew this case to the members, and point out the peculiar glassiness of the conjunctiva, which is characteristic of the *continued* effects of a *previous* exhibition of the remedy, which produced the most marked effects on the specific disease. She has regularly continued the use of the thermal waters of our city, so useful in lepra and in combatting the effects of metallic poisoning, and is rapidly approaching a perfect cure.

The other is that of a young man, now under treatment for the cure of lepra, who discontinued the use of the liquor on the 4th of June, he has still the lassitude, the incapacity for active exertion, and the glassiness of the conjunctiva, and any slight cold reproduces the arsenical effects; he has been using the waters since that period and the skin is rapidly cleansing.

I have to remark that this truly valuable remedy should not be given to patients in the quantities so common in some parts of the country, where a half-ounce bottle, with directions to take a certain number of drops twice or three times a day, leads to much unsuspected mischief; that we ought in the present advanced state of chemical science, to pause before we condemn persons for murder on *post-mortem* evidence of the presence of minute quantities of arsenic, in order that we obtain some particulars of the medical history of the deceased. Had Mary Bottle taken a few more *minute* doses, she would have died from taking, perhaps, one-fourth of the quantity taken by Dr. Castle's patient. Mr. Hunt may deny this, but I think I should have no hesitation in making an affidavit that she would have died from the cumulative effects of small doses of arsenic. In conclusion, allow me emphatically to say, that arsenic is a remedy which produces its beneficial effects, by the slow accumulation of small doses; that these should be omitted on the first appearance of conjunctivitis, or other well-known physiological effects, in however slight a degree; and that where these are absent, the successive doses ought never, in the aggregate, to amount to what would, if administered in one dose, either be fatal, or in quantity approach the minimum fatal dose on record.

An interesting conversation on the subject ensued, after which the meeting adjourned till the evening.

SECOND GENERAL MEETING.

The Members met again, at eight o'clock, in the Assembly Rooms, when the Chair was again taken by Mr. Norman.

American Deputation.

The President said he had great pleasure in seeing so large a number of members present; and as it was possible there were some there who were not able to attend the morning meeting, he would again repeat, on the part of his colleagues, the medical practitioners of Bath, and himself, the great pleasure they felt in seeing them present, and their anxious desire to afford

every information in their power. They would now proceed to the business which was adjourned from the morning meeting. Dr. Wood, of Philadelphia, had attended that meeting, and communicated to it a resolution of the American Medical Association, constituted of delegates from the several States of the Union, accrediting delegates to the English Provincial Medical and Surgical Association; among whom Dr. Wood was especially appointed to meet the members of this Association, with an expression of the desire of the American Medical Association to strengthen the bonds of alliance among medical men throughout the world, and especially with the medical profession of their mother-country, by means of literary and personal intercourse. These sentiments were conveyed to the meeting by Dr. Hastings, the President of the Council, and were most cordially received and responded to by the meeting.

It was then unanimously resolved on the motion of Dr. Hastings, seconded by Dr. Wallis,

"That this Association, duly appreciating the value of the communication made to it by Dr. Wood, and fully agreeing with the sentiments entertained by the American Association, request Dr. Wood to convey to them the thanks of this Association."

The PRESIDENT then said,—Dr. Wood, the Association, taking into consideration the communication made by you this morning from the American Medical Association, have passed a resolution in which they have desired me to express to you the appreciation which we have of your Society, both as regards medical science in general, and the compliment which it has paid to this Society in particular. I have also been requested to express to you the high feeling which we entertain towards your professional brethren in America, and how completely we reciprocate the sentiments which you have conveyed to us from them. At the same time also, allow me to inform you, that you have been enrolled as an Honorary Corresponding Member of this Society.

Dr. WOOD said—It gives me great pleasure, Mr. President, to be the means of conveying the sentiments of reciprocity of this Association to that of my own country, and I shall return there a prouder man, as being the means of conveying this communication from you. I need not say how very thankful I am for the personal notice I have myself received at your hands, and it shall be my endeavour to do nothing which can disgrace the honour you have conferred upon me.

Dr. HASTINGS then read a biographical notice of Dr. Holme, one of the late Vice-Presidents of the Association, sent by Dr. Charles W. Henry, of Haffield, late of Manchester.

BENEVOLENT FUND.

Mr. NEWNHAM, of Farnham, read the following report of the Benevolent Fund:—

REPORT.

The Committee of the Benevolent Fund rejoice to meet you with more cheering prospects; a new, and on the whole, a successful effort has been made to revive and extend the influence of the Society beyond the limits which it had previously held: and notwithstanding that the pressure of the times, and the depreciation of every man's property, and the consequent diminution of income and disturbance of resources common to almost every individual, have operated grievously against their prosperity, yet they are able gratefully to record that the knowledge of their agency and their design has been diffused, that the interest on their behalf has been extended, that the number of their friends has been augmented, and that their pecuniary resources have been increased beyond their most sanguine expectation.

Yet your Committee cannot disguise from you the fact, that this knowledge, and this influence, and these resources, are not as yet what they might be, considering the number of their professional brethren who are able each to do a little, and the number and the urgency of the cases they are called upon to relieve; they cannot disguise from you the fact, that as yet, the Donation Fund is not available for the relief of present misery, and cannot be so for some years, unless a greater effort be made to bring it up to that sum, at which the wisdom of the Association has fixed that the income arising from its capital may be distributed in the relief of the necessitous; and they cannot disguise from you another fact, that in doling out relief from their Subscription Fund, they have been obliged to calculate the measure of that relief rather by their power to give, than by their conviction of what was required to afford adequate assistance. Your Committee, therefore, would earnestly entreat all their friends to keep constantly in view the necessity of supporting and of increasing the funds and the efficiency of each department.

As another motive for so doing, your Committee would mention the fact, that every year places some portion of their funds in a position in which they are no longer available. Every year is marked by *mortality* among their friends; and those friends are exposed like other men, to such change of circumstance, and such personal or family trials, as cripple their resources and render them unable to continue their wonted support; while the self-same causes, mortality on the one hand, and adversity on the other, are constantly augmenting the number of claimants upon their resources; hence the great importance that each one should work while he has the power, and contribute something towards the permanence of so invaluable an institution.

Your Committee have termed their institution invaluable, and they have done so advisedly; because it extends relief to worthy objects, to worthy objects in deepest distress, and for whom no other mode of relief is available: and they would further add, that by a trifling sacrifice from all their Associates, their funds would be immediately placed in such a position as to enable them to give relief in some degree proportioned to the necessities for which it is claimed.

During the past year the number of cases relieved has been somewhat less than during the preceding, yet the extent of their destitution, and the urgency of their misery has been such as very greatly to exceed

the power of administering adequate succour; they cannot therefore but express their earnest hope, that you will enable them in future to do more for supplicants, whom could you but see and hear, they are fully persuaded your hearts and hands would be largely extended.

Your Committee would especially present their thanks to those individuals, and particularly to those ladies, who have during the last year so considerably promoted their object by collecting donations from their friends. They would remark, that even in the earlier days of the Association, the ladies of Worcester, of Warrington, and other places, have been the foremost among their indefatigable friends; and they would earnestly entreat these ladies generally, not to be weary in well-doing, but to apply themselves to this truly feminine pursuit, to become "ministering angels," to the sorrowing and the destitute, and to afford the institution, especially the Donation Fund, the benefit of their untiring exertions, and of their unsurpassed benevolence.

Your Committee finding it necessary to isssue a new edition of their Rules and Regulations, have carefully revised the former ones, and while they have retained their entire spirit, they have made certain changes which altered circumstances, or twelve years' experience have appeared to render advisable; such revised Rules are now ready to be issued to any person on application to the Secretary.

Your Committee desire to record their grateful sense of the services of their late Treasurer and Secretary, Dr. W. Conolly, and anxious to connect his name as closely as possible with their institution, they have intreated him to become one of the Trustees to the Fund; to this arrangement he has kindly assented, and the appointment only requires your sanction by the adoption of this report.

Finally, your Committee trust, that in humble imitation of the divine author of benevolence, you will never turn aside from the cry of fraternal distress, and that the blessing of the sick, and the unfortunate, of the destitute widow, and the helpless orphan, may rest upon your future path.

JOHN BARON, M.D., President.
WILLIAM NEWNHAM, Hon. Sec. and Treasurer.

Financial Statement for the Year ending June 30, 1848.

DONATION FUND.

	£.	s.	D.
Balance of last year	920	6	7
Interest for the year	53	10	2
Donations in the year	314	19	6
Special Donations	2	1	0
	1290	17	3
Per Contra.....	1187	2	0
Balance	£103	15	3

SUBSCRIPTION FUND.

	£	s.	d.
Balance July 1st, 1847	28	5	5
Subscriptions to June 30th, 1848, inclusive	291	10	6
	319	15	11
Per Contra	217	3	3
Balance.....	£102	12	8

Balance in hands of Treasurer July 1*st*, 1848.

Donation Fund.....	£103	15	3
Subscription Fund	102	12	8
Total	£206	7	11

Dr. Thompson, of Stratford-on-Avon, moved, and Mr. J. S. Bartrum, of Bath, seconded the following resolution:—"That the Report now read be received and adopted, and that the thanks of the Association be given to the Managing Committee for their exertions in carrying into effect this important branch of the Association."

Dr. Cowan, of Reading, said, before the resolution was put, he wished, even at the hazard of being supposed to sound the raven's note, to offer an observation or two. He maintained that the history of the Benevolent Fund was a disgrace to the profession, and that they would never carry out its purposes on a scale commensurate with the magnitude of the Association, so long as it was based upon the voluntary principle. It ought to form an integral part and be connected with all their proceedings, so that the principle of benevolence might be manifested in a way somewhat worthy of that great Association. He always listened with pleasure to the Report, and felt grateful to those who undertook the labours of the officers of the Fund, but yet he conld not help saying that the Association appeared to him to be guilty in this matter, and that the balance sheet of the Benevolent Fund, would shew a far more gratifying result if it were made a part of the proceedings. That he trusted would be the case at no distant time; and though he would make no distinct motion on the subject, at present, he would, as opportunities presented themselves, continue to express his sentiments, assured that the adoption of these views would realize an amount far beyond that which had ever been raised on behalf of the Benevolent Fund.

The resolution was then put and carried.

Dr. Conolly, of Cheltenham, said he had peculiar pleasure in moving the resolution which had been put into his hands, and he felt highly honoured that it had been confided to him to make the proposition. It was to this effect:—"That the cordial thanks of this meeting be given to Mr. Newnham, of Farnham, for his unwearied exertions in promoting the interests, and increasing the amount of the Benevolent Fund, and that he be requested to continue his valuable services as secretary." He (Dr. Conolly) had said that

he felt peculiar pleasure in proposing this resolution, and some pride, because he had himself been the unworthy servant of the Association in this matter for several years. He felt how inadequately he had performed the duties of his office, and was anxious to find a successor. He believed they were indebted to their excellent friend, Dr. Hastings, for pitching upon the right man; for he it was who solicited Mr. Newnham to undertake the office. He consented to do so, and how he had fulfilled its duties they had that night seen. He (Dr. Conolly) hoped that Mr. Newnham would continue his services, and that the Association might for many years enjoy the benefit of the zeal and ability which he had displayed in forwarding the cause of the Institution. He quite agreed with the gentleman who had just spoken that the present state of the Benevolent Fund was a disgrace rather than an honour to the profession, but if that gentleman knew, as he did, the great good which was done by these small means, he was sure that all would be most anxious to contribute, however limited their means might be. Appeals were constantly being made for aid from the fund; the good which was accomplished by these small donations encouraged them to persevere, and he firmly believed that they would go on till this fund became not a disgrace, but an honour to the profession. Something had been said respecting making the subscription compulsory; but that plan had been several times before proposed, but always rejected, and he, for one, had no wish that it should be made compulsory. How much might be done if every member would contribute only the small sum of five-shillings. He had that day, like many more, been a partaker of the hospitality of the members of the Association in this city—and he was quite sure that in no city had they been more hospitably and kindly entertained—he had met ten gentlemen who, with the exception of the host, were all strangers to him. He had there spoken of the Benevolent Fund, and mentioned what might be done with a five-shilling subscription, provided it were general. Such was the contagion of benevolence, that every gentleman he saw at the table, except one, subscribed five shillings, and that one exception gave a guinea, which sums he should have much pleasure in handing over to the Treasurer. He mentioned this circumstance to show that if the Benevolent Fund were more generally known, there were none who would refuse to give it their assistance; and if the members of the Association could only see the letters of grateful thanks which were constantly being received, their zeal on behalf of this fund would, he was sure, receive additional stimulus. He had also the pleasure of enlisting two new members, whose subscriptions he should presently hand over to the Treasurer, and he would only add, that if the same exertions which had hitherto been made were continued, he was satisfied that the Provincial Medical and Surgical Association would be found to be doing immense good, and, more especially, that branch of it with which their friend, Mr. Newnham, was connected. For himself, he would only say that he had been attached to the Associatiou from its commencement, that his attachment to it increased year by year, and that he hoped to live to see it flourish yet more and more.

Mr. ORMOND, of Bath, said the zeal and energy displayed by Mr. Newnham were deserving the most cordial thanks of the members, and he therefore had great pleasure in seconding the resolution which had been proposed.

The PRESIDENT, in putting the resolution, said he hoped the contagion which Dr. Conolly had spoken of would spread itself to every member, and that their Benevolent Fund would prove to be an antidote to poverty, as complete as vaccination was to the small-pox.

Mr. NEWNHAM, on rising to return thanks, said that since he had been in the room, he had been reminded that three years ago, at Norwich, he had pledged himself to give the members no peace till the Benevolent Fund was established on a basis worthy of the Association. He spoke with pride and pleasure then as an individual but now as an officer of the Society he felt it to be his duty to do all in his power to increase its emoluments, and to advance its interests. He well remembered the pledge of which he had been reminded, and he again renewed it, for while life and health were spared to him, and as long as he was able to stand up and advocate the cause of the Benevolent Fund, so long would he be found at his post, and never would he give peace to the members of the Association till he had placed that Fund in a position on which he could look with pride upon it. Truly obliged as he was for the vote which had been passed to him, he would only say that as he felt their kindness, so he would endeavour to deserve it of them for the future. Mr. Newnham then proceeded to give a sketch of the history of the Benevolent Fund, and concluded by saying that it was for objects of distress, such as he had enumerated, that he asked the sympathy, the active benevolence, and the self-denying and untiring pecuniary contributions of the members.

Dr. Shapter, of Exeter, moved "That Charles William Bell, M.D., of Manchester, be requested to deliver the Address in Medicine in 1849."

Dr. Cowan, of Reading, seconded the motion, which was carried unanimously.

Dr. Ranking, of Norwich, moved "That Francis Sibson, Esq., of Nottingham, be requested to deliver an Address on some subject in Physiology at the Anniversary Meeting of 1849."

Dr. Mackness, of Hastings, seconded the motion, which was carried unanimously.

PROVINCIAL MEDICAL SCHOOLS.

Dr. BUDD, of Bristol, said he wished to call the attention of the members to a subject which he conceived affected the interests, if not the existence, of the Provincial Medical Schools of the kingdom. A bye-law had been passed under the recent charter of the College of Surgeons, by which it was laid as a necessity, in order to become a Fellow of that College, that three years of the curriculum of every candidate should be passed in attendance on one of the London schools or

hospitals. Such a regulation was unfair and unjust to the medical staffs of provincial schools, and to the surgeons of provincial hospitals. He knew that it was the custom of some metropolitan practitioners to make light of their provincial brethren, and that it was said, to use the words of an eminent member of the profession, that we did not sell a good article. Whether that was the case or not, he would not undertake to say; he was not there to trumpet forth their own fame; all he asked was, that the provincial schools and hospitals should have fair play and no favour. If a young man were sent up who could not pass his examination, let him be rejected, but at least let them not be deprived of the chance of competition. Monopolies had of late been going out of fashion; and he for one was so far in favour of free trade, that he thought competition would produce as good fruits in this, as in any other department of policy. If this bye-law to which he had referred were allowed to stand, it must ultimately break down the Provincial Medical Schools, and deprive their hospitals of students altogether. There was a great number of young men who were ambitious of the highest honours the College could confer, and who would, under this regulation, obtain their education in London. Besides these, there were many others who, having no distinct views at first, but whose course would be regulated by their degree of success in their studies, would be unwilling to do anything which would disqualify them for going for the Fellowship. The result would thus be, to draw off all the students from the country to London, and therefore he thought it desirable that some steps should be taken to prevent such an occurrence. In the first place, all the opportunities granted by provincial hospitals, some of which were as fine as any in London, would be thrown away; but in the next place, there was a yet greater hardship to provincial men, many, if not all, of whom were as anxious for the interests of the profession, as their brethren in London. Those gentlemen who were in large practice, who desired to investigate cases, to make notes and observations of particular facts, could not carry out their plans without the assistance of intelligent pupils. But if they were to be deprived of all assistance of that sort—if all medical pupils were to be drafted off to London, and by the unhallowed principle of centralization to be confined to that great Babylon—if all provincial investigations were to be done away with, he said it was both injurious and unfair to the provincial part of the profession, and he had no doubt that the College of Surgeons had only to have the matter properly represented to them to do away with the obnoxious bye-law. All he asked for the provincial schools and hospitals was, a clear stage and no favour; and if they were to go down, let it be done in a fair way. The great object of this Association, as he understood, was the protection of the provincial practitioner, and therefore he asked them to take up this subject—to take it up, as he had said before, with a view to seeing that this contemplated injustice should be done away with. He was glad to see that the London College had acknowledged the principle that practitioners in the provinces were entitled to support equally with those of the metropolis, and that a provincial surgeon was to preside every alternate year at the annual dinner. At the last dinner of the Fellows, "Success to the Provincial Medical Schools" was given, with three cheers, and other expressions of warmth; and he hoped the cordial way in which that toast was received was a proof of their sincerity, which they would now have an opportunity of showing in a more practical way. In conformity with these remarks, he begged to submit a resolution to this effect:—

"Having observed that according to one of the bye-laws of the College of Surgeons regulating the course of study required of those who desire to become candidates for the fellowship, three years of that course must necessarily be passed in attendance on London schools or hospitals, this Association begs most earnestly to protest against such regulation, as introducing a principle hitherto unknown in the bye-laws of the College. Up to this time persons presenting themselves for examination to the College, have not had any questions put to them as to whether their education were obtained in London or in the country; and this Association would beg respectfully to impress upon the Council of the College how desirable it is that the same spirit should continue to govern the regulations to be observed by all persons who shall present themselves for examination, whether for the membership or fellowship, the examination the candidate may be able successfully to undergo, being as heretofore the test of qualification."

Mr. Martin, of Evesham, seconded the resolution.

Mr. NUNNELEY, of Leeds, said the bye-laws of the College were as yet comparatively inoperative, on account of the fact that the parties educated at provincial schools were not yet of sufficient age to present themselves for examination according to these regulations. But it was of importance that the provincial practitioners should at once express an opinion upon the matter; they had continually done so upon other subjects, and it would not certainly be right tacitly to allow the institution of a rule which would practically and completely put aside all provincial education. It appeared to him that the London gentlemen had passed this law to give an advantage to themselves; for they, being in a majority, had made it imperative that three out of six years should be passed under their tuition; and had thus, *de facto*, asserted that the gentlemen in the provinces were unfit to educate medical men. All that was asked was, that there should be the same examination for the country as for the London students, and on the answers should depend the question of fitness. He, for one, would not quietly sit down under the imputation of any scientific inferiority to their London brethren. Let them enjoy all the advantages which a metropolitan practice could give; but let not those of the provinces, by any self-imposed laws, for the advantage of these gentlemen, undergo any thing like this assumed degradation.

Dr. Tunstall supported Dr. Budd's resolution.

Mr. MARTIN, of Evesham, said the resolution only

touched one feature of the exclusiveness of the London College. Provincial surgeons were excluded from the Council, and he would ask whether it would not be well to notice this point also?

Dr. Budd quite agreed in the spirit of the remarks of the last speaker; but the constitution of the Council was settled by the charter, whereas the grievance of which he complained was one of the bye-laws.

After a few words from Mr. G. Waldron, of Bath, in support of the motion,

Mr. Bottomley, of Croydon, moved that a petition be presented to the House of Commons from this Association, praying an alteration in the charter of 1843. It was little good applying to the College for any alteration, and therefore he suggested an application to the House of Commons for an alteration of the charter of 1843.

Dr. Shapter, of Exeter, supported Dr. Budd's resolution, because putting aside the *status* of the provincial hospitals, he felt it would be a most cruel thing to force young men into a three or four years' residence in the modern Babylon, and to expose them to all its temptations, while they were deprived of the advantage of guides and the comforts of home.

Mr. Garlick, of Leeds, maintained that a full proportion of all the advances made in science might be claimed by provincial men, and that among those who had stood the present examinations of the College of Surgeons and the London University, a full share of those who had taken the highest honours had been educated at provincial schools.

The President said, that with regard to the practical surgery of the hospitals of London, he believed that they afforded opportunities in a greater degree than those of the provinces: and, therefore, if the resolution assumed that a young man could be educated at a provincial hospital—and he spoke only of the one with which he was himself connected—so as to be competent to pass for a Fellowship, without being at all in London, he should say he could not be so educated. Before applying to the College of Surgeons, they must apply to the Legislature, to alter the Anatomy Bill, so as to get a sufficient supply of bodies to teach anatomy, to enable young men to pass as Fellows, or even Members, of the College of Surgeons. They could not at the present time get a sufficient number of bodies to give a knowledge of practical anatomy to their pupils, the law only providing that in certain cases unclaimed bodies *may* be given for the purposes of dissection. Now, if the law said these bodies *shall* be so given, the difficulty which was at present experienced would be obviated, and with a larger supply of bodies the provincial schools might be able to give that education which he thought was now only to be obtained in London.

Mr. Nunneley, of Leeds, and Dr. Budd, of Bristol, said that in their hospitals the supply of bodies was most abundant.

Mr. Bottomley, of Croydon, moved as an amendment, that a petition be presented to the House of Commons, praying for a repeal of the Charter of 1843.

Dr. Conolly, of Cheltenham, seconded the amendment, but after some conversation, it was withdrawn for discussion as a substantive resolution on the following day, and Dr. Budd's motion was put and carried with one dissentient.

The Meeting separated about eleven o'clock.

THIRD GENERAL MEETING.

At twelve o'clock the members met again at the Assembly Rooms.

The President, on taking the chair, said, that as a great deal of business had been forced into this, the second day of the sitting of the Association, he felt that it would be most unbusiness-like in him to take up the time of the meeting by any additions to the observations he offered yesterday. He would only, therefore, express to those who were not then present, the gratification which his colleagues in the Bath Branch experienced at seeing so many of their brethren present, and again offer to them all the assistance in their power. He had only again to thank the meeting for the honour they had done him in placing him in the chair, and to request their indulgence for the inefficiency and many errors which had occurred in the performance of his duties.

The Address in Medicine.

Dr. W. Davies, of Bath, then read the "Address in Medicine," which embraced an admirable account of maculated fever, its diagnostic characters, and the relation of sanitary measures to this and other forms of fever.

Dr. Robertson, of Northampton, moved, "That the thanks of the meeting be given to Dr. Davies, for his able and eloquent address, and that he be requested to allow the same to be printed." He said the applause which had followed the reading of Dr. Davies' admirable paper had convinced him, that the pleasure he had himself experienced in listening to it had been generally shared by all present. He had never listened to a more admirable production, which appeared to him to be particularly valuable in one point of view at this time, when sanitary reform was so much the fashion. It was of great importance that medical men should not take a one-sided view of this subject, and should point out, that the proposed measures of sanitary reform would only remove some of the many causes of disease which were in existence.

Mr. Soden, of Sunbury, said he was sure their could be but one opinion as to the interesting address which had been delivered by Dr. Davies; and, fully concurring in the observations of Dr. Robertson, he had great pleasure in seconding the resolution which had been proposed.

Dr. Davies said he could only express his great gratification that the address he had submitted had met with the approbation of the members, and how very readily he consented to the request which had been made that it should be published.

Poor-Law Medical Relief.

Mr. Cantrell, of Wirksworth, explained what had been done by the Committee appointed at the last

Anniversary Meeting, at Derby, on the subject of the remuneration of medical officers of Poor-Law Unions. From Mr. Cantrell's statement it appeared that the Committee had coalesced with the Poor-Law Medical Convention, and that a deputation had waited on Sir George Grey, the Home Secretary, and laid the subject before him.

Dr. Hodgkin, of London, Chairman of the Committee, added a few facts to those stated by Mr. Cantrell. The Committee had addressed various questions to the Poor-Law medical officers of the Kingdom, and had received answers from upwards of 800, accompanied by various suggestions. The suggestions had been embodied in a series of resolutions, which were intended to be moulded into a memorial for presentation to Sir G. Grey, and previously to its presentation, application was made to the College of Physicians, the College of Surgeons, the Apothecaries' Company, and the Council of this Association, to lend their sanction to these representations. On the presentation of the memorial to Sir George Grey, he listened to the deputation by whom it was presented, and stated that the whole subject had been referred to Mr. Charles Buller, President of the Poor-Law Board. The last step taken by the Poor-Law Medical Convention was to appoint a deputation to represent that body at this meeting, and he (Dr. Hodgkin) had much pleasure in saying that there were several gentlemen in that assembly, whom he could not do better than introduce to the meeting, in order that they might have an opportunity of stating what had been done.

The following gentlemen formed the deputation from the Poor-Law Medical Convention:—Mr. Martin; Mr. Lord; Mr. Peter Martin; Mr. Cantrell; Mr. Bottomley; Dr. Hodgkin; and Mr. Stedman.

Mr. Lord, Secretary to the Poor-Law Convention, produced the following resolution passed by the Convention, as his authority for appearing at the meeting that day:—"On the motion of Peter Martin, Esq., seconded by John Lidelle, Esq., it was unanimously resolved—'That the delegates deputed to attend the meeting of the Provincial Medical and Surgical Assaciation, be requested to solicit the Association to further the objects of the Convention, by passing a strong resolution approving of the plan of amelioration suggested by the Committee as appended to the memorial to Sir George Grey; and further, that the provincial papers should be influenced by the members of the Association with the view to forward the cause of the Medical Staff.'" Mr. Lord here expressed at some length the claims of the medical affairs of the Poor-Law.

[The plan alluded to in this resolution was published in the last number of this Journal, and will be found at page 435.]

The President said that he had prepared some observations on this subject, but he was fearful of occupying too much time yesterday, and that he should also be anticipating the observations of other gentlemen. He had himself been for twenty-five years surgeon of the parish of Walcot, which comprised about half the city of Bath, and he could bear his testimony to the necessity which existed for the steps which had been taken for the protection of the medical officers of the Poor-Law Unions.

Dr. Cowan, of Reading, moved the following resolution:—

"That this meeting, having fully considered the present false position of the Poor-Law Medical Officers, is of opinion that the interests of the profession, of the sick poor, and of the rate-payers, will be essentially advanced by the plan of amended legislation, deduced from returns of facts and suggestions received from Poor-Law Medical Officers throughout the country, and appended to the memorial recently presented to Sir George Grey by the Convention of Poor-Law Medical Officers. It therefore pledges itself to use its continued influence in support of the plan, and to memorialize the Government, in order that it may be embraced in any new measures which may be enacted."

He was convinced the subject of the remuneration of medical officers, under the Poor-Law, was one of the most important to which the attention of the Association could be directed. Those gentlemen had not only a right to be paid for their labours, but he thought their self-denying exertions entitled them to the most liberal consideration. The present state of things was such as ought not to continue for another hour, and he did hope the Association would struggle, not by its political influence, but by the force of moral combination, to obtain an alteration of the present system.

Dr. Wallis, of Bristol, in seconding the resolution, advised the medical officers engaged on the Poor-Law to confine their attention to the point of obtaining adequate payment from the Government without any stipulation for extra charges for midwifery and surgical attendance; in fact, to seek to place themselves on the same footing as Army and Navy surgeons.

After a few remarks from Mr. De la Garde, of Exeter, and Mr. J. Parsons, of Beckington, the motion was put and carried.

Dr. Hastings then proposed the adoption of the following memorial to Mr. Charles Buller, President of the Poor-Law Board:—

To the Right Hon. Charles Buller, President of the Poor-Law Board.

Sir,—The attention of the Provincial Medical and Surgical Association, at several successive meetings, has been seriously called to the present unsatisfactory state of Poor-Law Medical Relief, and at the present time to the plan for its improvement, which has been submitted to Sir George Grey, in a memorial from the Poor-Law Medical Convention. The Provincial Medical and Surgical Association begs leave to express its opinion that the plan thus submitted would be a great improvement on the present system, and whilst it would satisfy the just claims of the Medical Officers, it would lead to a decided improvement in the medical attendance rendered to the sick poor. The Association therefore earnestly hopes that you will give your favourable consideration to this plan, and thus remove a state of things which inflicts great hardship on many deserving members of the medical profession, whilst it

occasionally leads to circumstances, as regards the poor, distressing to human feelings, and injurious to the public health, and thus to the mere pecuniary interests of the community."

In proposing this resolution to the meeting, Dr. Hastings said he reflected with the highest gratification that this Association had been connected with the movement on behalf of the medical officers of the Poor-Law, from its commencement to the present time; that on no occasion had it turned its back upon them, but that day by day, week by week, and year by year, had it endeavoured to promote this cause. And he would fain hope that those exertions had been mainly instrumental in bringing about an alteration; for when they began their labours the Government was indisposed to listen to them, if it was not altogether opposed to their views. Now, however, he thought it might be said that Government was favourable to their wishes, and he thought that the representation of such a meeting as this would have great weight with them.

Dr. Heygate seconded the resolution, which was carried unanimously.

Mr. Flower, of Chilcompton, then suggested that Mr. Bottomley should bring on the subject respecting the College of Surgeons, which had been withdrawn on the previous evening; but, after some conversation, the meeting decided that the papers which had been sent in from various members should, first of all, be read.

Communications.

The following communications were then submitted to the meeting:—

Scirrhous Mamma in the Male.

The following case of scirrhous mamma in the male, reported by Mr. Spry, Surgeon to the Royal Cornwall Infirmary, was read by Dr. Barham, of Truro:—

On the 16th of February last, I was consulted by Capt. L., residing at P., respecting a tumour occupying the situation of the right mamma, which presented all the characteristics of true carcinoma. The patient was 71, of a rather sallow countenance, but a well-formed and robust person. He stated that the tumour had been forming about four years—that it had very slowly increased during the three first, but more decidedly so within the last year, and especially within the last four months. It had given him very little pain until lately, when he felt occasional darting pains through it. It was about the size of a small orange, somewhat irregular as to shape, of a stony hardness, moveable, and of a uniform consistence. The axillary glands being unaffected and the steady increase of the tumour occasioning him much anxiety, I advised him to have it removed. On the 21st, I attended at his residence, with his usual medical attendants, the Messrs. Michell, of Redruth, who having taken a similar view of the case, the removal was decided on and performed very neatly by Mr. S. V. Michell, from whom I afterwards received the following note:—

"Redruth, June 1, 1848.

"Dear Sir,—I have much pleasure in informing you that Captain L. recovered without an unfavourable symptom. The greater part of the wound healed by the first intention, and he is now in good health.

"Dear Sir, yours very truly,

"E. J. Spry, Esq. "S. V. P. Michell."

Captain L. has since called at my house to report himself quite well and in spirits, and thus far every thing has proceeded as desired. He did not wish for any anæsthetic previous to the operation, but sat in his chair with much firmness of mind. The preparation, by the kind permission of the Messrs. Michell, is in my possession, and has been examined by many professional friends, who consider it a good specimen of true carcimona.

Truro, August 15th, 1848.

Medical Topography.

Dr. Barham then read the following paper entitled "Suggestions for an Inquiry into the Medical Topography of England on the part of the Provincial Medical and Surgical Association." That portion of the paper in which the subject of Meteorology was referred to, was illustrated by a series of diagrams, in which the curves of the variation in different localities were accurately laid down, and thus, at once, strikingly representing the more important facts to the eye.

Prefixed to each number of our Journal is a brief statement of the principal objects of this Association. These are divided into five sections, the second and third of which are as follows:—"Increase of knowledge of the medical topography of England through statistical, meteorological, geological, and botanical inquiries; and investigation of the modifications of the endemic and epidemic diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people." The importance of these objects no one here will dispute, and the design entertained by the founders of the Association, in giving them so prominent a place, was alike noble and judicious; the work to be done being calculated to confer the highest honour on the body which might effect it, and being such as could scarcely be effected except by such a body as they intended this Association to be, and such as it has become. But very little has, I believe, been as yet done by the Association in its corporate capacity, to carry out these objects; and I now venture to call attention to those, in the hope that they may be taken up with a decided purpose, and that an inquiry may be instituted under a well considered plan.

Within the last few years very considerable advance has been made in the science of meteorology, and as far as the observation of instruments and the recording of results are concerned, there is in several localities little to be desired. It may also be admitted that by the registration of deaths, published concurrently with the meteorological results, some light has been thrown on the effects of particular seasons on particular localities. But neither in the meteorological nor in the vital department, has there been any comparison of that precise and detailed kind which is requisite for the practical purposes of our profession. In respect of climate medically considered, the mere statement of mean monthly results conveys very little valuable

knowledge; it is only by the comparison of daily changes, that their relative frequency and rapidity can be ascertained. Then we obtain little or no information respecting the particular spot where the observations are made. Places not a mile apart may present very natural differences in the results even of instrumental observation; but how much more widely do they often differ in those points, which may be expected to be influential on health. For example, how important is the exposure of a given situation to particular winds, the relation those winds bear to bodies of salt or fresh water, and to different tracts of ground. Moreover, in making up our medical estimate, we must take into account the varieties of geological structure and the nature of the waters. Turning to the department of *vitality*, to the *healthiness* of particular places, the returns of the Registrar-General, valuable as they are in a thousand ways, cannot connect even the mortality at all precisely with topography; and with regard to the diseases which do not usually terminate fatally, they give no information. Then again being of very recent date, they are deficient in the element of time, a very essential one for ascertaining the natural influence of any given locality on the human constitution. The *curative* merits of particular places, another object of the greatest interest, can hardly be at all brought out by tables of deaths.

Such inquiries can in fact be carried out only by medical men, and they can scarcely be made to embrace a very wide sphere, except by the exertions of a large and united body. In relation to the health, or rather the diseases of towns, a great mass of information has been collected, chiefly under the auspices of Government; and it is to be hoped that many of the evils introduced by civic cupidity or blunder will be swept away. But were the economy of towns rendered ever so perfect, the course of nature would still hold on; physical agencies would still tend in this place to corroborate, in that to sap, the bodily vigour; here to produce one disease, there another; to ease or to aggravate particular maladies. To institute a systematic inquiry into the nature and laws of these physical agents, is an undertaking worthy of this Association; its results can hardly fail to add another to the many boons conferred on humanity by the medical profession. This is an inquiry in which observation would bear the principal part, and it has already been, in all the ages in which medicine has had any vitality, entered upon more or less earnestly by the masters of that observation, whence have been, and will I believe always be, derived the most valuable acquisitions of the healing art.

Hippocrates, that great man, who has been called the father of medicine, most justly, as he has fixed on what he received from his predecessors as well as on what he gathered by his own labours, the stamp of his own admirable sense and perspicuous reasoning, has left us an essay on the influence of climate, waters, and localities, on the human constitution, which, in its conception, and (making allowance for the imperfect condition of physical science in his day,) in execution too, appears to me not at all inferior to any other treatise of the same nature with which I am acquainted. Taking the region which fell within his cognizance, from Greece, by Thrace and Syria, through Asia Minor and Egypt, he has marked and recorded the effects of the general climates of the several latitudes, and those connected with the particular aspects and elevation of distant localities, in relation to the diet and water used by the inhabitants, and their habits as flowing from the circumstances in which they were placed; and he has traced the resulting health and constitution, not only as it may have been evidenced by the frequency of particular forms of disease, but as more surely exhibited in comparatively permanent characters of bodily organization and mental powers. I dwell with pleasure on the merits of this illustrious physician, because I see in him a conspicuous example of that method of medical inquiry which leads to the most useful practical results. Placed as a sort of superior officer of health, in a position to exercise sanitary inspection over a wide district with authority and dignity, his genius and humanity, in developing and applying the resources of our divine art, had enabled him, in a semi-barbarous age, to set himself to observe with accuracy, and to follow the indications of nature; and he taught men to avail themselves of her curative bounty. He is fond of introducing a little scientific explanation of phenomena, sometimes better, sometimes worse, than the science of succeeding ages, but he seldom allows himself to be run away with by his own opinions.

Nothing can be plainer in the history of physic, than that the introduction of each successive code of laws for health and disease, as each little development of physical science occurred, tended to interfere, for a time at least, with the beneficial progress of practical medicine. In this, our day, several sciences, justly considered to be handmaids to our art, have made rapid progress; still, I believe it will be found to hold good, that neither the most subtle organic chemistry, nor the most minute microscopic anatomy, nor the most admirable physiological deductions, will prove safe guides to the physician in the treatment of disease, though their lights will all of them be useful suspended along the walls of the labyrinth, through which he cautiously advances, holding in his hand the clue furnished to it by the observation of the phenomena of life. So in drawing conclusions as to the relative healthfulness of different localities, this Association would follow the Hippocratic method, by observing what was the total result of the physical influences there at work, calling in the aid of meteorology, chemistry, geology, and whatever accessary science might contribute its quota towards the eventual establishment of general principles.*

For the purposes of our proposition in this department, there are two prominent objects of inquiry. What are the best sites for dwelling-houses in each district of the country? and what are the laws in accordance with which change of residence is to be advised and directed. It will be understood that the investigation which I now urge on the attention of the Association, does not so much regard the effects of residence in places already resorted to for the restoration of health, and appropriated in some sort to the

* The attention paid by Sydenham to atmospheric conditions in reference to epidemic disease, and the more accurate and important observations of Huxham, I would content myself with barely alluding to, as examples from our English medical fathers of the just appreciation of such inquiries.

more opulent classes. What I wish to suggest, is an inquiry which belongs to every neighbourhood, and, more or less, to every rank—its ultimate object being, in the first place, the medical determination what situations are eligible for being inhabited; and, secondly, to introduce change of residence as a well understood and regular department of ordinary therapeutics. Most of us must be well aware, from our own observation, that the beneficial effect of such change, though the distance travelled may be very small, is often most strongly marked. In the district where I myself reside, which is somewhat peninsular, having a northern and a southern sea within six or eight miles of the centre, nothing in the effects of medical treatment can be more striking than the rapid improvement in the state of the general health, often in that of localized disease, consequent on removal. Change would seem to be in itself beneficial, and I have found it well to make my patients oscillate at short intervals from the coast to the inland, or from one coast to the other.

If we turn to the mineral waters of this country, it will be found that the knowledge available to the profession is very much limited, and that the practical application of the treasures of this kind within our reach, is yet more so. Scarce any springs are resorted to, except they be marked by strong impregnation or high temperature; but there are few districts in which chalybeates may not be found; in very many there are saline chalybeates, quite active enough to produce those wonderful effects often secured by the infinitesimal doses of natural mixtures. Even the extreme purity which has been found to constitute the sole peculiarity of many wells of ancient celebrity, is a quality not to be despised. I hope to see the day when medical men generally will allow nature to make some of their solutions, when the professfonal superintendants of the mineral waters of every district, studiously provided in Spain, Italy, and Germany, in order that people of every class may participate in the benefit, will be afforded to this country. Without countenancing the refined absurdities of homœopathy, or admitting the water-cure as a panacea, the truly rational practitioner will do as much as he can by removing all noxious agencies, recommending wholesome diet and exercise in the purest air and most healthy situations, and having recourse when opportunity offers to the laboratory of nature for his drugs. I am fortunate in making these remarks in this ancient and beautiful city, which we may strip in fancy of the accumulated and gorgeous works of man, till we see the druid immersing the neophyte, or gaining credit to his incantations, by the palsy removed by the magic waters; where, in a later age, we may admire the palatial structures and tesselated pavements of the Romans, who made bathing a necessary of life; till gradually, through successive stages of progress, we restore the city to its present magnificence, and admire its healing springs, largely devoted to those hospitals for the poor so characteristic of Christianity. But each age and people has alike given its cordial assent to the Pindaric motto, "*αριστον μεν υδωρ.*"

I have detained you too long, and must hasten to the consideration of the means which seem most adapted to improve our knowledge on those points I have considered as desiderata. A certain number of localities should, in the first instance, be fixed on, which may adequately represent the several distinct varieties of situation in different parts of the country. Accurate meteorological observations should be secured in each of these situations, and the daily results should be compared; that comparison is best effected by curves and diagrams, such as you see before you. Variations here strike the eye where it would be bewildered among a host of figures.

Mr. Glaisher, of the Royal Observatory, Greenwich, has recently published in the *Philosophical Transactions*, a series of corrections, by which these comparisons will be greatly facilitated, and I am happy to say he has entered warmly into the purpose, which I ventured to hope the Association would entertain, and has promised his valuable aid in discussing the results of our observations. I have also reason to believe that the Registrar-General and Mr. Farr will kindly co-operate with us in rendering the investigation serviceable to the profession and the public. Certainly the publications periodically issued thence, and from Greenwich, would very much lighten the expense attendant on such inquiries. The other physical conditions of the chosen localities must at the same time be recorded with precision.

For the purpose of ascertaining the *healthiness* of these situations, documentary evidence should be collected and examined. The parish registers are commonly very valuable, and indeed the only material repositories of evidence of this kind, showing the rate of births and deaths through a long succession of years. I once made an abstract of the registers of the parish of Tavistock, giving these and other particulars for every month through two centuries. These tables were published by the Board of Trade, and the essay which accompanied them is in the Journal of the Statistical Society. The results as to the relative mortality in particular months, and the prevalence of epidemics at particular periods, are highly interesting. A series of such abstracts would form a body of evidence much more satisfactory than most of that, the deductions from which have been lately published by Professor Casper. The health and hereditary disorders of the oldest native families should be inquired into, and the physical peculiarities stamped upon them should be noted. You have seen some of the peculiarities of the climate of the Scilly Islands; it has produced in the islanders modifications of form and colour sufficient to distinguish them among the Cornish. The effects of residence in these localities on strangers, and in particular disorders, should then be learnt, as far as possible from the past, and carefully watched and recorded during a considerable period. The stores accumulated under the existing registration of births and deaths would of course be turned to account.

I have only indicated a portion of the inquiry, or of its useful applications. If you agree with me that these cardinal purposes of our Association shall be vigorously carried out, your Council will doubtless enter readily on the consideration of the practical methods by which success may be best attained.

Dr. Hastings communicated some observations, together with medical testimonials, in favour of Mr. Falkner's new preparation of opium.

Poisoning by Belladonna.

The following case of poisoning by belladonna, reported by W. Jackson, Esq., F.R.C.S., of Sheffield, was read by the Secretary :—

Thomas Greaves, aged 75, a man of thin spare habit, took by mistake a quantity of the extract of belladonna. It was intended that the extract (the quantity sent being five drachms,) should be spread upon a plaster, to be applied to the chest, but the poor old man mistook the verbal directions, and thought the box contained an electuary. The dose taken was represented by a female, who was present at the time, as so small as not to exceed four or five grains. Whether this person was mistaken as to the *quantity* taken is uncertain. This occurred about six o'clock in the evening of July 11th. In a short time the symptoms became manifest, and at seven he had lost the power of articulation, and presented the general appearance of a person seized with slight paralysis. He was quite unable to stand or walk, and his limbs were in a state of tremor and agitation. He became cold, and nearly approaching a state of insensibility; the eyes had a wild vacant appearance; the respiration was laborious and occasionally stertorous, and he moved the body almost incessantly backward and forward, as if his inward suffering (not otherwise expressed,) was very great. At ten o'clock the temperature of the body had increased; face swollen; mouth and throat extremely dry; and insensibility more complete. Castor oil had been given, but was rejected. One of the attendants stated that nausea prevailed at various times. No active delirium was manifested, but from the general appearance of the eye and features, no doubt that peculiar derangement existed, subdued partially by the pressure upon the cerebral organ, so as more nearly to approach the character of apoplexy. At six the following morning, he appeared considerably exhausted, but had still sufficient power to take some wine and water, and for the first time indistinctly uttered a few words. His mouth and fauces at this time, to give the language of an attendant, were as *dry as a chip*. His face was so much swollen and red, as to quite change his usual appearance. His daughter remarked that the *wrinkles of old age had disappeared, and he appeared much fatter than usual*. Between nine and ten in the morning, he appeared quite exhausted, and his friends becoming alarmed, called in the assistance of Mr. Pearson, surgeon, of this town, who found him *in articulo mortis*. He died at eleven, being seventeen hours after having taken the extract.

Autopsy.—Mr. Pearson requested my assistance in the examination.

The external appearance presented nothing worthy of remark. The venous system of the cerebrum was in a state of the greatest distension; bloody points were most numerous on slicing the cerebral mass; the cavities of the brain were excessively distended with fluid. As we approached the base of the brain, more or less of softening of the structure presented itself; this condition was especially conspicuous in the cerebellum and medulla oblongata. The effusion completely distended the spinal canal, and surrounded the medulla. The congested state of the vessels of these parts of the nervous centres was singularly great. The lungs were in a highly congested state, and uncollapsed, and in colour almost black. Although he had been suffering from chronic bronchitis for some months, yet the inner coat of the air-tubes presented no abnormal appearance, excepting a relaxed state of the mucous coat. The heart was natural; the blood was fluid, except a slight partial coagulation in the left ventricle. There was no abnormal appearance in the alimentary canal, except in the stomach, on the mucous coat of which organ a remarkable alteration of colour and texture was presented; this dark brownish, or rather black appearance of the mucous coat, occupied several square inches of the greater curvature, not extending as high as the cardiac extremity. In this situation, also, the texture of the organ, (*i.e.*, its mucous coat,) was softened, but not ulcerated. The colour in this case was more approaching to blackness than that purplish appearance which ecchymosis displays. The stomach was empty, except a quantity of grey and yellowish mucus. We thought the odour of belladonna could be detected in the contents, but not sufficiently so to justify our giving a positive opinion.

The points of interest in the case are the sudden effect of the narcotic upon the organs concerned in the articulation and voice. A question here presents itself. Was the compression of the origins of the hypoglossal and pneumo-gastric nerves the result of the effusion of fluid?—or, did such effect occur previously? This poor debilitated old man had been suffering under an affection of the chest, probably chronic bronchitis, for a long period. That disease, together with his great age, would place him under unfavourable circumstances, as regards the effects of a poisonous dose of a narcotic.

The course of the symptoms presented several of the characteristics of the early progress of a case of highly congestive fever. The first invasion of those symptoms, according to the testimony of the attendants, was marked by sudden prostration of the vital energy, loss of temperature, obscuration of the intellectual powers, embarrassed respiration, loss of the power of articulation, and probably depression of the circulation. Re-action gradually supervened, and the increased force of the circulation was marked by redness and a full bloated appearance of the face. But although this invigorated state of the circulation became fully established, yet the primary impression upon the centres of the nervous system continued unabated, and gradually increased, until the interruption of the supply of nervous influence to the vital organs finally extinguished life.

That the chief action of belladonna is excited upon the medulla oblongata I think this case substantiates; but it is highly probable that its influence is more or less extended to the cerebellum. I would therefore, advise the treatment in such cases, after evacuating the stomach, to consist in cold affusion, (perseveringly used,) to the head, and especially to the occipital region and back of the neck, as in cases of poisoning by hydrocyanic acid. We may also hope for advantage from cupping in the same situation. The stomach is easily excited, and emetics act with facility, and this would render the use of the stomach-pump unnecessary, provided the poison had been taken in a fluid form. As regards the doses of belladonna, great variety of opinion and practice prevail. Some have ventured to give three grains for a dose, whilst others

have limited it to a smaller quantity. I have given this remedy pretty extensively, but have not been able to increase the dose beyond two grains.

Allow me to ask, can there be any reasonable doubt, considering all the circumstances of this case, as to whether Thomas Greaves died from the effects of belladonna? There was evidence produced, that he took but a small quantity—it was believed by some, amounting to not more than four or five grains. This was probably a mistake. But supposing he had taken five grains, circumstanced as this poor old man was, we are surely entitled to infer, from the symptoms narrated by the attendants, and the *post-mortem* appearances, that belladonna was the cause of his death. The Jury returned a verdict, "Died from natural causes."

Petroleum in Cholera.

Dr. Tunstall, of Bath, read the following observations on the use of petroleum in cholera:—

Two years since I wrote to Sir Charles Napier, then Governor of Scinde, recommending the use of petroleum in Asiatic Cholera, I was led to believe that it might prove useful, *first*, from its chemical nature and properties, *secondly* from its stimulant effects upon the system, and thirdly, because Dr. John Davy had proved by direct experiment that the respired air of cholera patients contains a much smaller proportion of carbon than is sufficient for the proper purification of the blood.

In the course of my reading on the disease, I was struck with the fact, that persons employed in the manufactory of charcoal at Marseilles, and elsewhere, were singularly exempt from the disease in 1832. Mr. Ritson, of Manchester, in the *Lancet* of August 4th, brings under our notice similar facts in relation to the charcoal porters of the Island of Malta; and states in addition, that the crews of African traders, whose water is preserved in charred casks, escape in a great measure the dysentery of the coast.

The *carbonizing plan* of treating looseness of the bowels, or in other words the exhibition of the alkaline carbonates of magnesia, lime, and ammonia, is almost coeval with the practice of physic as a science. These remedies act by neutralizing acrid secretions, and evolving carbonic acid; where, as sometimes happens with magnesia, they produce a purgative salt, their use is contra-indicated.

Now, in cholera asphyxia, we have a disease in which acid evacuations are the prevailing symptom, the respired air is deficient in carbon, and the system rapidly succumbing to a fatal putridity, the blood and other fluids changed in their character, and death, I believe, resulting from an accumulation of impure blood in the lungs.

If, therefore, those escaped whose clothes were impregnated with charcoal dust, and who from necessity must daily have introduced portions of it into their digestive organs, and if the air respired is in the condition described by Dr. Davy, I do not think I am wandering from a legitimate theory in prescribing a medicine which, in a given quantity, contains a larger proportion of pure carbon than any other known substance.

This theory Dr. Soulby, of Dover, has called upon me to explain. I am aware that, in the explanation of the effects of remedies, we are apt to render our meaning unintelligible by the use of terms which, however satisfactory to our own minds, are liable to misconception by others. Dr. Soulby particularly refers to the following passage in my letter to Sir Charles Napier:—

"In the petroleum, we have a medicine which acts primarily as a powerful stimulant. Secondly, by supplying the system with a due proportion of carbon for excretion, while its effects being produced by means of the absorbent system, it acts beneficially as an antiseptic, preserving the frame from the rapidly fatal effects of this horrible disease, by evolving carbonic acid from the lungs."

If, (says Dr. Soulby,) the system is already overcharged with any element, we cannot expect to relieve it by administering more of the same.

To this I reply, that my own experience in 1832 showed me the rapidly fatal effects of the disease; and its putrescent character was verified by *post-mortem* examinations, conducted by myself in the presence of the late Dr. M'Intosh of Edinburgh, and other practitioners; that my observation of the effects of petroleum, in other diseases, convinced me that it was not only a powerful stimulant, but a highly carbonized antiseptic. Its first action is stimulant; its odour is perceptible in all the excretions; its secondary and most important effect is, that it supplies the system with a due proportion of carbon for excretion. Dr. Soulby presumes that beause the system is already overcharged with carbon, highly carbonized remedies can do no good. In this I differ. If an important excretion is defficient in its peculiar elementary principle, I think we are justified in the administration of a remedy containing that elementary principle.

In June last, Mr. Guthrie brought under the notice of the Medico-Botanical Society, that the Cossacks in Circassia had used this remedy, which is found native in the East Indies and Persia, with singular good effect; and this not upon mere rumour, but upon the report of Dr. Andreosky, who had himself employed it. I then, by Mr. Guthrie's advice, published my communication to Sir Charles Napier, who had previously caused it to be extensively circulated in the East, by which means the Cossacks obtained their knowledge of the remedy. Mr. Guthrie adds, that the priority of discovery is due to myself, and he communicated my letter to the Medico-Botanical Society, advising me to publish it to my professional brethren.

It is singular how the carbonizing plan gains ground. Mr. Ritson advises water to be kept in charred vessels, and a correspondent in last week's *Lancet* extols creosote, the active principle of which is carbon. If we adopt the theory that in cholera the impurity of the blood arises from its containing too much positive electricity, we can readily explain the action of the hydrocarbons, which are negatively electric bodies, and which, on their introduction to the system, tend to restore the balance of electricity to its due standard. Thus, if the system, being in a state of positive electricity, does not eliminate carbonic acid gas from the lungs, the introduction of a hydro-carbon, or other negatively electric body, will enable it to do so; without some such explanation as this, it would be difficult, perhaps, to account for its action. We must bear in mind that the excretions from the bowels and stomach show an excess of acid, or, in other words, of oxygen, a positively electric condition.

A letter from St. Petersburgh to a gentleman in Manchester, which has lately gone the round of the papers, states "that a very important discovery has been made here recently, which clearly proves that the malady is in the air, and, therefore, quarantines are utterly useless. The air here has had a very singular effect on the magnetic power. Whilst the cholera was at its height, which now the disease the action of the magnet was nearly neutralized, is gradually subsiding, assumes by degrees its former power. A magnet block, which used to carry eighty pounds, during the worst time of the cholera, would not carry above thirteen pounds; its strength has now increased to sixty pounds. The electro-magnetic telegraph at one time would not work at all."

And now, let us notice those remedies which have been extolled as specifics, and, first, brandy. Is not this a hydro-carbon?—are not the essential oils proved by ultimate analysis to be vinary compounds of carbon and hydrogen?—and have not all these been successfully employed in the cure of this disease? In the petroleum we have this binary compound in its purest form; 100 parts contain 85 per-cent. of carbon and 15 of hydrogen, and it is the only one of them that can be administered safely in large quantities; in taste it is balsamic, differing thus from the essential oils, which are more or less pungent, allowing them only to be administered in small doses.

It is much to be regretted that a sophisticated article, formed of coal-tar and oil, should have usurped the place of this remedy in the ordinary shops. A short time since a spurious article was supplied to the Bath Hospital, by a first-rate London house, who I feel satisfied had no suspicion of its being factitious, until I shewed them a specimen brought direct from Barbadoes. Dr. Faraday has given us a sure test, by which we may discover its purity. If sulphuric æther is added to it, the petroleum is entirely dissolved, and the solution is of a green colour,—an effect which is not produced by its addition to any other bituminous products, whether natural or artificial.

Dr. Tunstall exhibited specimens of the genuine petroleum and the spurious article, together with the effects of Dr. Faraday's test on both.

Cholera.

Dr. Cowan, of Reading, read a paper containing suggestions for the Treatment of Cholera, derived from the experience which he had acquired during the former visitation of the disease.

The following extract from a letter, intended for communication to the Council, but received too late for that purpose, was read by Dr. Hastings.

"Dear Sir,—Will you have the goodness to allow the following suggestion to form a part of the deliberation of the Council, viz.:—

"That as another visitation of the Asiatic cholera is apprehended, and as those whose duty it is to attend to public hygiene in this country, are very laudably occupied in endeavours to oppose the approach of this disease, and that, should it appear, they may have in readiness the means of mitigating its ravages, it is submitted that the Association, as a body, should take some prominent part in this movement. To assist in throwing a light on this mysterious subject, I beg to recommend that a prize (a medal, or £10 or £20,) be offered for the best Essay on "The Pathology of Asiatic Cholera."

If the anatomical character and precise changes which takes place in the animal economy were well ascertained, it would point to what we should aim at in the onset of this malady, and lead to a more rational treatment. The present methods of treatment are quite empirical."

Protection from Burns by Fire.

Mr. Crompton, of Manchester, brought before the meeting a discovery of Dr. Smith for rendering articles of clothing, &c., insusceptible of taking fire. He stated that all that was necessary was to immerse the article to be protected into a solution, the nature of which had not yet been made known to him. Specimens of lace, printed muslin, paper, hay, wood, and other combustible materials so prepared, were exposed to the action of flame. They were severally charred, but neither took fire, nor was their texture destroyed. Specimens of the same articles which had not been immersed in the solution were at the same time submitted to comparative trial, taking fire readily. The appearance of the several articles was in nowise altered by the action of the solution.

Spinal Disease.

Mr. Hare, of London, exhibited drawings of the case of a young man labouring under spinal deformity, which was communicated at the last Anniversary Meeting. (See *Provincial Journal*, August 11, 1847.)

The patient returned home in May last, so much improved that the deformity was scarcely observable when he was dressed. In a letter he has lately written to Mr. Hare, he says that he is in the enjoyment of good health, and has continued to gain strength ever since his arrival at home, and has not, to his knowledge, got at all worse as regards his deformity than when in London.

Gangrene of the Mouth.

Mr. Hare also exhibited drawings of two cases of gangrene of the mouth.

In the first case, which occurred in 1831, the gangrene destroyed so much of the cheek as to leave an opening nearly round, of a diameter of more than an inch, through which a good deal of the food taken by the child escaped. It subsequently closed, and the child had perfectly good health.

In the second, which occurred the following year, the sloughing was more extensive than in the preceding case; but the true skin was not destroyed. An anchylosis of the upper and lower jaw was so complete that she has never been able to open her mouth since, and it became necessary to remove two of the teeth of the upper jaw, to enable her the better to take food. Although she has not perhaps been so strong as some females, yet she has enjoyed quite an average state of health.

The treatment adopted in these cases was the most close attention to correct the state of the digestive organs by the administration of emetics, mild, but efficient purgatives, and such other means as will be obvious to those who have the management of somewhat similar cases.

Charter of the College of Surgeons.

Mr. Bottomley, of Croydon, moved, "That the following petition be presented to the House of Commons, praying them to repeal the Charter of 1843."

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble Petition of the Provincial Medical and Surgical Association assembled at Bath

Sheweth—

"That your Petitioners, in common with the great majority of the members of the Royal College of Surgeons of England, strongly disapprove of the terms of the Charter granted to the College in 1843, which they consider injurious to the honour and interests of the members. That the grant of the Fellowship without examination to a selected portion of the members places the remainder in an inferior position. That all gentlemen who became members of the College prior to the recent Charter, attained an equal collegiate rank, and that none of them ought to be deprived of any collegiate rank or status by an *ex post facto* law. That by the Charter all surgeons residing in the provinces, or practising midwifery, are excluded from the Council, and that such exclusion is altogether unreasonable, injurious to provincial surgeons, and discouraging to the study of midwifery, than which there is no more important branch of the medical and surgical profession. That the Charter of 1843 has produced so just and general a feeling of dissatisfaction among the members, that harmony can only be restored to the Colleges by its repeal, and the substitution of another Charter, founded on a more equitable basis. Your Petitioners, therefore, humbly pray that your Honourable House will take such steps as may be necessary to redress the grievances of which they complain, and your Petitioners, as in duty bound, will ever pray."

Mr. Flower, of Chilcompton, seconded the resolution; but, after some discussion, an amendment, proposed by Mr. Soden, of Sunbury, and seconded by Dr. Booth, of Bath, to the effect, "That it is not expedient for this Association, at present, to entertain the question," was carried by a large majority, it being considered that the petition was informal, and that the subject might be otherwise more efficiently dealt with.

Dr. Streeten then rose and said, that he had the honour to lay before the meeting a requisition, signed by upwards of one hundred medical practitioners of the city and county of Worcester, and would proceed, with the permission of the meeting, to read the terms of the requisition. "We, the undersigned members of the medical profession, resident in Worcester and its vicinity, request that the Provincial Medical and Surgical Association will do us the honour to hold an Anniversary Meeting of the Association at Worcester, at as early a period as may be convenient." He had accordingly great pleasure in proposing that the request of this requisition should be complied with, and that the Association should honour Worcester by holding the Anniversary Meeting for the year 1849 in that city. The resolution which he held in his hand expressed also the name of the President elect. He felt sure that the meeting would at once anticipate that none other than the esteemed founder of the Association could, on this occasion, be selected for that office, and begged therefore to move, "That the Anniversary Meeting for 1849 take place at Worcester, and that Charles Hastings, M.D., F.G.S., be appointed President elect."

Dr. Booth seconded the resolution, which was carried by acclamation.

Dr. Hastings, in returning thanks for the honour done to him, said it gave him the greatest possible satisfaction in the prospect of seeing the Association at Worcester next year, and he could assure all the members that no exertions should be wanting on the part of his professional brethren and himself to procure a good meeting. Although they might not hope to rival their friends in Bath, yet, if good intentions and great exertions could ensure a good result, he hoped it would be found that the example which had been shown in this city had not been lost upon them.

It was moved by Dr. Paxton, of Rugby, and seconded by Dr. Soulby, of Dover, "That the thanks of this meeting are due, and are given, to those gentlemen who have read papers and presented communications at this meeting."—Carried unanimously.

Moved by Dr. Heygate, and seconded by Mr. Bottomley, "That the thanks of this meeting be given to Mr. Norman, for the able manner in which he has conducted the business at this Anniversary."—Carried unanimously.

On the motion of Dr. Tunstall, seconded by Dr. Wallis, the thanks of the meeting were awarded to the Mayor, Magistrates, and citizens of Bath, for the kindness and liberality with which they had received the Association.

THE DINNER.

The dinner took place in the evening, in the banqueting-room of the Guildhall, George Norman, Esq., presiding, supported on the right by the Mayor of Bath; the Rector of Walcot; Dr. Shapter; Dr. Wood; Dr. Hastings, &c.; and on the left, by the Archdeacon of Bath; W. Miles, Esq., M.P.; G. Kitson, Esq.; Dr. Conolly; Dr. Heygate; Dr. Daniell; &c.

After the removal of the cloth, "Non Nobis Domine" was sung in excellent style by a party of professional gentleman engaged for the occasion, who enlivened the evening by the performance of several appropriate glees, &c.

The President then gave in succession, "The Queen;" "The Queen Dowager;" "Prince Albert;" "The Army and Navy;" "The Bishop and Clergy of the Diocese," (responded to by the Archdeacon of Bath;) and "The Mayor of Bath," with thanks to him for his exertions to promote the business of the Society.

The toast was acknowledged by the Mayor, who concluded by proposing the healths of "The President, Vice-Presidents, and the Members of the Provincial Medical and Surgical Association."

"The Members of the City of Bath;" "The Members for the Eastern Division of the County of Somerset,"

(replied to by W. Miles, Esq., M.P.;) who proposed the health of "Dr. Wood," of America.

Dr. Wood returned thanks. He said—Mr. Chairman and Gentlemen, It is with emotions that I fear may prevent the expression of all I feel on this occasion, that I rise to thank the present company for the honour they have done me, and more especially for the honour they have done my country through me. (Cheers.) Science, Sir, is universal—it is born of the necessities of our nature, and its objects are to promote the good of mankind; and therefore its cultivators in every clime ought to be brethren. (Hear, hear.) If it be true of the great system of science, that by strong attraction all parts are kept together, it is still more so in its inferior or subordinate relations. Like the planets of the solar system, though constituting a great mass of the stupendous whole, there is a closer affinity to each other than to other parts; so we, as scientific men, have a connection, but as medical men we are bound together by a yet stronger link. We, of America, have the same origin with you, which binds us by a yet closer tie—we have the same climate, the same literature, for we draw all our knowledge (our scientific knowledge I mean,) from almost the same sources; and, therefore, how important is it that we should cultivate the spirit of brotherhood. (Hear, hear.) Standing here as the representative of the profession in America—I may say also as the representative of the intelligence of America, in relation to this country, for I believe I may add that in our land among the well-informed there is a universal prevalence of this feeling towards the mother country—I say, Sir, that we are extremely anxious to cultivate this reciprocal spirit from those in the highest ranks of knowledge to the lowest grades of society. (Cheers.) We have, gentlemen, the fairest race on the earth—we have also the impulse of the Welsh or Celts, the steadiness of the Saxon or German character, and the energy of the Norman race—and we shall go on, unless interrupted by ambition, till all parts of the earth are impregnated with the Saxon knowledge and the Saxon religion, and to such an end I am bound to wish a speedy consummation. (Cheers.)

Dr. Symonds of Bristol, said that, when the Mayor of Bath concluded his speech by proposing the President of the Association, and also the Vice-Presidents and members, they had all felt too modest to respond to the toast, and consequently the health of the President had not been received in that emphatic manner which it would have been had it stood out more distinctly. He was quite sure that such a man as Mr. Norman would call forth those feelings which every one entertained towards his chief; and having, as citizens, already testified their loyalty to the Sovereign, he would now call on them to shew their respect for their President. (Cheers.) To those in this part of the kingdom it was unnecessary to say a syllable respecting Mr. Norman, and those who had come from other parts, were it only for a day, had, he doubted not, caught the same sentiments of respect and admiration as animated all who were favoured with a more intimate acquaintance; he would, therefore, call on them to join him in drinking the health of the President. Drank with "three times three," and one cheer more.

Mr. Norman then said,—Gentlemen, the sin of my ingratitude lies heavy on me, seeing that I ought to have returned thanks when the Mayor of Bath proposed my health as President; but as I knew another opportunity would be afforded me of acknowledging his kindness, I thought, perhaps, it would be better not to occupy your time by interfering with the order of proceeding which has been set down. Gentlemen, it has been my inclination as well as my duty to endeavour to obtain the good opinion of the public; I have had to live by them; but to gain the good opinion of you, my professional brethren, has been my ambition; and if I may take your present demonstration as a proof that I have not altogether failed, I shall feel that I have attained the highest point at which I have aimed. (Cheers.) I will not add more, gentlemen, on that unpleasant subject, self, but will only once more thank you, and wish you all health, happiness, and success. (Cheers.) I will now request silence, while Dr. Daniell proposes a toast, which will, I am sure, enlist the feelings of all present.

Dr. Daniell rose and said,—The progress of time again brings us to this period of our interesting meetings, when, at the request of our valued President, I beg to introduce to the notice of this enlightened assembly, a proposition which will receive their simultaneous response. It is, "Prosperity to the Provincial Medical and Surgical Association, in connection with Dr. Hastings, the President of the Council." (Cheers.) It is well that we should wish prosperity to an Association which was framed through the untiring and zealous aid of its founder to give a stronger impulse, and more systematic direction to professional inquiry, to promote the objects which cultivate science in different and distant parts of the British empire with one another, and with foreign philosophers, one of whom has honoured this meeting with his presence—(cheers)—and to remove disadvantages of a public kind, which might impede the progress of justice and truth. And, Sir, it is gratifying that this meeting has attracted individuals here this evening, who so eminently represent the Church and State; and permit me to say that one of them, well known to me in our Collegiate days, gave an earnest from his solid integrity and high intellectual attainments of his present useful position and unimpeached and unimpeachable character; I allude to Mr. Miles, our county member. (Cheers.) When I look around this festive scene, and observe, wherever my eye rests, men eminently qualified as physicians and surgeons to discharge their responsible professional duties with advantage to the public,—when I bring to mind the many laborious works that some have compiled, no less than the talent displayed by others as teachers of Medicine, Anatomy, and Surgery, in provincial cities, it is quite clear that the glory of our professsion is not limited to the great metropolis! (Hear, hear.) But it is not the profession only that is benifitted by these Associations. The public at large receive a vast amount of relief from their labours and assiduity. Be assured, when disease flits over the ill-ventilated and impoverished tenements of the poor, the apartments of the palace are by no means exempt

from its influence. (Hear, hear.) Then are the attention and professional learning of the physician and surgeon required to yield those remedies best adapted to avert disease, and thus to prolong "the schemes of to-day and the hopes of to-morrow"—to prolong—

"That time which hurries on with a resistless unremitting stream,
Yet treads more soft than e're did midnight thief,
That slides his hand under the miser's pillow,
And carries off his prize."

and so sparing that life which more than 2,000 years ago was almost prophetically announced by the "divine old man of Cos," Ο βιος βραχυς. Permit me now to make a few remarks in reference to our talented and attentive founder, Dr. Hastings. He would, I am sure, despise fulsome adulation, but to extol the actions of those we value, is surely to be commended. It was Dr. Hastings, who first planted this tree of science which has taken deep root in a cultivated soil, whose branches are extended throughout the remote localities of the British empire—a tree which has stood the rough elements of opposition, and whose leaves only rustle in the breezes of stormy revolution. May the "Tree of science be a tree of peace." Do you ask me "What Dr. Hastings has done?" I reply, "*Si monumentum quæris, circumspice.*" (Cheers.) Do you ask me "Where Dr. Hastings is?" I answer, "At his post, ever desirous of contributing his aid and countenance in support of this Association." Let us, then, prove ourselves the worthy offspring of so valued a sire. Let us, each with all, and all with each, endeavour to promote unity of purpose, and harmony of sentiment, and let us recollect, that although

"Fortes creantur fortibus et bonis,"
Although— "Est in juvencis,
Virtus,"

still there are subjects of far more importance in regulating the machinery of our profession, conveyed in the lines—

"Doctrina sed vim promovet insitam, rectique cultus
pectora roborant."

Dr. Hastings, in returning thanks, said his motto had been "deeds not words;" but still on the present, as on former occasions, he should indeed be dead to sensibility if he did not endeavour to thank the meeting for all the kindness they had shown him, and to assure them that the good opinion they had been pleased to express would cheer him on in his exertions to promote the cause of this great and growing Association. (Cheers.) He confessed that he had high aspirations at the commencement of the work, for the profession then presented itself as a disunited body, combined by no fixed purpose, and having no discipline and no system. What he then proposed was the establishment of an Association whose purpose should be the advancement of medical science in this and all the other nations of the civilized world; but he did not then anticipate what had been accomplised. In sixteen years from that time he beheld an Association which commenced with a few hundred members now amounting to nearly 2,000. But while he mentioned this gratifying fact, he would beg to remind his hearers that they were only in the commencement of the great work in which they were engaged. He would not have them to be satisfied with what had been done, because he conceived the Institution to be, as yet, but in its infancy, that much yet remained to be done to carry out the work of scientific improvement. (Hear, hear.) In the intellectual, the social, and the professional improvement of the medical practitioners of England, they were all interested; and while the legislature might look coldly on their efforts, still they had within themselves the elements of human and scientific advancement. He believed the meeting of the Association in the great and noble and ancient city of Bath, and where, by the way, they had been received in a manner which reflected the highest honour on their resident professional brethren, would be productive of great benefit in England. But the scene of their labours was not confined to this country. Soon after the Association began several of the leading practitioners of Europe united with them, and they were also joined by brethren in America, one of whom was accredited to their meeting that day to assure them of the desire of the American profession to assist them in the great cause. (Cheers.) After glancing at the operations of the Benevolent Fund, Dr. Hastings continued—Our profession is emphatically one which is bound up with the miseries of mankind; and no one can have passed through the various gradations of life without experiencing many admonitions of how soon man may be humbled to the dust, and therefore it becomes us as long as we are in the world to exert ourselves to the utmost for the advancement of science and thus to qualify ourselves to relieve and mitigate the numerous ills to which flesh is heir. Dr. Hastings concluded by proposing the health of Dr. Heygate.

Dr. Heygate returned his cordial thanks for the high compliment which had been paid him in drinking his health. In leaving that splendid city he should entertain a higher opinion than ever of their great Association, and he would only express a hope that their meeting at Worcester might be equally happy and satisfactory under the presidency of the founder, Dr. Hastings.

Dr. Conolly, of Hanwell, proposed the health of Mr. James, of Exeter, and the other Vice-Presidents of the Society.

Mr. James returned thanks.

The President gave the health of the Rev. S. W. Widdrington, Rector of Walcot, which was duly responded to, and acknowledged by that gentleman.

"Success to the Benevolent Fund, and health to Mr. Newnham, its Secretary,"* proposed by Dr. Conolly, of Cheltenham, and acknowledged by Mr. Newnham; "The Bath and Bristol Branch of the Provincial Medical and Surgical Association," proposed by Dr. Hastings, acknowledged by Mr. J. S. Bartrum; and "The health of Dr. Shapter, Mayor of Exeter;" were the succeeding toasts.

Dr. Shapter then gave the health of Dr. Streeten, as Secretary of the Association, and of the Editors of the Journal, coupling the name of Dr. Ranking in the latter capacity.

Dr. Streeten and Dr. Ranking briefly acknowledged the compliment.

Dr. Scholfield, of Doncaster, proposed the health of Dr. Davies, of Bath, the reader of the "Address in Medicine."

* In the course of the evening the President handed Mr. Newnham a donation of £5 to the Benevolent Fund, received from the Ven. Archdeacon Brymer, and a similar sum was presented by Dr. Wood.

The President replied on behalf of Dr. Davies, who had been called to London by the illness of a relative.

Mr. Soden then gave the healths of the Local Committee, by whom the arrangements of the Anniversary had been conducted, which was responded to by Mr. R. F. George.

"Prosperity to the city of Bath," proposed by Dr. Symonds, responded to by Mr. Kitson, was the last toast on the list, after drinking which "God save the Queen" was sung, and the company separated soon after eleven o'clock.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION: NEWTON BRANCH.

PLACE OF MEETING.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Having on a previous occasion ventured through the medium of your very increasingly valuable columns, to raise my humble voice in defence of the change of the place of meeting of the Newton Branch of the Provincial Medical and Surgical Association, to Manchester and Liverpool, I cannot refrain, by your permission, returning my sincere thanks to the immediate promoters of the alteration, as well as cordially to congratulate the members generally on the great scientific advantages involved therein. I, in common with others, ceased from attending these annual reunions, from a feeling that they were more meetings of pleasure than gatherings for great scientific purposes.

I shall now, and from henceforth, gladly rejoin the ranks of my *confrères* with the pleasing assurance before me, that whilst our future meetings will not only be graced by full attendances of the illustrious of our brethren in this county, but (which is of primary moment,) the meetings will be surrounded by everything of professional interest, whether living or dead, in hospital or museum, calculated to render clearer the truths of science, by dispelling the mists by which hypothesis but too often renders obscure the path which leads to the temple of truth. These then, and many more, will be the benefits which must inevitably flow from the change, which will be hailed by none, more than by

Your obedient servant,

CHARLES ANDERTON.

Leigh, near Manchester,
15th August, 1848.

Medical Intelligence.

CONSUMPTION OF OPIUM.

The monthly returns of the Board of Trade, issued on the 10th instant, show that the consumption of opium has largely increased. In the first half of 1846, it was 9,300 lbs.; in that of 1847, it was 27,208 lbs.; and in 1848, it has been 36,985 lbs.—*London Medical Gazette*, August 18th.

APPOINTMENTS.

George Downing Fripp, M.D., has been elected one of the Physicians to the Bristol General Hospital, in the room of Dr. Nicholson, resigned.

John Simon, Esq., has been appointed Professor of Pathology at St. Thomas's Hospital.

Henry Lee, Esq., has been appointed Assistant-Surgeon at King's College Hospital, in the room of Mr. Simon, resigned.

R. Quain, Esq., has been appointed Professor of Clinical Surgery, and G. Viner Ellis, Esq., Junior Professor of Anatomy, in University College, London.

Thomas Morton, Esq., has been appointed Surgeon, and J. E. Erichsen, Esq., Assistant-Surgeon, to University College, London.

John Cooper Forster, Esq., has been appointed Surgeon to the Surrey Dispensary.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, August 11th:—J. Croston; T. Crocker; L. Armstrong; R. Thomason; G. H. Cook; F. C. F. Malden; A. Crompton; J. G. Smith.

Friday, August 14th:—J. S. Garthon; F. Y. Toms; J. J. Cooke; W. C. May; W. T. H. Burrow; E. G. Chapman; T. Michell.

Friday, August 18th:—S. W. Aldred; R. H. Hotham; G. B. Sweeting; R. W. Gillespie; F. G. Thompson; T. G. Copestake; C. B. Bassano; J. Stevenson; W. V. E. Reynolds; W. A. Jacob; B. E. Holwell; D. Asbury; J. H. Gerwood; W. Naismith.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, August 3rd, 1848:—Frederick Foreman Ladd, St. Peters, Isle of Thanet; Charles Underhill, Wolverhampton; John Mills Wills, Brixham, Devon; Thomas Scott, Sherborne; George Charles Sharman, Moseley.

Thursday, August 10th:—George Keer, Parham, Suffolk; Leonard Armstrong, Hexham; Wm. Charles Lake, Teignmouth; Fred. Sopwith, Tonbridge Wells; James Ogden Fletcher, Manchester.

OBITUARY.

Died, June 20th, at Kingston, Jamaica, aged 57, William Arnold, M.D., F.R.S.

July 14th, at Crewkerne, aged 43, Edward Silvester Burnard, Esq., M.R.C.S.

July 29th, of fever, at Roscrea, Henry Powell, M.D.

August 3rd, at Woodford, Essex, aged 70, Thomas Morgan, Esq., Surgeon.

August 4th, at Great Malvern, Alexander Nasmyth, Esq., F.R.C.S., late of London.

TO CORRESPONDENTS.

Communications have been received from B.; Mr. J. Allan; Mr. C. Anderton; Dr. Wardell; C. A.; Mr. Prankerd.

PROVINCIAL
MEDICAL & SURGICAL JOURNAL.

CASES OF FÆCAL ABSCESS.

By John Thurnam, M.D., Medical Superintendent of the Retreat, York.

(Read at the Meetings of the Yorkshire Branch of the Provincial Medical and Surgical Association, at Sheffield and Leeds.)

Attention has, of late years, been directed to abscesses in the abdominal parietes, and particularly in the right iliac fossa, connected with disease of the cæcum or its vermiform appendage, and complicated with fistulous communications with this bowel. Without doing more than allude to the memoirs of various foreign physicians and surgeons, I will merely refer to the papers by Dr. Burne, in the *Medico-Chirurgical Transactions*,* and particularly to a "Report" in the *Dublin Journal of Medical Science*, for May, of the present year, (1847,) in which Dr. Battersby gives an analysis of the various contributions on this subject.†

This form of disease, however, is one which cannot yet be regarded as fully elucidated, and I venture to think that the following cases may have some value in the formation of a more complete history of this formidable class of affections. The cases, indeed, appear to throw some light both on the pathology and the treatment of the disease.

Case I.

FÆCAL ABSCESS, SEATED IN THE SCROTUM; DISCHARGE OF A SMALL PORTION OF BONE; COMPLETE RECOVERY. DEATH FROM OTHER CAUSES: EXAMINATION POST-MORTEM; GREAT ENLARGEMENT AND HERNIA OF THE VERMIFORM APPENDAGE.

A clergyman, aged 56, had for upwards of five years suffered from somewhat impaired health, and exhibited symptoms of mental aberration, on account of a more decided attack of which he was admitted into this establishment, in the spring of 1846. He was of large figure, and stout in proportion, and had been accustomed to eat rather largely of animal food. Soon after admission he suffered from a severe attack of pleuro-pneumonia, but recovered satisfactorily. The mental malady was soon materially relieved, and in the course of the year he more than once appeared convalescent, but again experienced a recurrence of the disorder in a less severe form.

He had formerly been the subject of what was regarded as an incipient inguinal hernia on the right side, for which he had long worn, and continued to wear, a truss. On the 20th of January, 1847, he complained of increased swelling in the situation of the rupture, and I found a tumour, the size of an egg, exactly in the situation of the external abdominal ring, which, after examination, I concluded to be omentum, and made a few efforts at returning it into the abdomen. On the following day a warm bath was ordered, and the taxis was repeated, but still without effect. Later in the day my patient informed me that he had for a few days suffered from a slight uneasy sensation in the iliac region of the same side, and that once during this period he remembered experiencing a sensation of "something giving way" in this situation, but of which he had thought no more. On further examination I found that the tumour was very closely connected with the front of the spermatic cord: it had a pyramidal form, and was evidently seated beneath the spermatic fascia. The patient, who frequently examined the tumour, constantly expressed himself as detecting something like an eel, which glided from beneath his fingers. This I felt myself, and concluded it to consist of the enlarged spermatic cord. There were no symptoms of intestinal obstruction, nor yet of constitutional disturbance. There had been an evacuation from the bowels within twenty-four hours. The tongue was as clean as usual, and the pulse was not accelerated. The tumour, however, had increased in size since the preceding day, and was now the seat of some dull pain, and I determined on treating the case as one of inflammatory swelling. Six leeches were applied to the tumour; three grains of calomel were given at bed-time, and a dose of castor oil in the morning.

The pain was relieved by the leeches; but there was no evacuation from the bowels until about forty hours after taking the calomel, and the patient was hardly convinced that he was not labouring under strangulated hernia, even after two copious evacuations (the first of which was very scybalous,) had been obtained. The tumour now rapidly increased in size, and encroached much on the scrotum. The dull heavy pain also increased. On the fourth day after coming under care, leeches were again applied, and were followed by hot fomentations and poultices, which were subsequently continued. A diet of broth, pudding, tea

* Vols. 20 and 22. On "Perforative Ulceration of the Cæcum," &c. On "Typhlo-Enteritis," &c.
† Vol. 3, p. 515.

and bread was ordered. For a week after this, the tumour increased gradually, but continued free from redness and increase of temperature. Though the patient suffered considerable pain, in consequence of which, and of mental anxiety, his sleep was much interrupted, there continued to be little or no constitutional disturbance. The bowels, though relieved from time to time, were tardy.

On the fourteenth day, the swelling had so much increased as to distend nearly the whole of the right side of the large scrotum. It encroached upon the testicle, and had excited a little serous effusion into the tunica vaginalis. The pain was somewhat more severe. Fifteen leeches were applied, and the same local applications continued; a dose of Dover's powder at bed time, and a saline aperient draught in the morning, were also given.

Considerable relief, as regards the pain, was now obtained, but the tumour continued to enlarge. The patient obtained a good night's rest from the Dover's powder, which, after a night or two, was exchanged for a pill, containing three quarters of a grain of acetate of morphia with extract of henbane. This pill he continued to take with much advantage for several weeks. On reviewing the history and progress of the case, I now concluded that, though an unusual situation for such an affection, the case would prove to be one of fæcal abscess.

On the twentieth day the tumour was nearly as large as the two fists, and something like softening was detected at the lower and anterior part. The pain had assumed a more severe, heavy, and burning character; and on questioning the patient, I found that a day or two before he had experienced a distinct rigor. The bowels continued to be torpid, and saline aperients and enemata were administered, not without due effect.

On the twenty-fourth day the pain had increased much in severity; and in the situation before adverted to, for the extent of about a five-shilling piece, fluctuation of an indistinct kind and rather deep-seated, was detected. There was no cutaneous discolouration. A seton-lancet was introduced, and exit given to less than half an ounce of a dirty olive-coloured matter, of a semi-purulent character, and having a most abominable and worse than feculent odour. This was mixed with, and followed by, a few bubbles of gas. A pledget of lint was introduced into the wound, and the poultice was continued. Great relief was obtained by this proceeding; about half an ounce of matter was discharged daily, evidently from a point considerably below the surface; and this gradually assumed a less offensive and more healthy character, though it was still mingled with bubbles of air. The tumour diminished very slowly in size and continued to be the seat of a dull heavy pain. Though somewhat reduced in strength, the general health was scarcely at all affected. A little fish and meat, with two glasses of wine, were now added to his diet; and the decoction of bark, with sulphuric acid, was also given. Constipation of the bowels was obviated by occasional doses of castor oil. At the end of about a week it was found that whilst the discharge of matter had much diminished, a second little abscess was forming about an inch below the former one, and in this situation there was much tenderness and some discolouration. The general mass of the tumour was but slightly reduced in size. On the thirty-fourth day this second abscess was opened, and about three drachms of rather sanious pus, much less offensive than that from the former one, were discharged.

During the month which followed, the suppuration, which had never been abundant, by degrees almost entirely subsided; the opening which had been first made healed; but the tumour did not diminish in the way which might have been expected. Towards the end of this period, the sinus left by the last abscess assumed a rather irritable condition; there was considerable tenderness on pressure, and the surrounding integuments were of a dusky red colour. The bowels continued torpid, and required frequent aperients.

On the fifty-ninth day, the sinus was laid open to the depth of about half an inch. After this had been done the patient complained of much pricking pain, and upon removing the lint with which the wound had been dressed, about four hours afterwards, a small piece of hard bone was found to have been discharged. This little bit of bone was of a triangular shape, with sharp angles, and did not measure more than a quarter of an inch in any direction. It was probably a portion of a bone from a mutton chop, which had been swallowed, and had escaped digestion.

After this there was no more pain, the suppuration entirely subsided, the sinus immediately healed, the tumour as rapidly diminished, and at the end of ten days from the discharge of the piece of bone, viz., on the seventh day of the illness, (the end of April,) was entirely absorbed. For a few weeks there was a little relaxation of the integuments of the groin and scrotum, but this soon disappeared, and at the present time (June 4th, 1847,) his general health is in every respect as good as it was before this attack of indisposition.

I shall not make many observations on this case, the pathology of which appears sufficiently obvious; I will merely state that I conclude the mucous membrane of the cæcum was predisposed to disease, by the habitual constipation of which the patient was the subject; that ulceration of the mucous membrane of this bowel, or of its vermiform appendage, was thus produced; that this had terminated in perforation of the bowel, and in the escape of some of its contents into the surrounding cellular tissue; and that these latter had, in their turn, given rise to the inflammation and abscess which were the subject of treatment.

The result must be regarded as in all respects most satisfactory. The progress of the case was tedious, but the recovery was complete. The case, I submit, confirms the importance of opening the abscess as early as fluctuation can be distinguished, and thus preventing the occurrence of sloughing, in which so many cases of fœcal abscess find a fatal termination.*

* A case which I had the opportunity of observing at the Westminster Hospital, in 1835, illustrates well the

The foregoing case and observations were read at the meeting of the Yorkshire branch of the Provincial Medical and Surgical Association, held at Sheffield, June 10th, 1847. The patient was then in usual health, but, from causes altogether unconnected with the disease now described, his death occured within a month from that date,—viz., on July 8th.

Upon *inspection* of the abdomen, the intestines generally were found unusually large and distended with flatus. There was a patch of opacity and thickening on the peritoneal covering of the cæcum; its mucous membrane was rather thickened, and of a reddish brown colour, particularly around the enlarged opening of the vermiform appendage. This minute bowel was more than twice the usual length, and otherwise at least three times the ordinary size. Externally it was grey and mottled, and its tunics generally much thickened. The meso-appendix was much enlarged, thickened, and contained much fat. The three lower fourths of the whole appendage were contained in the form of a minute hernia, in the abdominal canal; its apex, which was opaque, contracted and thickened, was firmly adherent to the bottom of the canal, by an elongated firm band of adventitious serous tissue, of glistening whiteness; the omentum did not extend into the hpyogastric region, and there was nothing to indicate that any other portion of the intestinal canal had ever been the subject of rupture.*

It will be observed that the appearances after death correspond remarkably with the general conclusions, as to the character of the case, which were formed during life. It will now, moreover, be seen that the symptoms are still more remarkably explained by the precise condition and situation of the vermiform appendage. A hernia of this minute bowel, if we may so term it, has only once before, so far as I am aware, been described,† and was, perhaps, hardly to have been anticipated during life.

The feeling which the patient experienced on manipulation of the tumour, and which he compared to that of an eel gliding through his fingers, was no doubt really attributable to movements in the abdominal canal of the vermiform appendage itself. This symptom may aid probably in the future diagnosis of such a case. I think it highly probable that the use of the truss which the patient had worn for several years was positively injurious, and I can hardly avoid the inference that it had strongly predisposed to, if it had not actually excited, that disease of the vermiform appendage which, under the presence of such an extraneous body as a piece of bone, ultimately terminated in perforation and abscess. In conclusion I may remark, that the complete recovery, after so important a lesion of the intestinal canal, as ulceration and perforation, is well illustrated by the appearances observed on *post-mortem* examination in this case.

Examples of fæcal abscess and fistula, connected with malignant disease of the large intestines, have not, I think, been very frequently recorded, and I am therefore glad to take this opportunity of appending the particulars of the following case:—

Case II.

FÆCAL ABSCESS, OPENING BELOW THE UMBILICUS; DEATH. MEDULLARY FUNGUS AND ULCERATION OF TRANSVERSE ARCH OF COLON, WITH FISTULOUS OPENINGS.

A respectable female, unmarried, aged 68, who laboured under a strong hereditary predisposition to insanity, and had been during more than half her life, an inmate of the Retreat. The case had commenced with maniacal excitement, which alternated with melancholia. At the end of ten years the disorder lapsed into imbecility, which lasted through life. About the same period she sustained a severe attack of apoplexy, and was subsequently subject to slight fits of epilepsy. When she came under my care, in the autumn of 1838, she was distinguished by a pale, wax-like complexion, flabby muscles, and feeble gait; but otherwise had tolerable health.

On the 11th of January, 1839, she was paler than usual, and was unusually fretful. On examination I detected a fulness on the right side of the abdomen, with much tenderness on pressure. The tongue was moist and white; the bowels confined, and the stools dark and offensive; the urine thick, scanty, and decidedly acid; the appetite but little affected. A dose of calomel and rhubarb, followed by a saline aperient, was given; and on the following day, twelve leeches were applied to the swollen part of the abdomen, which was afterwards covered with a warm linseed poultice.

On the 14th, the tenderness and fulness being only partially relieved, and the character of the evacuations unaltered, leeches were again applied, and three grains of mercury with chalk, and five grains of nitre, were given three times a day.

On the 15th, the fullness was considerably diminished, and she did not shrink so much on pressure; deep-seated hardness was, however, still to be detected. The pulse was 96, rather sharp and full. The improvement was now rapid; the local symptoms gradually subsided, but the evacuations continued dark and offensive, and the urine very acid.

On the 18th she left her bed; a few doses of bicarbonate of potass, and blue pill with colocynth, were

mischievous results of a too expectant surgery in these cases.—See "Med. Chir. Review," 1836, vol. xxiv., p. 567. A very similar and equally instructive case is reported by Mr. Ormerod, in his "Clinical Collections and Observations in Surgery," 1846, p. 189.

* A preparation of the diseased part is in my possession

† By Tarantelli, in Omodei's "Annals," 1835, quoted by South, in Chelius' "Surgery," 1847, vol. ii., p. 3., cases of hernia of the vermiform appendage, in connection with hernia of the cæcum, are much more common. See two cases by M. Lausberg, *Provincial Medical and Surgical Journal*, 1847, p. 529.

ordered, and under this treatment the evacuations assumed a more healthy character.

On the 24th, though more feeble than before the attack, she appeared convalescent, and all remedies were omitted.

She had remained apparently well for about a fortnight, when, on the 6th of February, a circumscribed tumour, the size of an orange, was detected in the abdominal parietes, immediately below the umbilicus. This tumour was firm, afforded a dull sound on percussion, and could be handled without occasioning pain. The skin was cool; the tongue moist and white; the appetite was impaired; the evacuations pale and watery; the pulse 90, small and feeble; there was little constitutional disturbance. A saline aperient draught was given, which acted freely on the bowels; and on the following day six leeches were applied to the tumour, and a few doses of calomel and antimonial powder were administered.

The tumour increased in size, so that on the 12th of February it had attained twice its former bulk. At this time it presented a slight blush of redness; and, upon examination, an obscure sense of fluctuation, combined with an emphysematous crepitation, was communicated to the fingers. The tongue was dry, and covered with a yellow fur; the bowels free; the pulse 90 to 100, rather full and soft; there was slight nocturnal perspiration, but no sickness nor rigor. I had now no hesitation in coming to the conclusion that the case was one of "fæcal abscess, communicating with the large intestine, and most probably containing gas." I had ventured a conjecture that this was the character of the case six days earlier. Poultices, which had been applied for the two preceding days, were continued.

On the following day, (the 13th,) the signs of suppuration and the peculiar sense of crepitation having all increased, and the tumour exhibiting a livid discoloration, it was punctured with a lancet. Exit was thus given to about an ounce and a half of a dark purulent matter, having a highly offensive and strong fæcal odour, and having numerous bubbles of gas mixed with it. The cavity of the abscess was found to have a firm tendinous-like base, but no communication with the intestine could be detected with the probe. A diet of beef-tea, with a fair supply of wine, was directed.

For three days after opening the abscess she bore up pretty well, but the pulse was 100, and feeble, and the tongue brown and dry. The abscess discharged a dark matter, mixed with bubbles of air, so offensive that, notwithstanding all precautions, the room was almost intolerable. There was little or no evacuation from the bowels, and she was troubled with occasional borborygmi, the sound of which appeared to be connected with the open abscess. The quantity of wine was increased.

On the 16th an enema was administered, which produced an evacuation, mixed with many small scybala. The abscess assumed more of a gangrenous character; increased prostration of strength was evident, and a fatal termination was looked for daily. Under assiduous nursing, and the administration of animal jelly and wine, (of the latter of which she took a bottle daily,) she rallied, and on the 19th the pulse had sunk to 90, was fuller, and stronger; the tongue was moist, and nearly clean, and the evacuations more copious. A few distinct coagula of blood, and a small portion of organized substance, containing some white granules, resembling diseased mucous membrane, (and probably containing encephaloid,) were detected in the evacuations.

The discharge of purulent matter now almost ceased, and a slough began to separate. Under this process the vital powers again appeared to give way, and the ankles became œdematous; the urine was acid, but not albuminous. The surface of the large sore, produced by the separation of the slough, had a livid and very unhealthy appearance.

On the 25th, upon cutting away a portion of the slough, some purulent matter, mixed with many bubbles of gas, again escaped.

On the last day of February the slough had entirely separated, the surface of the sore had put on a healthy character, and was being rapidly filled up with granulations. Though the pulse remained small and feeble, the tongue was moist and clean, and the evacuations from the bowels assumed a more healthy character. The urine was thick and scanty. The quantity of wine was diminished, and she was ordered a mutton chop.

The cavity of the abscess now gradually filled up, leaving only a small fistulous opening in the centre, of a depressed and puckered cicatrix. By the end of March all discharge from this fistula had ceased, and it closed completely. Though continuing feeble, she was at this time able to return pretty much to her ordinary mode of living; this, however, was of short continuance.

On the 7th of April the cicatrix gave way, and allowed the escape of some thin offensive purulent matter, mixed with a few bubbles of gas. From this period a few drops only of pus were discharged daily, until her death, two months later. Pallor and sallowness of the complexion increased, and emaciation proceeded rapidly. There were free evacuations from the bowels and bladder. Early in June it was observed that there was fulness and dulness on percussion, in the epigastric region. Œdema commencing in the ankles, extended up the right leg to the thigh; the emaciation became extreme; the tongue was brown and dry, and she took nothing but wine in small quantities. Respiration subsequently became short and impeded. During two days the secretion of urine was suppressed, and after lying in a moribund state for at least thirty hours, she died June the 12th.

Post-mortem inspection sixteen hours after death:—* The diaphragm was pushed considerably upwards, by the enlarged abdominal viscera; the heart was small, and weighed only six ounces and a half; the liver was much enlarged, and crowded throughout with large tubera of medullary sarcoma. These masses were very soft and pulpy, and of a yellowish-grey colour, mottled with a chocolate-red. The hepatic tissue was much

* The morbid appearances in the brain are omitted, as irrelevant to this paper.

diminished in bulk, very pale and soft; the gall-bladder was small, and contained a little dark green bile; the spleen was firm, and of a livid purple colour; the mucous membrane of the stomach presented a not very slight thickening over a limited space, about the middle of the large curvature. The small intestine was healthy, except that one convolution was twisted, and had a very red colour; and that another convolution had gained an adhesion to the mass of disease in the large intestines about to be described. The omentum contained considerable fat, and was connected with the abdominal walls, in the situation of the umbilicus, by delicate bands of serous tissue; immediately below, and forming one mass with the omentum, were the displaced cæcum and transverse arch of the colon. Upon laying open the large intestine, the principal lesion was found seated in the middle of the transverse arch. In this situation, to the extent of two or three inches, the muscular tunic of the bowel was the seat of scirrhous degeneration and hypertrophy. The mucous membrane, to the same extent, was replaced by a growth of soft cancer, which in some places was softened, broken down, and ulcerated. This fungous growth blocked up the intestine in such a way that the little finger could barely be passed through it. At the bottom of the ulcerated surface there was a small opening, by which a probe could be passed through a mass of sloughy and suppurating tissues in the centre of the adhesions, and at the bottom of the contracted cavity of the abscess, and so through the external fistulous opening. The large intestine above the seat of disease was somewhat dilated, whilst below it was less capacious and thinner than usual. In the upper and left part of the cæcum were two small orifices, about half an inch apart, with elevated thickened borders, through each of which a probe could also be passed into the external fistulous opening, which it will be thus seen communicated with the large intestine at three points. The mucous membrane around the fistulous orifices in the cæcum was rather thick and red, but otherwise the cæcum and vermiform appendage were healthy. The kidneys were pale and soft, and their external surface slightly granular, portions being raised and torn off with the fibrous tunic.

Cases of fæcal abscess and fistula originating in malignant disease of the intestinal canal, have seldom been recorded, and I am not myself able to quote any previous example of this kind.

Mr. Teale, in his valuable article on "Intestinal Fistula," in the second volume of the *Cyclopædia of Practical Surgery*, makes no mention of malignant disease, as a cause of fæcal abscess or fistula.

The case now described seems to have an interest in connection both with fæcal abscess generally, and with such abscesses dependant upon malignant disease in particular. As regards the diagnosis of fæcal abscess, it will have been seen that the case was recognized at a period sufficiently early for all the purposes of treatment. Although, on the retrospect, it may perhaps be thought that there were grounds for the opinion, that the disease was connected with a malignant growth in the bowel, no such suspicion was entertained during life. The encephaloid tubera in the liver were, doubtless, developed subsequently to the disease in the colon, and were, most probably, the cause of that enlargement in the epigastric region, which was observed at a late period in the history of the case.

The best description, in a few words, of fæcal abscess, is, I think, that by Mr. Teale, in the article already referred to. In this article—almost the first in any systematic work in our own language, in which the disease has been described—under the head "Intestinal Fistula from Abscess," Mr. Teale has the following remarks:—

"Various hard substances introduced into the intestines are capable of exciting irritation in the coats of the bowel, and of giving rise to abscess. The ulcerative process, whereby the matter gradually makes its way towards the surface, is usually preceded and accompanied by a process of adhesion. The peritoneal coat of the intestine, before being opened by ulceration, is thus agglutinated to the abdominal walls, and effusion of feculent matter into the bag of the peritoneum is prevented. These abscesses are generally indolent in their course. They are usually preceded by a dull fixed pain in some part of the abdomen, attacks of colic, and various disturbed conditions of the digestive functions. The seat of pain becomes firm and unyielding; at length a well-defined tumour may be felt; the integuments assume a dull red colour; obscure fluctuation is perceptible; and the abscess, opening upon the surface of the body, discharges pus, feculent matter, and occasionally the extraneous body, which originally excited the mischief. In this manner fæcal fistula is ultimately established."

The two cases which I have narrated, tend, I would suggest, to shew, that the characteristics of abscesses of this kind are capable of being laid down, in some respects, with more precision. In the first place, the presence of gaseous matters in the contents of the abscess, and the consequent sense of crepitation communicated to the fingers before the abscess is opened, and the presence of bubbles of air in the purulent and feculent matters which are afterwards discharged, seem to me most important features in the symptoms. The tendency, too, to gangrene in the neighbourhood of the abscess, and the consequent necessity for the early incision of the suppurating tumour, appear to call for our especial notice. When the abscess is dependent, as in my second case, upon malignant disease in the bowel, the presence in the evacuations of organized matter, containing cancer-cells, may be expected.

FACTS RELATIVE TO EPIDEMIC CHOLERA, DETAILED FROM PERSONAL OBSERVATION OF THE DISEASE, AT PLYMOUTH, IN 1832.

By Edward Blackmore, M.D., Bath.

As malignant cholera appears to be making, with steady steps, towards this country, I beg leave to communicate to the Association, in sequence of the paper by Dr. Black, in January of the present year, and that read by Dr. Tunstall at the late Anniversary Meeting, some observations which I had an opportunity of making at Plymouth, in the course of my private practice, and in that of the Public Dispensary, and of the largest of the Cholera Hospitals, of which I held the charge in rotation with some of my professional brethren in that town. I shall confine my present paper to a brief statement of the general facts, having published in the *London Medical Gazette*, in the autumn of 1832, a more particular account of the invasion and progress of the disease, as it appeared at Plymouth.

During the previous winter and spring, many cases of sudden severe vomiting, and purging of bilious, mucous, and serous fluids, with cramps of the legs, came under my notice, and excited alarm as the apparent harbingers of "the cholera;" they were, however, plainly distinguishable from the malignant epidemic disease. The extreme and rapid collapse of the vital powers, the corpse-like aspect of the countenance, the peculiar coldness of the skin, the *serous* character of the ejected matters, the inadequacy of the vomiting and purging to the danger of the case, the excessive abdominal and pulmonary congestion of undecarbonized blood which was revealed on anatomical inspection, sufficiently characterized the epidemic as a novel and mysterious malady.

As to its *remote causes*, we had abundant evidence of the powerful influence, in favouring the outburst of the disease, of unripe and acid, and over-ripe and decayed fruits; of indigestible meats, particularly fish; of debauchery; of cold, and fatigue, and fasting; and of *mental depression* by grief or terror. Of this latter cause a memorable instance occurred, of two estimable and zealous parochial clergymen,—one, being utterly fearless, sought out and sedulously attended all the cases within his reach, from early morning to late at night; the other, who was in weak health, and fearfully apprehensive, secluded himself within his house or high-walled shrubbery. The former passed his ordeal scatheless; the latter got the disease and died asphyxiated in a few hours. Mental confidence, however, in those who attended the sick, was not an infallible preservative:—A surgeon, who was associated with me in the duties of the Cholera Hospital, scoffed at the idea of contagion, and in our rounds he would sit on the sick beds in spite of all remonstrances. On one occasion he was embraced by a patient, got the disease the same evening, and died in six hours!

Without entering into the question of the *contagious origin* of the disease, in the strict and absolute sense, I would state that many instances convinced me of the *dangerous influence of much intercourse with the sick*. I suffered myself on those occasions when my professional attentions were more than usually intimate—when, in fact, I was obliged to be the nurse as well as the physician.

The powerful morbific influence of certain localities, as of low, ill-ventilated, damp, water-side situations, was also very evident; and of the co-existence of a peculiar electric and barometric state of the atmosphere there was no doubt. My friend Sir William Snow Harris, in a note written to me a few months after the epidemic, informed me, that during the whole time of its prevalence at Plymouth, the barometer was *extraordinarily high*.

Regarding the *treatment*, my experience convinced me that in all cases in the early period, and also in every stage when the case wore the malignant aspect, and the peculiar epidemic characters, *opium* and *astringents* were useless, and *possibly injurious*; but in proportion as the case resembled the ordinary sporadic English cholera, those means were more suitable. We found *stimulants* also, given internally,—such as the oils of cajeput, cinnamon, and cloves, and brandy and salt, utterly useless for relieving the collapse of the vital powers, and I believe that in many cases they did harm; the vaunted salt-water treatment, when used without due limitation, was followed by intestinal hæmorrhage. I believe that the *internal* use of the *hydro-carbons*,—as Barbadoes tar, naphtha, &c., would equally disappoint the practitioner. If we may venture to define the *elements of the malignity of the disease*, from simply surveying the phenomena in the living and the dead, we would say that the extreme congestion of undecarbonized blood in the vital organs, is the grand component, which condition has been observed also in most other epidemic diseases of a malignant form; and this view of the pathology clearly contra-indicates the use of all *hydro-carbons*. The deficiency of carbonic acid in the expired air, is from the interruption of the vital functions of the lungs, not from a want of carbon in the blood, on which theory tar seems to have been recommended.

Observation demonstrated the great importance of those medicines which act on the excretory functions,—such as *mustard* or salt, given as an emetic; *calomel* in large doses, (one scruple,) combined with a large dose (say one drachm,) of the *fixed alkaline carbonates*, (*pure calomel induced serious remote consequences*;) in some cases I preferred, and took myself, with advantage, small doses of the *volatile alkali*, with the black oxyde of mercury, in arrowroot. These means were also administered by the *rectum*, with

marked advantage. In treating sporadic English cholera, for many years previous to the epidemic, I had observed the good effect of a *scruple* dose of *calomel*, combined with half-a-drachm of *magnesia*; and in cases wherein these medicines were used, it was scarcely *ever* necessary to give laudanum or opium in any form; but in the epidemic cases I preferred the *alkalies* to magnesia. We found decided advantage from using Dr. Stevens's *compound saline powder*, of carbonate of soda, muriate of soda, and *chlorate of potass*; the pulse became developed, and the black state was often relieved after its use. *Small bleedings* were, in many cases, of great benefit; many severe "*asphyxiated* cases," in the second and third weeks of the epidemic, were apparently saved by such venesections. *The first of the successful cases at Plymouth was bled*; the previous fatal cases, so far as I knew them to have had any medical care, were treated according to the instructions issued by the Central Board of Health, at Whitehall. *Saline injections into the veins* were tried in many cases; in few did they realize the expectations of the profession. The *acetate of lead*, given by the rectum, as well as by the stomach, did good in the diarrhœa of the protracted cases. I learned from some brother-practitioner, that the *severe thirst* was best relieved by *cold water*, and by *lime-water with milk*. To myself it appears that the thirst might be better assuaged by giving them cold fluids immediately after a copious draught of *warm* or *hot* chicken-broth, of which *Sydenham* speaks so highly.

There was abundant evidence of the good of various *external means*:—as, *frictions* of the limbs and trunk with dry and warm flannels, sometimes sprinkling on them the flour of mustard or hot salt, embrocations of turpentine, cajeput, ammonia, and other stimulants, and hot linseed and mustard cataplasms on the abdomen. Caution indeed is necessary in the use of friction and stimulants, for in some cases the violent use of them favours subsequent gangrene of the skin. *Swathing* the abdomen and the lower limbs with flannel bandages evidently relieved the cramps. *Heat*, by means of hot *air*, and various heated solid substances, *rather than heat with moisture*, was clearly beneficial. I would suggest, however, in conformity with a remark by Dr. Black, that in every mode of employing stimulant drugs, and even *heat*, we should observe the principle of the treatment of burns and frost-bitten parts, and *take great care not to induce a sudden or violent change in the vital action* of the body, or any part of it; and as soon as the vital power begins to return, the stimulus should be diminished or withdrawn.

The various statistical returns of the proportion of deaths to the sick cases, in different parts of the United Kingdom, shows a singular *equality* in the relative mortality, although the same therapeutic means could not have been universally adopted; yet I venture to assume that other practitioners saw what occurred to my own observation, that in individual cases certain means were so quickly attended by a marked improvement, as fairly to entitle those means to our preference; and also that my experience convinces me that Dr. Black takes too hopeless a view of *asphyxiated* cases.

As to the *prophylaxis* of the disease, I had strong evidence of the salutary effect of observing regular hours for *sleep* and *meals*;—of using a moderately generous diet of animal food and wine, with a smaller proportion than usual of fluids;—of *warm clothing*, particularly flannel around the abdomen, the celebrated "*anti-cholera belt*," and putting on warm silk, or fine worsted, stockings, towards evening;—of *a moral courage*; and of the especial importance of the *due regulation of the functions of the bowels and of the liver*, for which regulation a daily inspection of the stools was absolutely necessary. The slightest constipation, the least degree of *torpor of the liver*, had a manifestly bad effect. In short, whatever maintained the best state of the general health, and gave mental confidence and cheerfulness, was found to be the best preservative. I was much impressed by observing, that on the Sunday night the new cases were nearly a *third more* than those which occurred in any other night of the week! The fact seemed explicable only from the alarming influence of the style of sermons which the awful events suggested, the depressing effect of the thronging of a multitude in a confined space, and possibly also, of the more immoderate suppers, and the later hours which the many laborious classes of the population indulged in on the evening of the day of rest.

I am happy to have it in my power to affix to this very imperfect paper an extract from a letter, written to me in August, 1832, by my late revered and beloved friend, Dr. Abercrombie, of Edinburgh, relative to the cholera:—"Our chief object of attention for many months past, has been this new and fearful epidemic, which has descended upon us like a judgment from the hand of the Almighty. It has been comparatively limited in its extent here, but very fatal in proportion to the number affected; and after seven months experience, I cannot say we have made any progress in our knowledge of the disease or its treatment. We have had more success, I think, in checking its progress, by most extensive measures for feeding the poor and cleansing their houses; and by an extensive quarantine system—removing into houses appropriated for this purpose, persons who had been in immediate connection with the sick. We have no doubt of the disease being communicable by personal contagion in particular cases, though it also evidently spreads in another manner, by an epidemic influence which is altogether beyond our researches."

ON THE ADMINISTRATION OF DIURETICS IN SOME CASES OF DROPSICAL EFFUSION.

By Jonathan Toogood, M.D., Torquay.

It is admitted by the most experienced practitioners, that all those medicines which are known under the denomination of diuretics, are generally uncertain in their operation, nor has it been explained why the same class of medicine succeeds in one case, and fails in another, in which no appreciable difference in the condition of the patient can be ascertained; for although the late researches have led to a more accurate discrimination into the different states of the urine, and consequently to a more scientific method of treating these diseases, we often have the mortification of finding, that, however skilful our treatment may be, or however appropriate our remedies to each individual case, our practice is unsuccessful. It is not my intention to discuss the various forms of dropsy which we meet with in practice, or the effects of remedies generally, but it may be useful to relate two or three cases which resisted the ordinary treatment, but subsequently yielded to various remedies, although no different cause of disease, or indeed unsoundness of any of the viscera, could be detected, by the most accurate examination.

William Jennings, aged 46, contracted an ague in October, which continued during the winter, and in the following spring I found him still with a tertian ague, and generally anasarcous. The effusion was so great, that it was impossible, by the most careful examination, to ascertain accurately the condition of the different viscera, but it was very evident that there was a considerable accumulation of fluid in the cavity of the abdomen. My first object was to cure his ague, which was effected by bark, the arsenical solution of Fowler having failed; after which various purgatives and diuretics were directed, and steadily persevered in, without affording the least relief. He daily became worse, and the whole cellular tissue was so enormously loaded, that he was unable to wear his usual clothes. As every variety of diuretic had been repeatedly and ineffectually tried, I despaired of his recovery, when it occurred to me that the late Dr. Parry, of Bath, had recommended the fresh squill in a variety of cases, which he stated to have been successful in his hands. Six grains of fresh squill, in infusion of gentian, three times a day, considerably increased the flow of urine in four days, and by gradually augmenting the dose, he was emptied, and recovered perfectly.

This case occurred as far back as the year 1811, and as the patient lived in my own neighbourhood, I did not lose sight of him. He continued free from any return, and died many years afterwards of another disease.

I may add that this medicine was given by Dr. Parry, in some cases, to the extent of thirty and forty grains a day, and that he often prescribed it in asthma, combined with almond emulsion, occasionally adding to each dose a few grains of powdered myrrh, with the best effect.

Mr. Harris, aged 28, became rather suddenly affected with anasarca, without any known cause. It began in the lower limbs, but soon became general, and increased to such an extent, that the whole trunk, arms, head, and face, were involved in the swelling. I observed in this, as in the former case, that the impression of his hand and fingers remained for a considerable time wherever he supported his head. All kinds of purgatives, diuretics, and every variety of treatment which was suggested, failed. The only medicine which produced any effect on the kidneys was the tincture of squills, of which he took sixty drops three times a day. This afforded a partial relief only, and never increased the water beyond a given point. An unprofessional person recommended the following plan, the effect of which I carefully watched:—

A teaspoonful of finely-powdered broom-seed was given every other morning in a wine-glassful of sherry, and one ounce and a half of Florence oil, an hour afterwards. After the fourth dose, the urine was much increased in quantity, and by continuing it for another week, he was completely evacuated. He remained well for six months, after which time he left my neighbourhood, but I believe he did not eventually recover.

I have, however, repeatedly tried this plan since, but have been disappointed. The last case which I shall relate, will, I think, prove an interesting one:—

Miss O———, aged 50, had enjoyed good health, with the exception of an habitual cough, which was considered too trifling to require treatment at any time. She was attacked in the spring of 1847 with a bilious complaint, for which she was subjected to active treatment, and took, as I understood, repeated doses of calomel, after which she caught cold. On my first visit I found her complaining of great debility, with loss of appetite, but all the secretions were natural. Shortly after this her feet became anasarcous, and notwithstanding the regular exhibition of diuretic medicines, this state increased until it spread to the abdomen, arms, and face. The secretion of urine became very scanty. No relief was obtained from the diligent use of various diuretics, especially squills, and digitalis, which was pushed to the full extent of safety, and given in infusion, that form which appears to be the most efficacious in inflammatory dropsy, and assisted by the warm bath, but her state became worse daily. The urine coagulated much more and more firmly than is common in dropsical cases, and the specific gravity was greater than on these occasions, being 1018. This excess of coagulum and specific gravity indicated a lurking inflammation, and as no organic derangement could be discovered, granular disease of the kidney was suspected. In this stage of the disease, a consultation with Dr. Blackall, a great authority in such cases, was held, who recommended that the capsules of copaiba should be taken two or three times a-day, that the cream-of-tartar liquor should be

drank very freely, and that she should use the vapour bath, beginning at 100°, and increasing it to 110° and upwards, if it could be borne. A moderate diet was prescribed, with two or three glasses of hock daily. She rapidly improved under this judicious plan of treatment, and has continued free from any return of disease up to the present time. The urine was frequently tested during the progress of her recovery, and the coagulation gradually ceased, and ultimately disappeared entirely.

The publication of these cases will, perhaps, class me with the "Eclectic Practitioners," described in the *Edinburgh Monthly Journal*, "as men who have no doctrine and no general principles, who gather together ready-made formulæ and isolated cases without any kind of discernment;" and who are thus spoken of by Professor Cruveilhier, in his address to the Anatomical Society, 1845:—"The true eclectic works without conviction, without principle, without idea. He is continually enlarging his circle, in order to enclose within it facts of the most contradictory nature; they sacrifice in every sort to every God, and create a kind of scientific pantheism, not less fatal to true science, than pantheism, properly so called, is to true religion."

The great aim and object of medical science is to cure disease, and I, for one, am always glad to avail myself of the experience of practical men, in obscure and difficult cases, however lightly they may be esteemed by some; I do not, therefore, subscribe to this sentiment.

Torquay, July 17, 1848.

SPASMA GLOTTIDIS: REPLY TO DR. WARDELL.

By T. Ogier Ward, M.D., Kensington.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir

In this rejoinder to Dr. Wardell's reply to my observations upon certain cases of so-called spasma glottidis, reported by himself and others, it is not my intention to re-open the question of the real nature of those cases, except to show that he has overlooked some points of importance in those of Messrs. Gorringe and Alford. The facts are before the profession; but if we have failed to convince each other that the interpretation we have mutually given of them is the correct one, we are still less likely to establish our opinions in the minds of others who take comparatively very little interest in them, and who would, most probably, while reading your periodical, skip the discussion as a bygone affair. In reference, however, to my own case, the matter is different, *(mea res agitur,)* and therefore, I trust I may be allowed to defend the accuracy of my statements, and the propriety of the treatment, as being consistent with the view I took of the nature of the disease.

First, then, I emphatically deny that my patient was an hysterical subject at all, though being a female, Dr. Wardell thinks that is a sufficient reason for assuming this to be "precisely one of the cases in which we observe anomalous hysteric spasmodic attacks;" at least, this is all the meaning I can extract from the sentence as it stands. The next point objected to is, that the suddenness of the seizure is inconsistent with the occurrence of inflammation; yet the patient had been ill twenty-four hours with influenza, which was so commonly attended with laryngitis, that Dr. Wardell's friend, Dr. Smith, had three cases under his care about this time, besides the instance of the boy quoted by Dr. Wardell, of which we shall speak presently. Dr. Wardell objects also to my not having found any redness of the throat, as a proof that the disease must have been spasmodic, yet he quotes with approval Mr. Alford's case of "spasma glottidis," as purely nervous, in which this redness did exist. But, in fact, in my case, the larynx was so evidently the seat of the affection, that, knowing it to be invisible to inspection, and having frequently observed that in croup and other inflammatory diseases of the larynx, the widely opening of the mouth, and the protrusion of the tongue, as well as the act of swallowing, produce an increase of the pain and dyspnœa, by putting the inflamed parts on the stretch, I was unwilling to increase the sufferings of the patient by a minute inspection of her throat. To the next charge of believing that the alum was the cause of the speedy relief, I must plead guilty, even though Dr. Wardell be ignorant of its use in such cases; but that he may not longer be so, I beg to refer him to a memoir upon this application of alum, appended to his work on "Diphtherite," by M. Bretonneau, from whence I borrowed the idea, thinking that if it would prevent the effusion of lymph *a fortiori*, it would that of serum. I must also confess my ignorance of the benefits to be derived from the rather heroic remedy, recommended by Dr. Wardell, of "rotating my finger freely in the throat" of a patient suffering from agonizing pain in the larynx; but that even had I been aware of such a practice, except in the case of a foreign body been lodged there, I should have hesitated to employ it, and I think that before Dr. Wardell objected to my supineness in this respect, he should have given us the reasons for not having done so in his own cases, which he believed to be purely nervous, and therefore the best adapted for such a mode of treatment. I may be wrong, but I suspect that this "rotating the finger freely in the throat" is an after thought, borrowed either from Mr. Alford, *who used it without benefit*, or from Dr. Laycock's case of combined epilepsy and hysteria, in which the patient was comatose at the time of the operation. Be it so or not, I have very little doubt that if Dr. Wardell, or any other medical man in private practice, makes a rule of "rotating his finger freely in the throats" of his patients, when suffering from laryngeal irritation, or even nervous spasm, they will think the

operation, if not the doctor, partakes too much of the *fortiter in re* to request a repetition of the process.

I do not know why Dr. Wardell should suppose that I need his instructions respecting the effects of vomiting in removing obstructions in the larynx, whether arising from spasm of the muscles, or from mechanical causes, inasmuch as I commenced my treatment by giving my patient two grains of tartarized antimony; and it was not till I was afraid to wait any longer for the action of the medicine, that I applied the alum to the amount of nine or ten grains, not *nineteen* as it is misprinted.

I forbear to comment on the other particulars of this case, for the reason stated at the outset of this paper; but I cannot pass over that Dr. Wardell, (I presume inadvertently, as his whole paper bears marks of having been written in haste,) has, in the space of four lines, p. 314, col. 2, lines 13-16 from the bottom, changed my meaning twice, viz., by asserting that the *cure*, not "the *relief* from immediate danger" was effected in half an hour, and that "I failed to recognize my patient at my *next visit*," instead of "the next day at my visit," a difference in space of time, sufficient to produce extraordinary changes in the appearance of a patient in any acute disease, to say nothing of threatened asphyxia.

Moreover, in reference to the point in dispute between Dr. Wardell and myself, viz., the rapid production and removal of œdema, as an effect of inflammation in the glottis, I would call his attention to an equally sudden change in the condition of the parts affected in erysipelas, particularly when treated by nitrate of silver, the action of which I consider almost identical with that of the alum. In the phenomena of a common black eye, we observe a similar rise and subsidence of the tumefaction. The bites of insects and other irritations afford numerous illustrations of this fact. Besides, in so narrow a chink as that of the glottis, a very small additional amount of swelling may easily produce all the difference between an impeded and an obstructed respiration, so that without any apparent increase of the general symptoms of inflammation, a sudden dyspnœa may arise, exhibiting phenomena peculiar to itself, as though a new disease were engrafted upon the pre-existing one. How many persons would be suffocated by common "colds in the head," if we had not the power of breathing through our mouths, when our nostrils are closed by the tumefaction of the mucous membrane. But not to mention fatal cases of *sudden death* that I have seen from œdema of the glottis, I beg to refer Dr. Wardell to Dr. Smith's third and fatal case of laryngitis, in which this morbid state occurred, when it did not appear to have been suspected; also to an instructive case of fatal laryngitis treated by Dr. Bell Fletcher, of Birmingham, and recorded in the *Provincial Journal* for May 3rd, in which, during the operation of tracheotomy, upon cutting through the mucous membrane of the trachea, dark bloody serum flowed from the wound and mouth in large quantity. Dr. Fletcher states that he had observed the same occurrence at a previous operation; and he was led to believe that the serous fluid probably issued from *the submucous cellular tissue of the larynx, which was likely to be in a very œdematous condition.*

Dr. Wardell refers me to Sir H. Marsh, to the "Cyclopædia of Practical Medicine," and to Dr. Laycock, on the "Nervous Diseases of Women," for instances of "pure uncomplicated spasma glottidis in the adult;" but having omitted to mention the pages in which such cases are comprised, I have not been able to find them, though I have searched the original works for the purpose. I did, however, find that Sir H. Marsh expressly *restricts* this disease to the "period of infancy." Dr. Joy, the writer of the article "Spasm of the Glottis," in the "Cyclopædia of Practical Medicine," says "fatal spasm of the glottis in adults takes place occasionally under the influence of irritating causes in the neighbourhood of the larynx, from food sticking in the œsophagus, &c.;" and he mentions an instance of its occurrence "in the *course of acute laryngitis*, when very little redness was discoverable after death in the lining membrane of the larynx, and scarcely any other morbid appearances than one or two minute ulcers." Lastly, Dr. Laycock, *Op. cit.*, p. 180, mentions a case in York Hospital, of a patient whom he found in a comatose state, from a sudden attack of hysteria, combined with epilepsy, which had induced asphyxia, and which he succeeded in relieving by introducing his finger into the throat; and his observation upon it is—"In this patient hysteria had passed into epileptic paroxysms, and it is *in such cases* that we have laryngismus stridulus." Are these, then, the authors on whom Dr. Wardell relies for accounts of pure uncomplicated cases of spasma glottidis in the adult?

Not content, however, with this accordance with my own views, I continued my search, and found the following under the head "Spasmodic Affections of the Larynx in the Adult," by Dr. Williams, "Library of Medicine," vol. 3, p. 64:—"Spasmodic affections of the larynx in the adult occasionally occur as the results of more distant spinal or nervous irritation under the garb of hysteria;" and he then describes globus as attended by it, and as being relieved by eructations. "More rarely," he adds, "the constriction is of a more enduring kind, and accompanied by fits of croupy breathing, and a convulsive ringing cough. Like the crowing inspiration of infants, this may arise from temporary irritation, or from more permanent diseases of the nervous centres." As Dr. Williams, however, cites no cases, we cannot conclude whether the instances he alludes to are the more violent ones of threatening asphyxia, or merely the painless but distressing gaspings and sobbings, and spasmodic cough, so commonly observed during the hysteric paroxysms.

In further proof that the more violent form is very rare, I may mention that during my search for authorities, I asked a physician of great experience, whose work on the "Practice of Physic" has been a text book for many years, whether he had met with such cases, when he replied in the negative. But as Dr. Wardell has no reverence it seems for great names, I forbear to mention the name of this gentleman, particularly as my allusion to Dr. Copland's not having admitted spasm of the glottis into his dictionary under that

name, (I had not then seen the article larynx,) has not only excited Dr. Wardell to have a fling *en passant* at the "great book-maker," as I suppose, for his omission, but also it has somehow or other made it appear to him, Dr. Wardell, that I "am not aware that this affection has long since been written upon under that appellation." It has been truly said that there are more false facts than false theories in medicine,—that is, facts become falsehoods by their misinterpretations and misapplications, and hence there is the greater reason that nothing admitting of doubt should, as in Dr. Wardell's cases, proceed *ex cathedrâ*; yet in no disease has this confusion arisen worse than in the affection before us. Now, had Dr. Wardell cited only the case of his Edinburgh patients, as an instance of spasm of the glottis in the adult, I should probably have never thought of controverting such a fact, or the opinion deduced from it; but when I found he based his notions upon cases that were evidently inflammatory, and that others imitated his example, I thought the matter was of sufficient importance to be put in its true light. To revert to the cases of Mr. Gorringe and Mr. Alford: in the latter the uvula is stated to have been "inflamed, and much elongated;" and Mr. Gorringe's patient "had been suffering from difficulty of breathing for more than twelve months, and the complaint is daily getting worse;" yet these are adduced as cases of pure uncomplicated spasm of the glottis in the adult. I confess Dr. Smith's case of the "lad," made me think I might have been too hasty in my denial of the existence of the disease in the adult; but having had an interview with the patient, I found him to be a mere boy, who had been subject to croupy attacks during sleep, (but *without his being awakened* except by his friends,) ever since he was eight years old; and that the last attack occurred on the 11th ult., in the afternoon, having been preceded by *dryness and pricking* in the throat in the morning, and was relieved by an emetic, so that he was as well as usual by midnight. Without, therefore, denying its possibility, I must repeat that Dr. Wardell has not proved the existence of the disease in the adult, such as we have it in children; for I think the Edinburgh case too meagre in its details to warrant our resting upon it, particularly as Dr. Wardell did not see the patient at the commencement of the attack.

I am also asked if I mean to assert that in spasm of the glottis, there is *complete closure* of the rima, and no room at all left for the passage of the air. Most undoubtedly I do, as I believe this to be the case in the disease as it occurs in infants and young children, and as it is described by Marsh, Clarke, Cheyne, and Ley, in these or similar words:—"The child is seized suddenly with a spasmodic inspiration, consisting of distinct attempts to fill the chest, between each of which a squeaking noise is heard; at length a strong inspiration takes place, a fit of crying occurs, and the patient falls asleep, if it has not died during the fit." This is true spasm of the glottis, and is clearly distinguished from the other laryngeal affections by Dr. Copland, *oc. cit.* But if Dr. Wardell wishes to know my opinions of the nature and cause of spasm of the glottis, I beg to refer him to my paper "On the Pathology of Hooping Cough," in the *Provincial Journal*, for October 8, 1847, where I have incidentally touched upon this complaint. Apologising for trespassing upon so much of your space,

I am, Sir,

Your obedient servant,

T. OGIER WARD.

Kensington, July 1, 1848.

CASE OF ABSCESS OF THE BRAIN.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Having but lately had an opportunity of seeing your valuable periodical, and the willingness you display in throwing open its columns for the information of all, induces me to intrude the following case under your notice:—

A considerable period ago I was called on by a friend to attend his daughter, aged 13, who had been unable to attend her school for a week before, with severe headache. When I saw her she complained of pain extending over the entire right side of the head; left, not at all affected; pulse rather quick; bowels regular; tongue clean. She had constant discharge of fœtid matter from the ear of that side. This had been the case for a period of two years before, at which time she had received a heavy fall on ice, which had left her senseless for some time. But from that period to the occurrence of the headache she had enjoyed uninterrupted good health, had grown much, and her strength was such that she carried her father, a large powerful man, all round the room on her back, the Sunday before. I noticed that she had slight strabismus of the right eye, and the pupil was a little more dilated than the other.

I had her head shaved, leeches applied to the temple and behind the ear, and ordered a bolus of Calomel., gr. iij.; Scamon., gr. x., at bed-time, and an aperient draught in the morning.

I attended her every day for five days, during which time there was no abatement whatever of the pain, but rather an increase of it and the strabismus; also of the enlargement of the pupil. About the third day the sight failed, and in a few hours was gone altogether. She maintained all through the most perfect consciousness, but a few hours before her death, began to call repeatedly for her father, and when he spoke she would say she did not know what she wanted him for. She died without any convulsive movements whatever.

On examining the head, ten hours after death, the dura mater appeared perfectly healthy, but on dividing the membranes, the entire right hemisphere dashed in a torrent through my fingers, in the form of a thick, smooth, and green pus, of a most intolerably fœtid odour, so overpowering that the father fainted before he could get out of the room. The left side and the cerebellum were perfectly healthy.

There had not been paralysis of any of the members that I could observe, but she had frequently remarked a numbness of the right arm for a long period, and

did not move it as much immediately before her death as she did the left.

Perhaps some one of your correspondents might take notice of this case, for I should be glad to know whether this extensive lesion could have been the result of such a few days illness, or could it have been constantly progressing since the period she received the fall.

I am Sir, your obedient servant
AN IRISH APOTHECARY,

August 25, 1848.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by PETER HINCKES BIRD, Resident Medical Officer.

CASE IV.

COMPOUND COMMINUTED FRACTURE OF THE RADIUS AND ULNA.

Cornelius Mollick, aged 40, employed at the Chemical Works in the neighbourhood, admitted into the Queen's Hospital, under the care of Professor COX, at half-past twelve, p.m. He states that about a quarter of an hour since his left arm got entangled in an iron spindle; he immediately lost the use of his arm, which became much deformed, and he received a large lacerated wound. He lost but little blood at the time of the accident. Has always enjoyed good health, and been of temperate habits.

On admittance, it was found that he had received a compound fracture of the radius and ulna of the left arm; there was a large lacerated wound on the inner side of the arm, extending from the lower to the middle of the upper-third. On introducing the finger into the wound, the fractured bones could be felt. Both the radius and ulna were broken in two places, the lower fracture being about two inches from the wrist, and the upper in the middle third. The wrist-joint was not injured. There was also a small lacerated wound on the outer side of the lower-third of the arm, but it did not communicate with the other wound. Complains of great pain. Pulse feeble, 86. The fracture was reduced, and the injured arm placed on a splint, and water-dressing applied, and a draught, containing Liq. Opii Sed., m. xxx., administered.

October 2nd. Slept but little last night, the pain kept him awake; pulse quick and strong; tongue rather furred; bowels confined. Broth diet. Lemonade. Capt. Mist. Salin., oz. j., quartis horis. Extr. Col. Co., (Palmeri,) gr. x., statim. The arm to be kept damp with cold water up to the shoulder.

3rd. Much the same; the pain is easier; the wound looks healthy; some œdema of the hand; bowels open; tongue slightly furred.

4th. Slept well last night; complains of but little pain in the part; bowels open.

5th. Slept very well last night; bowels confined; tongue clean; pulse 84, rather feeble; appetite good; the wound looks rather sloughy, but gives him no pain. Cont. mistura et pilulæ. To have light pudding, &c. A bread poultice to be applied to the wound.

6th. Slept well last night; bowels open; tongue clean; pulse rather feeble; appetite good; the wound looks cleaner, and its margins are slightly inflamed.

7th. Sleeps well; pulse feeble, 67; the wound looks healthier, and discharges freely into the poultice. Meat diet.

8th. Doing well; feels comfortable; bowels open; pulse regular, 65; tongue clean; has had no rigors; the wound looks healthy, and discharges freely; there is no collection of matter; complains of an occasional jumping of the fore-arm over the seat of the fracture; the œdema of the hand is considerably less.

11th. Feels better; the wound looks well, and discharges a thick, healthy, pus; the jumping of the fore-arm is not so frequent; bowels open; tongue clean; pulse regular.

12th. Wound looks healthy; the bones are in good apposition; health improves. To have the edges of the wound brought into close apposition, and the wound to be dressed. R. Acid. Nitr. dil., dr. iss.; Decoct. Cinchon., Oss.; Tinct. Cinchon. Co., oz. ss.; Sum. oz. iss., ter die. Extra diet. Ale, one pint daily.

16th. Improving; the wound is rapidly healing; is in no pain; general health good.

25th. The wound has healed considerably since last report, but the granulations are now large and flabby. The wound to be dressed with sulphate of zinc lotion.

28th. Doing well; the bones are in good position. To have the wound dressed as usual, and the fore-arm put in splints. Ordered to get up.

November 3rd. Much improved in health; the wound looks healthy, and is nearly healed.

10th. The wound is quite healed over, and the bones are firmly united; can use the arm well. Discharged.

When this patient was admitted, the first question was, whether an attempt should be made to save the limb; and indeed nothing is so difficult, or requires nicer judgment, than to form a decision as to the propriety of amputating in some cases of compound fracture. The difficulty, however, does not only exist with regard to the state of the limb itself, but with the constitution of the patient; for there may be two patients, with precisely the same extent of injury attendant on the fracture, and the fracture itself may be in the same part of the limb, and yet there may be so great a difference in the strength of the constitutions of the two, that in the one case the limb will recover without any bad symptoms arising; while in the other, if the limb be left on, it may ultimately be necessary to remove it, and perhaps the patient may lose his life from the irritation produced to the system generally. In the above case the accident occurred in a man possessing a good constitution, and in one of temperate habits; had it happened to a drayman, or to a cabman, or indeed to any one of irregular and intemperate habits, the result would, most probably, have been different.

It becomes important therefore to consider these points, before deciding upon the question of amputation, and not to look merely to the state of the limb, but to weigh them well in mind; ascertaining, if possible, the previous habits of the patient, the strength of his constitution, and the state of his general health; attending also to the state of the limb itself,—considering the kind of force that acted upon the soft parts, whether they have been crushed or torn,--how far they are separated from the bone,—whether any great vessel has been wounded,—and, if the fracture be comminuted, whether the portions of bone are completely separated, or are still adherent to the periosteum. It is of the highest importance to ascertain the extent of injury done to the soft parts around the bone, for if they have been crushed, as by a heavy weight falling upon them, the consequences to be expected are,—great sloughing and the exposure of the fractured ends, and great constitutional disturbance, which may be sufficient to prevent the union of the fracture altogether, and very often to endanger the life of the patient.

In the above case the following points may be considered as influencing the decision in favour of amputation:—The fracture was produced by a direct force of a very violent nature, the soft parts being crushed and lacerated; the fracture was comminuted, and the wound freely communicated with the fractured portions; but on the other hand, no large artery was torn through, nor did the fracture extend into any joint, nor was the bone much comminuted, and above all, the patient possessed an excellent constitution. An attempt was therefore made to save the limb, the fracture being first reduced, and then the sides of the wound brought together, and dressed with water-dressing, followed by the administration of opium.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 6, 1848.

From various unavoidable circumstances, we have hitherto been prevented from alluding to the proceedings connected with the dispute between the Guardians of the Upton Union and their Medical Officers. The Upton Union consists of five Districts, to each of which a medical officer is attached, but with salaries so insufficient, that after repeated remonstrances and fruitless applications for an increase, the gentlemen holding these appointments at length unanimously resigned. The Board thereupon advertised for new officers, but for some time unsuccessfully. At length, however, with some exertion and much personal canvassing, far and near, to induce other medical men to come forward, the Guardians succeeded in patching up a temporary medical staff. Two of the districts were confided to one practitioner, who had been previously dismissed from their service; a third district to another practitioner whose qualifications we are assured will not bear investigation; a fourth district is still vacant, but entrusted temporarily to the practitioner already burdened with a double charge; and the remaining one, we regret to say, a highly respectable gentleman has been induced to undertake, though even in this case also the Board would seem to have acted illegally in making the appointment, as the qualification, we are given to understand, is a single one—that of member of the Royal College of Surgeons only, instead of the double qualification required by the regulations of the Commissioners.

We can conceive nothing more pitiable than the situation into which the Guardians of this Board,—before distinguished by certain dubious transactions with former medical officers,—have thus reduced themselves. After weeks of a contest, which has betrayed the extreme of shabby misconduct on their part, the interval employed in personal solicitation by individual members of the Board, their abortive efforts have resulted in appointments which cannot stand, and an investigation of the circumstances by an Assistant-Commissioner, sent down for the purpose, which, if Mr. Buller is in earnest in his professions, can have no other end but a defeat, as disgraceful as has been the conduct of the Board throughout the transaction.

Our object, however, on the present occasion, is not so much to expose the misconduct of the Union authorities, as to point out for imitation the admirable manner in which the late Medical Officers have acted. Having, in the first instance, shewn the utter insufficiency of the salaries, and applied for an increase, on the Board refusing to listen to their application, they at once resigned. On the Guardians advertising their terms, and for gentlemen to undertake the medical care of the districts, the late Medical Officers pointed out the insufficiency of the terms offered, at the same time shewing what ought to be the amount of the salaries, and stating their willingness to undertake the duties again, provided such sufficient salaries were granted, thus not leaving the Guardians the excuse for their improper choice of medical officers, pluralities, &c., that they were driven to these irregularities from the want of other and more fitting candidates. In this proceeding, and indeed throughout, the medical officers have exercised a sound discretion, and we cannot but

feel a well-grounded expectation that success will attend their efforts.

Before bringing these observations to a conclusion, we are desirous of offering a remark on the general question. It may be thought by some that, on this and some other occasions, we have taken too one-sided a view of the subject, and that while we have freely pointed out the misdemeanours and short-comings of the Poor-Law authorities, we have been blind to those instances in which the system has been carried out in a more satisfactory and liberal manner. We are quite aware that in many places to which we could refer, the conduct of the Boards of Guardians is regulated by more liberal and more enlighted principles,—that the Medical Officers are treated as gentlemen, their representations and advice listened to with respect and attention, and their salaries, on the whole, and all circumstances considered, not inadequate. But it is the ill-working of the system under the management of the ignorant and self-interested, by far, as respects medical affairs, the majority of those from whom Poor-Law Guardians are selected, that we feel ourselves chiefly called upon from time to time to expose; and that because we are convinced that the mode of appointment of the Medical Officers, and the control exercised over them by the Guardians, cannot but be, in the far greater number of instances, injurious both to the character and independence of the Medical Officers and to the best interests of the poor.

Let us only consider for a moment what would be the inevitable result, were the appointment and control over the surgeons of the army to be vested in the officers of the several regiments to which they are attached, and that the amount of salary was at the same time to be paid out of funds contributed by the officers themselves. We suspect that the Army Medical Department would be in a very different state of efficiency to that in which it now is, and that the *status* of the regimental surgeons would not, in some regiments, be greatly superior to that of the drum-major, or any other non-commissioned officer. The manner in which naval surgeons have of late been treated by officers in command of ships, and the station attempted to be assigned to them by a junior Lord of the Admiralty, will, indeed, afford a sufficient answer, and clearly shew the necessity for having the regulation of the medical services of the public, whether military or civil, at all times placed in the hands of those only, who are able aright to estimate the duties to be performed, and the character and acquirements of those who are to perform them.

Reviews.

On the Cure of Cataract, with a Practical Summary of the best Modes of Operating, (Continental and British.) By Hugh Neill, Surgeon to the Liverpool Eye and Ear Infirmary. 1848. pp. 224.

The accomplished surgeon, who is the author of the work before us, commences with some general remarks on cataract, in the course of which he alludes to a case published in the printed report of the Liverpool Eye and Ear Infirmary, which is so remarkable, reflects so much credit on his own benevolent disposition, and displays in so striking a manner the deep obligation we ought to feel to an Omnipotent Power in aiding our efforts in the healing art, that we cannot resist the desire to present it to our readers in the simple and beautiful language in which it stands recorded.

"Of the cases now in the hospital, one deserves a little notice; it is that of a nice, modest, intelligent young woman; her age is 23, and she is married. From her gentle and quiet submission under operation, and her conduct during treatment, she has created a lively interest for her welfare among the visitors, and indeed throughout the whole establishment.

"Her story is this:—Soon after her marriage her sight failed, and at last she became blind a few months before the time when she would become a mother. I can easily imagine her deep distress: her hopes of happiness broken down, her future prospects dark and lamentable; what under other circumstances would have been her *joy* was now her fear, her wretchedness. To be a blind mother; not to see her baby or its smile, nor to be able to watch its sleep, and its happy dreams, nor to scan it in pain or in sickness; nor even to see her husband, an industrious and thriving mechanic; not to be able to be his help-mate; dependent, young, yet blind; strong and otherwise healthy, yet useless. I saw her when she came to our hospital, bowed down, almost to broken-heartedness. I shall not soon forget her expression when I pronounced the word *hope*.

"I debated in my mind whether to let her hour of trial pass; or, should I venture to operate; might I act as the instrument of the Great Power and open this poor woman's eyes before the time of her trouble. I did operate on both eyes, and she bore the process well. Not a particle of inflammation succeeded. The case is progressing most favourably, her health is good, her spirits are high, her hopes are strong, and she feels that she has been blessed; she now can see, and she waits with patience, and looks forward with pleasure to the time when, (to use her own words,) she shall be a happy, happy mother."—pp. 7, 8.

After describing the various forms which cataract assumes, the author proceeds to the treatment; and here

we must interrupt our remarks by engaging attention to the vast advantage resulting to the patient, and to the reputation of the surgeon, by minute regard being paid to every circumstance calculated to contribute to a successful result. The happy termination of many of the most dexterous operations has been prevented by that carelessnes and indifference which great surgeons are too apt to indulge, who, having acquired popularity and self-conceit, consider it beneath their notice to extend their attention to the after-treatment. Such men as these should read the following truthful remarks of the author :—

"I have the vanity to consider myself a successful operator, and if it be egotism to speak from the results of 600 operations, publicly verified, then am I also an egotist in priding myself in the reasons for the success attendant on my operations. The secret is, I have sedulously cared for that result, by studying the most likely means to *secure every possible advantage to the patient*; and I am confident that the explanation of the triumphs of favored and distinguished hospital operators, in every field of surgery, when analysed, will be found also this: that however adroitly the operation is performed, through the exercise of natural gift, perfected by frequent practice, which begets 'a property of easiness,' still *eminent success* is owing to the coalition of pains-taking surgery, with due management of the system *before* and *after* the operation, as much as to enviable address in handling the knife or needle."—p. 21.

We may generally conclude that the only mode of treatment which holds out any prospect of a cure for cataract is some operative proceeding, and even this requires caution and experience to enable the surgeon to decide, what may, and what may not, be proper cases for chirurgical interference. Among the different objections to any operation, the author by no means includes infancy, as children during the first weeks after birth may become the objects of it; and it should, if possible, not be delayed in them beyond the third year, on account of the habit they may acquire of rolling about their eyes, and their reliance on the sense of touch, both of which may prove a great disadvantage after the operation. With respect to the disputed question,—whether the operation ought to be performed on one eye, while the sight is perfect in the other, we think the decision ought to depend upon circumstances. For instance, in cases of traumatic cataract, in which the habit of viewing objects with one eye, must be suddenly acquired, and much confusion of sight must consequently exist, we think, if the patient should wish it, the operation may be undertaken without hesitation. A blacksmith consulted us respecting confused vision, which arose from cataract in one eye, the result of accident. The confusion in his sight was so great that he could not with any confidence apply the nails to the horses' shoes in the operation of shoeing. We operated with success on the cataract, and the patient was afterwards able to shoe horses as well as before the accident. We think, too, that it is the best practice to operate on both eyes at the same time, when both are affected, unless there may be some sufficient reason for a contrary proceeding; and we give this opinion as the result of our own experience.

For the purpose of dilating the pupil various vegetable preparations have been employed. Amongst them the author informs us, that Battley's Liquor Opii Sedativus, will be found capable of effecting our purpose. The best preparation, however, he says, is the muriate of atropine, a chemical preparation of the Atropa Belladonna in common use.

In describing the preliminary steps necessary for an operation for cataract, the author seems to be, properly, much opposed to the use of instruments for securing the eye in a steady position and elevating the upper lid. In all our operations for this disease, except extraction, we, ourselves, have almost always dispensed with every kind of aid to ensure the elevation of the upper eye-lid our custom being that of separating the lids by means of the finger and thumb of one hand, while the other is occupied in the use of the needle.

In describing the operation of extraction, which in some cases is preferable to any other, the author attaches great importance to the size of the incision through the cornea, which should always be made of sufficient extent. Most young operators fail by making the corneal section too small.

We cannot too much admire the simplicity, which Mr Neill observes, with respect to the instruments employed by him in this capital operation,—a certain proof of a great mind and a masterly knowledge of his profession. Hence, instead of the old-fashioned cystotomes, which were formerly paraded as indispensible auxilliaries, he only applies the cataract-needle for the purpose of lacerating the capsule and facilitating the escape of the lens.

The operation by *depression* is of great antiquity, and when we reflect on the large size and clumsiness of the instruments formerly employed, we cannot help feeling astonished that the human eye should ever have escaped irreparable injury from the rude operations, to which it was subjected even within our own recollection. The author, for this operation, prefers the curved to the straight needle, as he considers that it is less likely to injure the iris. For his description of the operation of depression, we must refer our readers to the work itself; but we cannot resist our inclination to put them in possession of his cautious proceeding after the operation, to ascertain from time to time the state of the conjunctiva; it being with most others a general rule to avoid any attempt to view it before the sixth day.

"Whereas, I caution the surgeon never, in the first six days after the operation, to let twelve hours pass without inspecting the *conjunctiva*, by gently drawing down the lower lid. Very often have I saved my patient's eye by such a peep, when inflammation has been going on, and no announcement of it made by pain; but having seen it, of course I checked its progresss." p. 56.

The operation of *reclinaion* consists in displacing the

lens, so that its upper margin is brought into the front of the eye, and its lower edge is placed backwards. In this operation care must be taken to avoid the iris, and to prevent the needle from penetrating the lens; and should one of the ciliary vessels be wounded, so as to render the proceeding obscure, the author advises the instrument to be withdrawn, and introduced again on another day. The object of reclination is to expose the lens to the absorption or solution effected by the aqueous humour. When the lens continues unchanged three or four weeks, or when it advances through the iris, and compresses that part, extraction should be performed. Should the operator carry his depression of the lens too far, there may be danger of retinitis and amaurosis ensuing, which must be obviated promptly by antiphlogistic treatment. In the operation we are speaking of, the needle is usually introduced about a line and a half or two lines from the edge of the cornea, either above or below the situation of the long ciliary artery. Some surgeons adopt another proceeding called *keratonyxis*, which consists in the insertion of the needle through the front of the cornea. This operation, we believe, is seldom, if ever, adopted in this country, on account of the danger of exciting inflammation and its consequences in the cornea. The process of breaking up the cataract is alluded to by the author, who candidly states its advantages and disadvantages. One of its greatest objections we have found to consist in the pressure of its fragments, or of the greater bulk of the lens itself upon the iris, when they are lodged in the anterior chamber.

For *children*, and for the *soft milky* cataract, we have found *discissio*, or the operation by incision, by far the most eligible, and it is sometimes astonishing to witness the rapidity with which the lens and capsule are removed after they have been exposed to the action of the aqueous humour. The needle used for this operation is a straight one. The one we employ is lancet-shaped, and very small. It may be introduced, either through the sclerotic coat, or the cornea. The latter is the most advantageous situation for the surgeon, and should, in the opinion of the author, always be preferred, unless the state of the cornea should contra-indicate its employment. With a needle of proper size and shape, this operation is almost painless.

It was formerly the practice invariably to bleed the patient after every operation for cataract. Mr. Neill, with great justice, condemns this wholesale venesection, and adapts his practice to the state and constitution of the patient, and at the same time with becoming liberality, makes every possible allowance for different habits of life, and the variations in atmospherical influence, which may formerly have suggested universal depletion. When speaking of cold applications to the eye after the operation, which are found by all modern practitioners highly beneficial, and generally very comfortable to the patient, we are pleased to find that the author intends to present to the profession another acceptable contribution to ophthalmic surgery, on the subject of rheumatic ophthalmia. The remaining directions for the after-treatment are excellent.

We shall resume this notice on another occasion, at present we are unable to continue our remarks at greater length.

The British and Foreign Medical Review, or Quarterly Journal of Practical Medicine and Surgery. Edited by JOHN FORBES, M.D., F.R.S., F.G.S. Vol. XXV. being a General Index to the preceding Twenty-four Volumes. London. 1848. pp. 303

Those only can appreciate the value and importance of a good Index who have been called upon to turn over pages and volumes, and to look through brief tables of contents, of works deficient in such an aid. The loss of time, and too often fruitlessly, which may be spent in such "a pursuit of knowledge under difficulties," must have been personally felt before we are in a condition sufficiently to estimate the advantages of the volume before us. Of course we should not be able to ascertain how completely the compiler of this index has executed his task, without much and laborious reference, but we can say, from the examination of several portions of it, there is every reason to believe that it is throughout well and faithfully performed.

The late *British and Foreign Medical Review*, with the exception of some small blemishes, to which we need not here further allude to, may be considered as a faithful digest of nearly all that is most vaulable, which appeared in the several branches of medicine, during the twelve years of its existence, as a periodical. By the publication of this Index, its contents are readily and at a glance laid open for reference to all who may have occasion to consult the medical literature of the period. We need say no more in commendation of the Index; it is indispensable to those who possess, or have access to, the volumes of the *Review*. But we observe from a notice on the cover, that a few complete sets of the *Review* may yet be had; with the aid of the index these are now become of great value, and we would earnestly recommend to those who are engaged in the pursuits of medical literature, not to let the opportunity pass of obtaining so complete and valuable a record of an important portion of it.

We take this occasion to announce that there is a prospect of another medical periodical being rendered similarly useful. A notice appears in the *London Medical Gazette*, that a General Index to the first forty volumes of that work is in contemplation, and will be commenced as soon as the names of five hundred subscribers shall be obtained. We shall be glad to learn that the list is speedily filled up.

Proceedings of Societies.

SOUTH-EASTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.*

The Secretary read part of a letter he had received from Mr. Hunt, of Herne Bay, regretting his unavoidable absence from the meeting, and stating,—that had he been able to be present, he would have given a full report of the experience of the members of the Association, who had informed him of the results of their practice in the administration of arsenic, a portion of which information had appeared in the Journal of the Association; and that out of the records of a multitude of cases, in no one instance did it appear that the medicinal exhibition of arsenic, not always cautiously administered, has proved either fatal, or seriously detrimental to the health, which is more than can be said of any other very active medicine.

ON THE INTRODUCTION OF THE CATHETER.

Mr. Giraud, of Faversham, favoured the meeting with the following observations on the introduction of the catheter:—

Having frequently experienced difficulty during a period of more than twenty years in introducing the catheter for retention of urine, caused by the enlargement and altered structure of the prostate gland, I have been lately struck with the uniform facility, in two cases, with which the elastic catheter passed into the bladder without the stilette, by simply passing it along the urethra, and allowing it to take its own direction. No doubt all have met with instances in which the various methods proposed for meeting this difficulty have more or less failed; such as using a very large silver catheter, advised for this purpose by Sir Astley Cooper, and the plan recommended by the same surgeon, of passing a full-sized catheter down to the part, then depressing the point, and canting it over the third lobe. Also Sir Bemjamin Brodie's recommendation of using an elastic gum catheter, and partially withdrawing the stilette when it reaches the third lobe, for the purpose of raising the end of the instrument.

About two years ago, having been called to a case of retention of urine from prostatic disease, in which the forementioned methods had occasionally failed, more or less, and pain and difficulty been experienced, I used a full-sized elastic gum catheter, without the wire, and was surprized to find how easily it found its way into the bladder, and it has continued to do so up to the present time, the patient frequently passing it himself without my assistance. I have adopted this mode of relieving the bladder in a second case, which had often given me much trouble, and with the same uniform success. I think it is my duty to state this simple fact in relation to the use of the catheter in prostatic disease, but which perhaps may be already familiar to many members of this Branch; but if one only of us should have been ignorant of it, some degree of embarrassment on the part of the surgeon, and much pain to the patient may be spared, even if this method be found to be applicable only to one peculiar condition of the urethra under prostatic disease.

* Continued from page 412.

HYDRIODATE OF IRON AND QUININE.

Mr. Samuel Battley, M.R.C.S., communicated some observations on the therapeutical effects of hydriodate of iron and quinine.

It has long been observed that some of the preparations of iron exercise a much more decided and more rapid influence on the system than others, and more especially the proto-salts. The sesqui-oxide, or carbonate of the Pharmacopœia of 1824, from its insolubility, is absorbed with great difficulty, and although a large quantity may be taken into the stomach, only a small portion enters the vessels and exerts its tonic influence on the system. The proto-salts being more soluble, are more speedily absorbed, and more rapidly display their action. In addition, however, to this character, they possess another advantage, namely, that on mixing with the venous blood, they become decomposed and unite at once with the carbonic acid, which is a never failing constituent, and one of the forms assumed by the debris of wasted tissue.

When iron is saturated with oxygen, and in the state of peroxide, it loses its power of combining with carbonic acid, which it possesses only while in the state of protoxide. The carbonate of protoxide thus formed is conveyed to the lungs, while the carbonic acid is evolved in its passage, and removed from the system. A corresponding volume of oxygen is then absorbed by the iron, and conveyed by the circulating fluid to every part of the system, to sustain its temperature and other functions essential to life. Iron, when presented in this condition, exerts a two-fold action, namely, that of purifying the blood, by removing its carbonic acid, and by absorbing and yielding oxygen.

As a compound lately offered to the profession, of great value, the syrup of the hydriodate of iron and quinine may be mentioned, in which are combined one of the most powerful and efficient vegetable tonics, namely, quinine, iron in its most active state, and iodine in the form of hydriodic acid. The iron being in the state of proto-salt, more speedily becomes absorbed, and more rapidly displays its action on the system than when in that of per-salt, especially peroxide, but in this preparation, preserves its maximum activity.

The object of combining these two bases with a third element, has been to introduce a substance which, by its action on the secreting organs, and more especially on the function of the liver, will diminish the tendency to constipation, febrile irritation, and other inconveniences which frequently attend the use of, and to some extent diminish the benefit to be derived from, these powerful tonics.

The following is a convenient form of exhibiting the compound:—

R. Syr. Ferri et Quinæ Hydriod., scr. j.; Aquæ Cinnamomi, oz. j.; Syr. Cort. Aurantii, dr. j.; Tinct. Cardam. Comp., dr. ss. M. Fiat haustus bis quotidie sumendus.

The author received the thanks of the meeting for

ably communication; and for the exhibition of some of Mr. Battley's specimens of materia medica, of the finest quality.

A conversation having arisen on therapeutical principles, Mr. Trustram made some observations on those rational and general principles which ought, in his opinion, to guide the practitioner in the treatment of disease, grounded on general indications, modified, of course, by the peculiarities of each individual case, rather than on a *methodus medendi*, based on the efficacy of specific remedies, with their more general or even almost universal application.

ON SPECIFICS: BI-TARTRATE OF POTASS IN UTERINE HÆMORRHAGE.

Dr. Silvester, of Clapham, read portions of a paper, and made some remarks on specifics in general, and on the employment of the bitartrate of potash as a remedy for chronic uterine hæmorrhage.

Specifics are defined by the best authors to be those remedies, simple or compound, whose virtue is peculiar in some particular diseases. The most remarkable examples of this class of medicines are bark, mercury, iodine, sulphur, colchicum, and a salt, now proposed to be added to the list, of equal efficacy and value to either of the above-mentioned medicines, namely, the bitartrate of potash. A prejudice exists universally against the term specific; the idea is associated in the mind with that of quackery; the quack has adopted the term from the nomenclature of our art, but he is far from possessing what it legitimately signifies. The appropriate term of the empiric's "villanous compound" is "nostrum;" concealment and selfishness are the object and motive of its preparation and exhibition. Extraordinary, almost miraculous, powers were ascribed in ancient times to certain drastic or heterogeneous compositions, as the Pulvis Basilicus, the Hiera Picra, the Confectio Andromachi, and especially the Mithridate; but the treatment of disease, to any extent, by the exact application of remedial agents, each to its appropriate symptom, or combination of symptoms, should be regarded as of modern origin, and as an important improvement on the complicated, confused, and contradictory mode of prescribing, once thought so necessary, and even now not wholly relinquished. It would appear that, in no case, do any two medicines produce precisely similar or identical pathological or physiological effects in the human body. Coma and anæsthesia are equally induced by belladonna and by opium; but there is a perceptible difference in the character of the phenomena: and that the nervous system is not in the same condition, in both cases, is proved by the state of the pupil—widely dilated in the former, contracted to the size of a pin's point in the latter instance. If a large dose of opium be given immediately previous to the expected fit of an intermittent, deep sleep ensues, followed by excessive perspiration, and it often happens that the disease is cured; a large dose of the sulphate of quinine taken after the fit, is equally efficacious, although unaccompanied by either sleep or perspiration. The ultimate effect is the same, but the means by which it is accomplished on the internal organization probably differ. No satisfactory explanation indeed has ever yet been afforded of the changes which take place in the human body under the influence of medicinal agents. Modern chemistry has made the attempt, and much may be hoped, and perhaps expected, from its laborious investigations; but we must for the present be guided solely in the choice and employment of remedies, by extensive experience and accurate observation. Will the time ever arrive when the appropriate means of cure shall be able to be applied with so nice an adaptation to the numerous forms of disease as to exclude all uncertainty and hesitation? This is the true aim of our labours and researches; for scientific practical medicine consists in a discriminating knowledge of disease, or accurate diagnosis, and an exact application of therapeutical means. A practice based upon general rules, ill-founded perhaps, and certainly liable to many exceptions, will, it is to be hoped, give place ultimately to a method of cure arising out of a more precise observation of the phenomena of disease, and the peculiar or specific operation of remedial agents. The term specific is intended here to be used, not in its restricted sense, but in its obvious and grammatical signification; all scientific, must in one sense be viewed as specific, treatment.

Something like an approach to this rigorous adaptation of the articles or the Materia Medica, to the successive changing phases of disease, has been accomplished in regard to mercury, iodine, and sarsaparilla; with less certainty and exactness than could be desired, but with results sufficiently regular and constant to establish the reasonableness of an expectation, regarded by some as of too sanguine a character. It is well known that these three valuable medicinal agents cannot be prescribed successfully, if indiscriminately; that each has in the same case its limit of beneficial operation, and that they cannot be made with impunity to change places,—that is to say, one has no power of curing symptoms which belong to the other.

The unsettled rules of treatment, the varying fashion of medicine, and the excessive laudation, for selfish purposes, of inert or inefficacious preparations, have led to rash practice, servile prescription, or scepticism and indifference; and these evils it is feared will continue to exist until therapeutics, the most difficult part of our art, receive more attention from those (and they are few,) who are capable of the investigation. Anatomy, physiology, pathology, and chemistry, have been cultivated with industry and success. The method of cure, *par excellence*, remains comparatively a barren unfruitful region, overrun by empirics, or empirical practitioners. We have indeed thrown off the burthen of ancient complicated formulæ, with their endless list of heterogeneous ingredients; we no longer reverence the hidden powers of mithridate and other complicated medicines; but we have been unable to resist the temporary encroachment of a medical heresy and practice, (if practice it may be called,) which (the very opposite of excess in number and quantity,) attributes to the thousandth part of a single drug, more virtue than formerly had been supposed to exist in the thousand drugs themselves. This heresy is confessedly unable to bear the test of ordinary experience and

observation, and therefore may be left to its assured fate, but it is humiliating to reflect that it should have ever prevailed at all, and more particularly that it should have made converts from our own order.

It might not be amiss to observe, to prevent myself from being misunderstood, that in advocating the use of special remedies, in order to introduce, as I hope, more certainty into the practice of medicine, I by no means wish to undervalue the good effects of diet, rest, aperients, counter-irritants, the moderate loss of blood, and all the other usual means of relief or cure, which the recorded experience of ages has sanctioned, and the immediate salutary effects of which are at once apparent to those who are occupied in the daily duties of medical life. I hold that it is the duty of every member of our useful and influential profession, to exert his talents for the common good in the way which seems most suitable to his position or opportunities, and circumstances of a favourable kind have happened to lead me to study the power of single drugs, and uncomplicated preparations, over the body in disease. But the experience of one man is of little value compared with the collected experience of the members of a society like that which I have the honour to address. The country practitioner sees disease in its more simple and uncomplicated forms, and he has it peculiarly in his power to enrich the art of therapeutics. It is true that there are some obstacles in the way. Engaged in an active and laborious occupation, the medical man finds little time for recording his experience; or of retired habits, he is little inclined to appear before the medical public, with his really valuable contribution, aware of the opposition which every attempt at even useful innovation is apt to meet with. It is thus that many excellent suggestions, and most important results of experience, are lost or misapplied. He should remember, however, that we owe the proper method of proceeding in hæmorrhage during labour to Mr. Rigby; the discovery of arsenic for ague to Dr. Fowler; and opium in delirium tremens to Dr. Sutton, all provincial practitioners. I am indebted to our amiable and talented president, Mr. Hargraves, for a very sure method of treating varicose veins of the leg. It was said by the immortal Sydenham, that he had always thought it a greater happiness to discover a certain method of curing even the slightest disease, than to accumulate the largest fortune. Every right-minded member of the medical profession cannot but concur in sentiment and opinion with the English Hippocrates; it is a solemn duty incumbent on us all to contribute to the stores of medical knowledge every result of experience, calculated, in ever so light a degree, to lessen human suffering, or protract man's brief career on earth.

Last year, at the meeting at Reigate, I had the honour of reading a paper on the virtues of Iberis amara in cardiac hypertrophy attended with dropsy; further experience, unnecessary to relate, has confirmed my confidence in the salutary power which this plant of English growth possesses over the central organ of the circulation, suffering under morbid enlargement.

I now beg to call the attention of the Society to a remedy as well known, in some respects, to the public, as to the profession,—I mean the bitartrate of potash; everybody is acquainted with its cooling, diuretic, and generally aperient properties, but few are aware of its singular power in controlling uterine hæmorrhage. It is not without effect in bleeding from other organs, but I will reserve my observations on this branch of the subject till another opportunity, and restrict myself for the present to a few remarks on its efficacy in restraining chronic sanguineous discharge from the womb.

Uterine hæmorrhage may arise from various causes,—separation of the placenta or ovum, diseases of the heart and liver, polypus, malignant ulceration, fungoid growths, &c.; the bitartrate in such cases is equal to any other remedy in checking the discharge, at the same time that it allays feverishness and tends to keep the bowels regular. But it claims no superiority in these respects over many other medicines; it is in menorrhagia, or excessive menstrual discharge, prolonged continuously beyond its usual duration, or appearing at irregular intervals, that it displays its unequalled efficacy. Sometimes after abortion the patient continues to suffer from an occasional discharge which gradually ceases after inflicting much injury on the general health, and is with difficulty cured by tonics and astringents; it will in such cases be found to effect an almost instantaneous beneficial change. There are also instances met with in practice of a sanious or pale secretion from the uterus, sometimes treated as leucorrhœa by local astringents; they are accompanied by venous bruit, and are examples of imperfect menstruation. These yield rapidly to the bitartrate of potash, and, singular to say, the patient often recovers perfectly, without the administration of iron or other tonics. The foregoing description of the forms of disorder in which the salt alluded to produces a specific effect, will be sufficient for the information of the medical practitioner, who, after a little experience cannot fail to detect the proper cases for its employment. It would be tedious and irksome to relate individual illustrations in confirmation of the opinions advanced; they are easy of recognition, and the specific property of the drug is so conspicuously evident, that at the next meeting of our Society it is probable every member will be able to bear his testimony to the truth and accuracy of what has been now stated.

Without pretending to explain the nature of the salutary impression made by this agent on the solids or fluids of the body, I may be allowed to observe that when, as in chronic discharges, the blood is dark-coloured, it often becomes of a brighter hue, soon after the commencement of the treatment.

As I am exceeding the time* allowed for my paper, I will only relate another experiment and a corresponding observation. I had frequently noticed that whilst the patient was taking the bitartrate of potash, the urine remained perfectly clear when cool, although it had previous to the administration of the remedy, deposited, on cooling, urate of ammonia in abundance; but a solution of bitartrate of potash added to urate of

* Fifteen minutes is the time allowed by the Society for the reading of each paper at the Annual Meeting.

ammonia dissolved in warn water, did not prevent the precipitation of the latter salt, at a lower temperature. The urine becomes alkaline under the use of the bitartrate of potash; 95 parts of cold, and 15 parts of boiling water, are necessary for its solution. The solution it must be remembered is decomposed by long exposure to air, and will be found tc contain only carbonate of potash.

The gentlemen present then adjourned to dinner, at the conclusion of which, the thanks of the meeting were voted by acclamation to the president, for the friendly courtesy, and the ability with which he had fulfilled the presidency of the meeting.

SOUTH-WESTERN BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

The Annual Meeting of the South-Western Branch of the Provincial Medical and Surgical Association was held at Plymouth, on Tuesday, July 18th, John Butter, M.D., F.R.S., in the chair. Among those present at the meeting, were Dr. Kingdon, Mr. Barnes, Dr. Pennell, Mr. Pridham, and Mr. De la Garde, of Exeter; Professor Wood, of Philadelphia; Dr. Kane, of Exmouth; Dr. Soltau, Mr. Kerswill; Mr. Kerswill, jun., of St. Germans; Mr. Swaine, Mr. Fuge, Dr. E. Moore, Mr. Square, Mr. Freeman, and Mr. Stevens, of Plymouth; Mr. Ashford, of London; Mr. Langworthy, of Plympton Asylum; Mr. Puddicombe, of Dartmouth; Dr. Cookworthy, Dr. Barlow, Dr. Lea, &c.

The SECRETARY, Dr. Kingdon, of Exeter, read the minutes of the last year's meeting, which was held at Truro, and also part of a letter from Dr. C. Barham, the late President, regretting his unavoidable absence.

The PRESIDENT, Dr. Butter, then addressed the meeting, and thanked the members present for the compliment paid him voluntarily on their parts, and in a manner quite unsought for and unexpected by him, regretting that their choice had not fallen into better hands. He then congratulated all present on their professional zeal in coming so far from the East and the West to support the Association, and especially those from the east on their safe arrival over the South Devon Railway, which opened to Laira on the 6th of May last. He would not expatiate on those mighty powers—steam, atmospheric pressure, and electricity, to which they were indebted for the sight of their professional brethren living at a distance, although much might be said on electricity interesting to medical men. The Association of which this is a Branch, had existed for sixteen years, and had annually added to its numbers, which now exceeded 1800. Its objects are stated in the circulars:—For one guinea every member receives the volumes of *Transactions*, and a *Journal* every fortnight, giving a full account of the medical events passing in the world. This Journal has of late much improved in the variety and importance of its matter. There is also a Benevolent Fund for the relief of distressed medical men, their widows, and families. Once in every year these Branch meetings are held in large provincial towns, preparatory to the annual meeting, which this year will take place at Bath, in August.

The collection of useful information is one of the principal objects, but Dr. Butter would not detain the meeting with any observations, or retrospective view of the many discoveries recently made in medicine, as well as in science. He would pass lightly over the discoveries of Matteuci on electro-physiology, and the physical phenomena of living beings; and even those of Liebig, on the chemistry of animal fluids. His time would not allow him to dwell on the cell theory, or the formation of all bodies, animal or vegetable, healthy or diseased, from small cells or cytoblasts; nor on the transit of blood from arteries into veins; nor on the vibratile action of myriads of hairs in the brain and windpipe of animals, lately discovered by the microscope. As gentlemen present, were, doubtless, better informed than himself on these subjects, he would pass them over, with other topics of general interest, in order to speak more particularly of local things and persons connected with Plymouth. He must, however, first briefly allude to ætherization, discovered by Dr. Jackson, of America, from which so much practical information had been already transported into England by the eminent men of that country. Two years had scarcely elapsed since æther was proposed as an anæsthetic agent, to be inhaled into the lungs, in the form of vapour, as a means of depriving living beings of sensibility during painful operations. Scarcely had this discovery flown over the world with a rapidity almost of the electric telegraph, when Dr. Simpson, of Edinburgh, brought out a better substitute in chloroform. Last year, Dr. Butter was concerned in two very important operations on patients, who consented conditionally to their performance, provided that they could be ætherized, and deprived of sensibility for a time. In both instances, æther thus inhaled, intoxicated the patients to such an alarming degree, that the operations were delayed, and performed ultimately without its aid. Subsequently, he had tried chloroform in several instances with the readiest effects. He merely gave the result of his own experience without further comment, and thought that it never ought to be exhibited except by a medical practitioner.

Strangers having arrived at Plymouth naturally expect to be informed of the different medical institutions, places, and persons, dead or living, connected with our towns, of which he could only give a brief account. Plymouth, Stonehouse, and Devonport, are three towns, almost united into one, containing very nearly 100,000 inhabitants; Plymouth, 40,000. Compared with other towns they are generally healthy.

The *Workhouse or Hospital of Poor's portion* generally contained a great number of sick poor. Formerly one surgeon attended both to the in and out-door poor at a fixed salary; then two surgeons were appointed; but lately the Guardians have employed four surgeons, one for the house, and three for the out-door poor, at a salary of £40 a year each. They are elected by

a majority of votes. Great mortality prevailed here amongst the medical officers previousiy to this arrangement, as several had died through their arduous trials. It is lamentable to think that any well educated man can be found to attend 1800 patients, including sixty midwifery cases, accidents, operations, medicines, and attendance by night and by day, for a salary of £40, which is barely 5½d. per head.

According to Mr. Wyatt's statistical report, for 1847,

The average number of deaths annually is	850
Lowest mortality, in 1839.....	670
Highest ditto, 1842	1141
Year ending 30th June, 1848, still higher, being ..	1148

The increased mortality in 1842, was chiefly owing to the scarlatina, of which 400 persons died, and many children became deaf and dumb; and in 1848, to the measles, hooping-cough, bronchial, and pulmonary diseases. The mortality this year has been one in thirty-four. Notwithstanding this recent increase, Plymouth is healthier in the mean than Devonport, Exeter, Birmingham, Manchester, or Liverpool, being about the same as London. The cholera was very prevalent here in 1832, and more fatal than at any other place, excepting Bilston, in Staffordshire.

The number who died in	Plymouth, being		800
,, ,,	Devonport ,, ...		197
,, ,,	Stonehouse ,, ...		137
	Total.....		1134

The PRESIDENT then said, great attention has been paid here of late to the general health of the towns, by removing cess-pools, improving the drains, augmenting the supply of water, and other means. There is a *sanitary* establishment or quarantine kept up in the port, and there are *sanatory* institutions in the form of hospitals, but the greatest *sanitary* step taken to improve the public health, is the work now in progress for removing the dead from the living. The cemetery will be found to do greater good to the surviving population than any other measure. When we consider that eleven or twelve hundred persons may be buried in the heart of our town, and in the midst of a dense population, in one year, or that eight hundred, as in the cholera, were buried in three months, and that the decomposition of these dead bodies may be washed by the rains into the different wells and drinking places of our towns, we cannot wonder at sudden eruptions of disease, or that a pestilence walks in the midst of our homes. The Plymouth cemetery is calculated to remove the greatest source of disease perhaps from our towns. It is formed without the precincts of the borough in a sequestered vale, with a streamlet meandering at its foot, carrying at once into the ocean all seeds of contamination that may be generated from the decomposition of the dead.

Of the institutions, Dr. Butter said he could only give a succinct account. He began first by alluding to the Athenæum, in which they were assembled, and for the use of which his thanks were tendered to the proprietors. It was built in 1818, and opened in 1819 by Foulston, the architect. Its architecture was Grecian, its portico and columns Doric, like the Temple of Theseus, at Athens. The entablature had triglyphs and metopes, with casts of Apollo, Venus de Medicis, and figures of Castor and Pollux, Æsculapius, Hygeria, and others.

The Plymouth Dispensary was begun in 1798, at the Guildhall, and removed in 1804, after eleven years. The present building was erected in 1809, chiefly owing to the late Mr. Charles Yonge's munificent legacy of £1000, on which the duty of £100 was paid by his executor, the late Rev. Duke Yonge. There were two physicians, four surgeons, two paid apothecaries, a dispenser, matron, collecter, and two dentists, attached to this institution, which relieved from 1500 to 2000 patients annually. There was also a Public Dispensary at Devonport, of which he could get no report. The Plymouth Royal Eye Infirmary, established in 1821, was proposed by himself, in an address which was afterwards published for its benefit. In this measure he had been very ably seconded by Mr. now Dr. Moore, with whom he had ever since co-operated. The number of patients who had applied for relief, during the 27 years, exceeded 18,000, of whom nearly 1000 had derived the advantage of bed and board in the house. It had been always well supported. There was also a Lying-in Charity for the relief of poor married women; but there was no Asylum nearer than Plympton. The South Devon and East Cornwall Hospital was established in 1840, about eight years since. It was almost surprising that in a population of 100,000 persons, a public hospital should have been so long wanted, and be still cramped for want of funds. The last year's report showed that 229 patients were admitted, of whom 68 were for accidents, and that 10 underwent operations. There were about forty beds only at present. The medical staff consisted of two physicians and three surgeons. But there was no room for a museum or the delivery of lectures. Mr. Cross, whom they had just seen, underwent amputation at the hip in this hospital.

The Plymouth Medical Society was established in April, 1794, about 54 years since, and was proposed by the late Mr. Samuel Fuge. It consisted of fifteen members and twelve associates. The members met quarterly, and dined in turn at each others' houses. Ten members or two-thirds must be present at elections. The shares were transferable, and the books were kept at the Dispensary. That might truly be called a Conservative Society, since it had undergone no important alteration for fifty years, and was formed when neither the population nor the medical practitioners were half so numerous as at present. The affairs were conducted by a treasurer, secretary, and librarian, the two former being filled by Dr. Cookworthy, who manages them with great satisfaction. There was also the Western Medical and Chirurgical Society, of which he had been the President from 1824 to 1832, when the cholera appeared, and broke down his own health, killed some, and drove away other members, so that this society, like the fatal disease, died a natural death.

The Royal Naval Hospital, at Stonehouse, was worthy of their notice. The buildings extended over an area of 24 acres. It was begun in 1762, and remodelled in 1798. From 1810 to 1815, January 1st to December 31st, 48,452 passed through it, averaging

9690 a-year for five years. Two men emanated from this hospital, who attained the highest honour ever allotted to medical men in England,—viz., Sir William Knighton, who was secretary to George IV., and Sir Stephen Hammick, Bart., known to the profession by his work on "Amputations." The Military Hospital, at Stoke, might also be worthy their notice, although few patients were there at present. The most memorable circumstance connected with the Military Hospital in his time was, that the first successful amputation at the hip-joint was performed by Mr. Brownrigg, in 1812, on a soldier, whom he had seen.

From places he went to persons, and first, to the dead, or those who still live by their works, remembering "*Nil nisi bonum de mortuis.*" Dr. John Huxham, F.R.S, died in the year 1768. He published many works, chiefly in Latin, on medical subjects. 1. Observations on the Air and Epidemic Diseases, from 1728 to 1768. 2. On Devonshire Colic. 3. A Register of the Weather for Thirty Years. 4. On an Enormous Omentum, weighing 16lbs. 5. On a large Calculus. 6. On Fevers and Malignant Diseases, for which his tincture of bark was recommended. 7. On Small-Pox, now happily banished by vaccination, on Pleurisies, and other diseases. Mr., afterwards Dr. Mudge, to whose memory a monument is erected in St. Andrew's Church, was a medical practitioner in Plymouth, where he died in 1793. He was well-known to the profession by his inhaler, which was much used at that time for the cure of catarrhous cough. He usually directed twenty inspirations of vapour arising from bark, opium, and paregoric, three drachms of each dissolved in boiling water. It appears that he treated pulmonary diseases by scapulary issues, into which were introduced fifty or sixty peas. He employed gum ammoniacum and laudanum to relieve cough, and thought well of pitch plasters to the skin. He wrote on compound fractures and on the vis vitæ, and published the case of a man, whose leg was seriously fractured, and left for seventeen days wrapped up in blood and balsam; his recovery was perfect. Dr. William Woollcombe was a physician at Plymouth, distinguished for his urbanity and caution. He died on the 23rd of May, 1822, of gangrenous erysipelas, aged 49, and was buried at Plympton St. Mary Church. Westmacott's monument to his memory, revised, it is said, by Canning, may be seen in St. Andrew's Church. He wrote an essay on the frequency and fatality of consumption. About the middle of last century, there lived a Dr. Spry at Plymouth, who described the case of a patient who allowed melted lead to pass into his stomach, during the burning of Rudyerd's lighthouse, at the Eddystone. The man died after many week's suffering, and the consolidated lead, weighing nearly half a pound, was taken from his stomach. Dr. Spry transmitted the account to the Royal Society of London, who refused its insertion in their "Transactions," until his testimony was corroborated by Dr. Huxham and others, for veracity; whereupon he instituted experiments, by pouring melted lead down the throats of fowls and dogs, and taking it out in a solid form, after the animals had been killed. For these cruelties he acquired the censure of many persons, who in these days might have brought him up by the Society instituted for the prevention of cruelty to animals.

From the dead he went to the living, remarking, that by speaking well of them, he might excite envy, without conferring fame. There was, however, a connecting link between the living and the dead, in Richard Dunning, Esq., of Stoke, who was 87 on the 13th of March last. Mr. Dunning was one of the five practitioners, who met at the Globe Tavern, in April, 1794, and formed the present Medical Society, and is the only survivor. He obtained a large and lucrative practice for a period of nearly sixty years, and for some time had retired, full of honour, respectability, and wealth. His mind was still imbued with the ardor medicinæ; and his intelligence, vivacity, and love of profession, were in full force, although he was blind from cataracts. His minutes on vaccination, 1804, and correspondence with Drs. Jenner and Baron, were too well known to medical readers to require any comment from him.

After enumerating several places worthy of the attention of visitors, and referring particularly to the Dockyard, Dr. Butter continued,

They might remember, perhaps, that a most fatal epidemic disease broke out here during the year 1825, and that he had collected and published the cases in a work, entitled "Irritative Fever." Some of the reviewers who reported favourably of this book, questioned his so naming this disease, which was essentially "erysipelas." It was certainly traumatic erysipelas, or erysipelas phlegmonodes, in many instances, but not in all. In others it was simple erythema; and in Dr. Bell who died, there was scarcely blush enough to be called either erythema or erysipelas. It was, therefore, a fever, and the character of that fever was not inflammatory, because bleeding was not the remedy; but, on the contrary, an injury. It was a fever of irritation, and not inflammation; and therefore he called it "Irritative fever." Men could not cut, scratch, bruise, puncture, or injure their skin in any way, without seeing the wounded parts fester, or refuse to heal in the ordinary manner. That shewed weakness or want of power in the parts, and also in their constitutions, which required support rather than depletion. They had seen to-day an instance of a man who had recovered after losing one-fourth part of his body, but several had lost their lives at Devonport, in 1825, from the slightest injuries done to their skins.

There was one other circumstance connected with the Dockyard, and he had done. His respected neighbour, Sir William Snow Harris, had kept there a register of the barometer and thermometer for ten years, every hour in the day and night, and also an anemometer for three years, registering the winds. The result had been published in the "Transactions of the British Association," to which he referred them. Sir William Harris had also invented lightning conductors for their ships of war, and had received from Government a title and pension of £300 a year, besides handsome presents from the East India Company and the Russian Government. He mentioned these things because

Sir William was bred a Surgeon, and was a native of Plymouth.

He had now only to thank them for their forbearance in allowing him to infringe one of their rules, which said that, "no long or elaborate paper" should be written, but he would observe the others by maintaining the honour and respectability of the profession, as much as in him lay, by keeping up their friendly intercourse, and by promoting harmony and good feeling, for the great and common object of their meeting—viz., the health and welfare of mankind.

The following resolutions were then agreed to :—

Moved by Mr. Fuge, and seconded by Dr. Cookworthy, "That the next Annual Meeting be held at Exeter."

Moved by Mr. Swain, and seconded by Mr. Fuge, "That Dr. Pennell, of Exeter, be President-Elect."

Moved by Mr. Kerswill, jun., and seconded by Mr. Square, "That Dr. Kingdon, of Exeter, be re-elected Secretary."

Moved by Mr. Fuge, and seconded by Mr. Pridham, "That Dr. Budd, Exeter; Mr. R. C. Price, Lympstone; Mr. T. Cann, Seaton; Mr. Wm. Woodward, Honiton; and Mr. J. F. Symes, Axminster, be the new members of the Council, in the room of those who retire according to Rule 5,—viz., Mr. Ward, Mr. Lanyon, Mr. Empson, Mr. Spettigue, and Mr. McKenzie."

Proposed by Mr. Pridham, and seconded by Dr. Kingdon, "That the best thanks of this meeting be given to Dr. Butter, the President, for the comprehensive and excellent address which he has delivered to this meeting."

Dr. Butter then introduced Mr. Cross, whose right thigh was amputated at the hip-joint two years since by Mr. Whipple, and whose thigh-bone lay on the table, with many other curious and valuable preparations, furnished by himself and Mr. Fuge. These preparations were illustrative of diseases of the bones, and among them was a specimen of union within the capsular ligament of a fractured neck of the thigh bone. Fine specimens of diseased heart and arteries, lungs, liver, kidneys, and other parts, were shown, including the gall-bladder of a patient who had, many years before his death, discharged thirty-six gall-stones; some beautiful preparations of diseased eyes, one in which a shot had been lodged for six years and a half, and two others with that rare disease, the sclerotic staphyloma; two magnificent specimens of diseased duodenum, with the pancreas and its ducts, and the gall-bladder annexed, &c.

Mr. Swain read the history of a gentleman who died of a ruptured aorta; the specimen was exhibited, and drew forth an interesting discussion.

Mr. Pridham exhibited a drawing of dilatation and rupture of a child's heart.

Dr. E. T. Roe read a paper on "Empyema;" a patient through whose left side an aperture had been made into the chest, and a quantity of matter discharged, was exhibited to the meeting.

Mr. Square made a statistical report of the operations and important accidents which had occurred at the South Devon and East Cornwall Hospital, during the last eight years.

Mr. Fuge exhibited the heart of a soldier, who was shot at Corunna in 1808, and lived fourteen days afterwards, long enough for him to come to England, with the ball in it. There was another instance of a soldier who had lived forty-four hours after having shot himself through the heart. The President also showed another preparation made thirty-eight years since, of a heart in which the semilunar valves had burst, probably some time before death.

Dr. Soltau offered some observations on the cholera, which excited discussion, but it did not appear that anything new was elicited respecting the treatment of that unmanageable disease.

Dr. Cookworthy related some cases of asthma, which had been much relieved by inhaling the vapour of æther poured into hot water.

The President drew attention to the duality of certain diseases, and referred to certain accidents which had occurred in his own practice. He knew a boy who had dislocated both hips at one time, the head of one bone being thrown forwards and the other backwards, owing to his falling off a cart; both were reduced, and the boy recovered the perfect use of his limbs. He also knew a little girl who had scrofulous disease in both hip-joints, at the same time; also a lady who had undergone an operation on each side for strangulated hernia. She still lives and enjoys health.

With these observations the business of the day was terminated. The gentlemen afterwards dined together at the Royal Hotel, Dr. Butter occupying the chair, and the evening was finished at Mr. Swain's, at Devonport, when the members were gratified and instructed by witnessing several valuable microscopical demonstrations.

Foreign Department.

CLINICAL MEDICINE AND SURGERY IN THE CONTINENTAL HOSPITALS.

Inflammation of the Superior Lobe of the Right Lung.—The fatal issue of this circumscribed inflammation, and its peculiar symptoms, induced M. Harvez to institute anatomical researches on the subject. At the very onset of the disease the patients present an extraordinary degree of prostration, great paleness, general refrigeration, disturbance of the intellect, a very small pulse, nausea, sickness, and diarrhœa. In general considerable pain, both above and beneath the clavicle, is complained of; cough and expectoration are insignificant. All these characteristic symptoms existed so plainly in a case admitted into hospital in July, 1847, that the diagnosis was not for a moment doubted, nor the fatal prognosis uncertain. The patient died on the 13th day; and on dissection the superior lobe of the right lung, in a state of condensation, was found to have interfered considerably with the circulation of the blood in the cava descendens, and in the right auricle: both contained fibrinous coagula. It is to this impediment to the venous circulation that Dr. Harvez refers the greatest part of the peculiar symptoms observed, viz., the livid hue of the countenance, the cerebral

disturbance, the nausea, and serous diarrhœa. The peculiar nature of the pain is accounted for by Dr. Harvez by the pressure exercised by the inflamed lung upon the par vagum; and he concludes by stating that the apparent state of collapse, and smallness of the pulse, should not prevent the physician from having recourse to energetic antiphlogistic measures for the purpose of liberating the circulation and subduing inflammation.—*Monthly Journal.*

Hæmoptysis.—M. Guerard frequently makes use of the external application of cold water to the chest in obstinate cases of pulmonary hæmorrhage, as in the following case:—A young woman, aged 20, was received into the Hotel Dieu, in a state of great danger from hæmorrhage, which had resisted all treatment for several days. M. Guerard ordered the thorax to be enveloped in towels dipped in cold water, and mustard plasters to be applied at the same time to the lower extremities. The hæmoptysis ceased as by enchantment, and did not recur during the several weeks she remained in the hospital. Her general condition improved much, and symptoms of commencing phthisis disappeared.

General Prophylaxis.—The same physician professes to be able to prevent the occurrence of many severe maladies, by the exhibition of sulphate of quinine as a prophylactic, in doses of two grammes (dr. ss.) during two or three successive days. In this manner he is said to cut short or to prevent the development of typhoid fever, erysipelas, &c.

Loose Cartilages.—A man having been admitted into M. Velpeau's wards for the treatment of arthritis caused by the presence of a loose cartilage in the knee-joint, occasioned some remarks from the professor, of which the following is an abstract:—"The formation of these loose cartilages has been referred to various causes. For a long time they were supposed to result from the detachment of the cartilage fron the articular surfaces. On two occasions, M. Velpeau ascertained the correctness of this opinion, but it cannot be entertained in all cases. Sir A. Cooper and Bérard believed them to be formed outside the synovial membrane, from the deposition of plastic lymph. Another cause might be found to reside in the thickening and inflammation of a fold of the synovial. M. Velpeau had shown, that a fourth origin might be traced to hæmorrhage within the joint, the liquid part of the blood being absorbed, and fibrinous concretions remaining afterwards. Whatever their cause, the prognosis of these loose cartilages must always be of a reserved nature—their presence exposing the articulation to frequent inflammation, and their removal being often followed by the most fatal consequences. The perils of extraction have, however, been greatly diminished by the subcutaneous operation proposed by M. Goyran, a surgeon of Aix. That gentleman operates in the following manner:—Through a fold of the skin a narrow-bladed knife is introduced into the joint, and the foreign body is forced through this aperture into the cellular tissue, whence it is removed, after eight or ten days, by a simple division of the skin, the wound of the synovial membrane have been allowed time to heal. M. Velpeau had twice operated successfully in this manner. In the case which led to the present remarks the loose cartilage was attached to the synovial membrane by a pedicle, which increased considerably the difficulties of the operation."—*Monthly Journal.*

Fracture of the Olecranon.—M. Harvez de Chegoin notices the great difficulty usually experienced in keeping the fragments in apposition in this fracture, and offers the following case as illustrative of his method of overcoming the embarrassment:—

A woman, aged 65, fell violently on the staircase, and fractured the left olecranon, a little below its middle. I did not see her till the next day; there was then considerable swelling above and within the articulation down to the middle of the forearm; while the point corresponding to the fracture was scarcely swollen, and the skin then preserved its natural colour, which gave reason to suppose that the fracture, though caused by the fall, was the result not of direct violence, but of muscular action.

The fragments were separated by an interval of nearly half an inch; they were easily brought together by extension of the forearm and pressure on the upper portion, but an involuntary movement of flexion immediately separated them.

The contusion of the arm and forearm had been violent. The swelling and ecchymosis increased on the following days, and extended to the hand. The pain became more severe on the eighth day, and the cold lotions were exchanged for emollient poultices. The joint, however, remained free from this tumefaction, which confirmed my view of the manner in which the fracture had been produced, and allowed me to see what took place between the two fragments.

On the eighth day the interval between them was filled by a soft substance, which increased in quantity on the succeeding days, so as to rise above their level behind. It had become more liquid, and afforded an evident sense of fluctuation.

On the fifteenth day it was much reduced, and allowed the finger to be placed between the fragments. By this time the pain and swelling of the forearm had nearly disappeared, but the ecchymosis remained down to the wrist, with a degree of induration of the soft parts. The forearm till now had been kept on a pillow in the semiflexed position without any apparatus, of which the patient was singularly apprehensive from the recollection of what she had suffered from bandages too tightly applied for a fracture of the clavicle.

The object was now to bring the fragments together without exercising any compression, and at the same time to keep the forearm semiflexed. For this purpose I contrived the following apparatus:—I placed the limb in a hollow-jointed splint, deeply excavated behind, so as to leave the posterior surface of the joint free. At the upper part of this hollow I fixed a piece of elastic gum, about two inches square and a third of an inch thick, by means of narrow tapes passed from within outwards through two holes made on each side. At the two inferior angles were fixed two other tapes, which I also passed from within outwards through two holes bored on each side of the lower margin of the

excavated portion of the splint. I then applied the piece of elastic gum above the upper fragment, and by gently drawing the lower tapes brought it easily into contact with the inferior fragment. Fearing, however, that this pressure might cause some pain, I loosened the tapes a little, satisfied that a slight but continued action would overcome the muscular resistance.

The fragments became gradually approximated, merely taking care to tighten the tapes according as they became relaxed, and at the end of six weeks were so close that the finger could scarcely detect the interval between them. About the thirtieth day I began to give a little passive motion to the joint; this caused a little pain, not in the joint, which all along was free from any inflammatory action, but in the soft parts of the forearm, which for a long time continued indurated by the blood infiltrated in their substance and beneath the integuments, which, after two months and a half had elapsed, retained the yellow hue of old contusions. The patient, however, could execute with facility the fullest movements of flexion and extension.—*Gazette des Hôpitaux*, in *Dublin Medical Press.*

Extirpation of the Velum Palati.—This operation was, according to the Editor of the *Annales de Thérapeutiques*, first performed by M. Blandin, who resorted to the ligature, believing that excision with the bistoury was liable to be followed by dangerous hæmorrhage. That such may be the case is not to be disputed, as death from that cause occurred to a patient operated upon by M. Roux, but that it is not an insurmountable feature of the operation appears from the following case reported by M. Minich, Clinical Professor of Surgery at Padua:—

A man, aged 34, first complained of difficulty in swallowing, in the winter of 1847. He was subsequently admitted into the hospital at Padua, as the subject of polypus of the pharynx; examination, however, proved that it was a much more formidable affection,—namely, encephaloid disease of the velum palati. This part was a quarter of an inch thick, and studded behind with encephaloid tubercles, which were also located in the posterior aspect of the pharynx. The pillars of the fauces and the tonsils were likewise involved, the nostrils were impervious, and the tongue was pushed to the right side. M. Minich at once proceeded to remove the deceased parts by incision, removing first the velum pendulum palati in totality. This was followed by hæmorrhage, for which the actual cautery was used in vain, and the bleeding was only checked by plugging with lint dipped in alum, as is done in severe epistaxis. The remainder of the disease was destroyed subsequently by several applications of the actual cautery, and the man went out cured. (!)

Hydrarthrosis of the Knee; New Variety.—A man, aged 40, of good constitution, came into hospital for a dropsy of the right knee-joint. The disease had existed for two years, and was unaccompanied by pain, or other inconvenience, with the exception of difficulty in moving the limb. The joint was greatly enlarged, tense, and fluctuating. In examining the fluctuation below the patella, an immense number of small bodies were felt to glide beneath the fingers, similar to the touch to the hydatid cysts which are sometimes found in the wrist. M. Velpeau said that he had never seen a case of the kind before, and was doubtful of its being a curable affection. He covered the knee with a large blister, by which the fluid was partially removed, but it speedily re-accumulated under the constant irritation produced by the bodies before mentioned.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS.

This Academy has during the past month resumed the interminable discussion respecting the connection between intermittent fever and certain conditions of the spleen. It also discussed a memoir on the *diseases arising* from the use of lead by M. Legroux, neither of which offer matter of interest.

ERGOT IN RETENTION OF URINE.

M. Allièr read a communication on the use of *ergot in retention of urine.* According to him:—1. Ergot restored contractility to a bladder which has been paralysed by over-distension. 2. It has succeeded when other remedies have failed. 3. It has been equally successful in paralysis of the bladder following apoplexy. 4. It does not exert any beneficial influence over hemiplegic limbs. 5. It is useless in retention of urine from enlarged prostate. 6. The medicine must be given in repeated small doses; but it may amount to a drachm and a half per diem.

[A case illustrative of the good effects of the ergot in retention of urine is related by Dr. Jeffreys, of Liverpool, (now of Shrewsbury,) in the *Provincial Journal* for 1844, p. 44. Dr. Ross, of Cambusmore, in the county of Sutherland, reports a similar case. See *London and Edinburgh Monthly Journal* for January, 1844, and *Provincial Medical Journal*, vol. vij., p. 378. See also Johnson's *Medico-Chirurgical Review* for July and October, 1839.]

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DES SCIENCES, PARIS.

ACIDITY AND ALKALINITY OF THE FLUIDS.

The only memoir presented to the Academy of Sciences, worthy of notice in the pages of this Journal, is one by M. Andral on the "Acidity and Alkalinity of the fluids in health and disease." The object of the memoir is to inquire whether such fluids as are physiologically acid or alkaline respectively, are capable of being reversed under disease. The author has examined most of the fluids of the body, including the serum of the blood, the sweat, the tears, urine, &c., and has come to the conclusion that their acid or alkaline characters are far more constant than is generally supposed, and thus with the exception of the urine, little or no deviation from the physiological state is impressed by disease.

POOR-LAW MEDICAL CONVENTION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In addressing myself to the meeting, at Bath, as Treasurer to the Poor-Law Medical Officers Committee, I felt reluctant to occupy the time of the meeting, precious as it is, or ought to be, and fear that my appeal, insufficiently expressed, was not properly understood.

It must be manifest that since the great meeting of the Poor-Law Medical Officers, in London, in October last, and the appointment of a Committee to act on their behalf, considerable expenses must have been incurred. Their labours have involved charges for advertisments, printing, stationary, postage-stamps, and the salary of an Assistant Secretary.

You, sir, very kindly and properly give gratuitous insertion to our advertisments in this Journal, and the National Institute favours us with the free use of their office.

To defray the expenses, subscriptions of small sums, chiefly from the Poor-Law surgeons, have been received, including the handsome donation of ten pounds from Mr. Pennington, the President of the National Institute; but when it is considered that papers were to be forwarded to 2914 medical officers of Unions, the correspondence which ensued, with the various items of expense already mentioned, it cannot be matter of surprise that further contributions are become indispensably necessary.

By the statement of the Treasurer's account appended to the report recently issued, there was a small sum in hand, since which, however, the balance of account is on the other side.

The perusal of the report, of which a thousand copies have been printed, with an equal number of the "Address to the Public," which have been reprinted in the Journal, will show that the labours of the Committee have been of no small amount; in fact, much more considerable than is generally supposed. Gentlemen have come up repeatedly from Buckinghamshire, Derbyshire, Staffordshire, and even Lancashire, devoting their invaluable time, and at no small expense, to the object in view.

Those members of the Committee who reside in the metropolis and its neighbourhood, have been able to give a more frequent attendance, still at some expense, and the application of valuable time, and of earnest and patient thought.

Under these circumstances the profession at large would not wish the members of the Committee to be without pecuniary resources to defray the very moderate, but essentially necessary, expenses which will accrue; and it is acknowledged, that not only the Poor-Law surgeons immediately interested, but the whole profession should unite in giving support to the cause, as unquestionably the credit, respectability, and honour, of the whole medical profession, of which we sometimes boast, may fairly be considered as identified in the cause of the Poor-Law surgeons.

The report, in the pamphlet form, with the "Address to the Public," was offered to the acceptance of gentlemen attending the recent meeting at Bath, and I shall be happy to forward copies to those who have not yet seen it.

I shall now be glad to receive subscriptions towards defraying the expenses necsssarily incurred for official purposes by the Committee, by Post-office order, or otherwise, and remain,

Sir,

Your very faithful servant,

THOMAS MARTIN.

Reigate, August 25, 1848.

CORONERS' INQUESTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I shall be glad if you will insert the following cases in the *Provincial Journal*.

Your obedient servant,

AUGUSTIN PRICHARD.

Bristol, August 23, 1848.

An old gentleman called upon me some time ago labouring under *bronchitis senilis*, to such an extent, that after prescribing for him, I felt much relieved when he was placed in a fly, and taken back to his hotel. The next morning he was found dead in his bed by the porter who had been directed to awake him. An inquest was held, and the porter who found him was called upon to give evidence, as was also a neighbouring medical man, who had been called in, in the hurry of the moment, when the gentleman was discovered to be dead, and who, without having seen him during life,—without any *post-mortem* examination, and in thorough recklessness of all medical etiquette,—helped the jury to arrive at the conclusion that Mr. Prichard had ordered the patient some pills and drops for his cough, and that he was found dead in his bed.

A few days ago I was called about six, a.m., to see a child, which was said to be very ill. The child was dead, and its body nearly cold. From what I could learn by inquiries, I suspected that it had been overlain. An inquest was held, and the jury having looked at the body, determined that the child had died in a fit! In both cases I had left word that I was ready to attend if it was deemed requisite, thinking, of course, that in both, but more especially the latter, an examination of the body was indispensable.

Some years ago, a surgeon of this city died rather suddenly, after a month's confinement to bed, from an accident. The coroner insisted upon an inquest, and took occasion to express his opinion of the great *importance of coroner's inquests*. The two cases which I have just adduced authorize us to conclude, that by these words he merely meant to express, in an abbreviated form, the *importance to the coroner of his receiving his fees for the inquests*; for it was a mere form, no cause of death was discovered in either instance, and any real value of an inquiry of this nature was completely nullified.

There may possibly be some remote advantage in publishing such abuses in medical journals; but it is only to avoid the charge of bringing myself unnecessarily, and in an unprofessional way, before the public, that I do not send these remarks to one of our local papers.

REMARKS ON THE USE OF PETROLEUM IN ASIATIC CHOLERA, AND THE PROBABLE ADVANTAGES OF PHOSPHATE OF SODA AS A REMEDY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Dr. J. Tunstall, of Bath, in the *Provincial Medical and Surgical Journal* for July 12th, states that pure petroleum is a powerful stimulant, and that it owes its stimulating qualities to the large proportion of pure carbon which it contains.

He says that Asiatic cholera is a disease attended with an alteration and decomposition of the vital fluids, an assertion which I am by no means disposed to deny, and that on the authority of Dr. John Davy, there is less carbonic acid in the respired air of cholera patients, than in that of healthy people. The remedial agency of petroleum, therefore, is due to its supplying that element, (carbon,) in which the blood of cholera patients is deficient.

Dr. Tunstall, at the same time that he considers petroleum to be of special benefit, because it contains no element but hydrogen and carbon, administers it with two diffusible stimulants, brandy and ammonia, the latter of which, saving that it is exhibited in the form of carbonate, is devoid of carbon. The analysis of blood in health varies so much, that it is not surprising it should do so in disease. According to Dr. Davy, the venous blood in cholera contains less carbonic acid than in health; and Dr. Stevens says, that "it is a fact that the arterial blood contains less air," by which, I presume, is meant oxygen or atmospheric air. Heller, ("Simon's Chemistry," vol. i., p. 326,) says, that "from the carotids of a man, who died from spasmodic cholera, the blood was of a very dark colour and of a tolerably thick consistency." May not carbonic acid have been present in the arterial blood, in quantity equivalent to its deficiency in the venous blood, owing to its imperfect elimination from the lungs during respiration?—or may it not have been carried off by the serous discharges from the bowels?

Dr. Stevens, in his work on the blood, attributes to the saline ingredients the power of converting black into red blood; and, as in cholera, the saline ingredients are diminished, (for, by the researches of Dr. Thompson, the serum of cholera blood is diminished, and the crassamentum increased, while the alvine discharges consist principally of serum and coagulated fibrin, the serum being much larger in proportion to the fibrin than in the blood,) may not this diminution of the saline matter serve as an important indication to the treatment of the disease; and may not the maintaining of the supply of serum prove more beneficial than the adding of an increased quantity of carbon to the blood, which possibly contains already as much or more carbonic acid than healthy?

The relative condition of venous to arterial blood in this disease is worthy of further investigation. In the different analyses of healthy blood, we find, according to Marcet, it contains carbonate of soda; to Berzelius, lactate of soda, soda, and phosphate of soda, besides other saline ingredients, especially the muriate of soda; while Liebig says that it contains no carbonate of soda, nor free soda, but that it owes its alkalinity to the presence of *phosphate of soda*, and he says, "there is no known salt, the chemical characters of which approach more closely to those of the serum of the blood, than the phosphate of soda, there is none more fitted for the absorbtion and entire removal from the organism of carbonic acid with great facility."

Dr. Stevens having altogether omitted any allusion to phosphate of soda, as an important ingredient in the blood, notwithstanding his doctrine of the saline treatment in cholera, and being apparently unaware that it possesses the value attributed to it by Liebig, is it not probable that the *phosphate of soda* may prove of great benefit in the further carrying out of Dr. Stevens's saline treatment, of the merits of which many practitioners are fully convinced!

The remedial powers of petroleum or native naphtha will soon be made known. The mortality, by the latest accounts from Russia, being so great, as to lead to the supposition either that it has not been generally employed as a remedy, or that it is useless.

I have the honour to be, Sir,
Your most obedient servant,
EDWARD TWINING.

27, Albion Street, Hull, July 27,

EFFECTS OF THE DIRECT APPLICATION OF CHLOROFORM TO A DECAYED TOOTH.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following brief account of the effects of chloroform, and which I should have forwarded some time since, but have been prevented by many circumstances, may not be considered unworthy of the space which it will occupy. The case is a most simple one, and the relief was (if I may so term it,) *quite magical*. I have neither read nor heard of its application in any similar case, much as we have heard of its utility in dental surgery, so far as the avoidance of pain during the drawing of the tooth is concerned, and all who require this operation would, I opine, very much prefer this "nectar" of medicine, if it preserved to them a useful tooth, and the symmetry of their mouth. The following is my case:—

"A gentleman who had suffered often and severely from a decayed tooth, and which he was very loth to part with, but which he thought must be extracted,—asked my opinion as to the propriety of inhaling chloroform during its extraction. It then struck me—why not try the *immediate* application of this fluid as a styptic? I proposed it; he acceded; and I consequently ventured to poach on the dentists' preserves; and having cleared out as much as possible of the decayed matter, (an operation attended with excruciating pain,)

I moistened a small piece of jeweller's softest wool with six drops of the chloroform, and put it into the hollow tooth. In a shorter space of time than I write the words "the pain was gone." My tale is told, and I have only to add, that creosote and other usual remedies had been frequently tried without any beneficial results. Hoping that this will not prove an isolated case,

I am, Sir,
Yours faithfully,
BENJAMIN BARROW.

Ryde, Isle of Wight,
August 31, 1848.

THE DINNER, AT BATH: DR. WOOD'S SPEECH.

We give the following corrected report of the observations made by Dr. Wood, at the Dinner of the Association, at Bath. The position which Dr. Wood occupied at the meeting, as deputed from the Medical Association of America, must render whatever fell from him on that occasion of deep interest, not only to the members of the Association, but to the profession generally:—

"Mr. Chairman and Gentlemen,—It is with emotions that I fear may prevent the expression of all I feel on this occasion, that I rise to thank the present company for the honour they have done me, and more especially for the honour they have done my country through me. Science is universal and everywhere identical. Born of the necessities and faculties of our nature, and devoted to the good of mankind, it is one in its origin and aims, and should be cultivated by all in a spirit of brotherhood. If it be true of the great system of the sciences, that they are held together by one pervading principle of union, it is still more true of them in their subordinate relations; as, in the solar system, though the several planets are united in one great whole, each is influenced in its own constitution by a yet stronger force of attraction. Thus, as cultivators of science in general, we have a certain connection, but a still closer one as medical men; and there is yet an additional tie between the profession here and in America. We have the same origin, the same language, to a great extent the same literature; and draw all our knowledge (our professional knowledge, I mean,) from almost the same sources. We are the children of one common mother, and should therefore feel as brothers. Standing here as the representative of the profession in America, I may say, as the representative of the intelligence of America, (for the feelings of the medical men of a country may be taken as a standard of those of its intelligent inhabitants,) I may venture to say that, in our land, there prevails almost universally among the well-informed a kindly disposition towards the mother-country; and it should be our anxious wish, upon both sides, to cultivate this friendly feeling, and to cause it to flow from the intelligent ranks, down, through all gradations of knowledge, to the very humblest in society. With the best properties of several races in our character, as we have their blood in our veins, we, the English and Americans, constitute, I think, the finest race of men upon earth. With the impulsiveness of the Welshman or Celt, the steadiness of the German or Saxon, and the energy and determination of the Norman, we are destined to go on, as we have begun, filling the waste places of the globe; and, unless interrupted in our progress by the strife of ambition, or false notions of interest, we shall probably continue to advance, until the whole earth becomes impregnated with Anglo-Saxon sentiment, Anglo-Saxon institutions, and Anglo-Saxon religion; and such a consummation is to be most earnestly desired.

Medical Intelligence.

THE CHOLERA.

The cholera appears to be gradually subsiding at St. Petersburgh and Moscow, but we understand it is still raging in several places in the interior of Russia. It is also now prevailing at Abo, in Finland; in the province of Gallicia, in Poland; in Berlin, and at Stettin, in Prussia. In Egypt and Asia Minor it has been making fearful ravages. At Aleppo, between the 17th and 19th of July, nearly a thousand persons died from the disease. The Vienna papers of the 17th and 18th of August state that the disease is exceedingly malignant at Riga, the deaths being 100 daily out of a population of forty to fifty thousand.

SOCIETY OF APOTHECARIES.

Gentleman admitted Licentiates Thursday, August 17th, 1848:—Draper Mackinder, Barton-under-Needwood; George Robert Cubitt, Norwich; Frederick Charles Cory, London; John Seager Gundry, London; George Grayling, Sydenham.

OBITUARY.

Died, August 7th, at Stockholm, aged 69, the Baron Berzelins, Perpetual Secretary to the Royal Academy of Sciences, at Stockholm, and Foreign Associate of the Institute of France.

August 21st, at Paris, aged 43, M. Hamont, Founder and late Director-General of the Veterinary School of Abou-Zabel, near Cairo.

BOOKS RECEIVED.

Contributions to the Pathology of the Kidney. By William Gairdner, M.D. Edinburgh: Sutherland and Knox, 1848. 8vo. pp., 54.

Arguments against the Indiscriminate Use of Chloroform in Midwifery. By S. William J. Merriman, M.D., Cantab., Licentiate of the Royal College of Physicians, &c. London: Churchill. 1848. 8vo. pp. 27.

Oratio ex Harveii Instituto in Ædibus Collegii Regalis Medicorum habita Die Junii xxiv; 1848. A. Francisco Hawkins, M.D., Coll. Reg. Med. Lond. Socio et Regestario. London: Churchill. 1848. 4to. pp. 27.

Report of the Council of the National Institute of General Practitioners in Medicine, Surgery, and Midwifery, on the Present State of the Medical Reform Question. London. 1848. 8vo. pp. 84.

TO CORRESPONDENTS.

Communications have been received from Dr. Blackmore; Mr. A. Prichard; Mr. T. Martin; an Irish Apothecary; Mr. Cotton; Mr. Barrow.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

A CLINICAL LECTURE.

Delivered at the Leeds Public Dispensary.

By J. D. HEATON, M.D., Senior Physician to the Dispensary.

Hypertrophy and Dilatation of the Heart, with diseased Aortic and Mitral Valves; Dropsy; Albuminuria.

Wm. Hardy, admitted into the Leeds Dispensary, in January, 1846, aged 19. A stout lad, of middle size, face bloated and of a deep purple-red from venous congestion. He has been subject to palpitation for several years, but without cough; his health has been so bad that he has not been able to work for some years. For the last nine months he has been much worse than usual, suffering much from palpitation and dyspnœa. He has already had much treatment: he has been salivated, and has had frequent applications of leeches and blisters, and likewise a seton over the cardiac region. Latterly, œdema of the legs had supervened, and he has been incapable of any exertion. The immediate cause of his admission to the Dispensary was his having fallen down in a fit, insensible. For this he received immediate treatment by leeches applied over the heart, and purgative medicines. I first saw him the following day.

Symptoms.—The face was purple and bloated; body and legs much distended with dropsical effusion; feet cold; breathing much oppressed; pulse small, feeble, very irregular; tongue large, purple, thickly loaded with a yellow moist fur; urine very scanty, not more than from one to two ounces per diem, of a dark brown colour, free from albumen, but containing a copious pink-coloured deposit, which examined under the microscope was seen to be partly amorphous, (lithate of ammonia,) partly in crystalline grains, (lithic acid;) bowels open; some tenderness and occasional pain over the region of the liver.

Physical Signs.—The front of the thorax was rounded and very prominent; on applying the hand over the heart, an irregular tumultuous motion was felt; the impulse diffused but without much force, most perceptible near the left edge of the sternum, two inches below the nipple; extensive dulness of stroke-sound over the heart, reaching from two inches above, to the same distance below, the left nipple; and in breadth, from the right edge of the sternum to two inches to the left of the left nipple. The first sound of the heart obscure, but accompanied with a loud blowing murmur, loudest over the middle of the sternum, which might be traced along the course of the aorta; and heard likewise, but fainter at the apex of the heart; no second sound audible. Breath-sound heard distinctly down to the base of the lungs behind, and free from muco-crepitation. Extensive dulness over the region of the liver.

Diagnosis.—Hypertrophy with dilatation of the heart; obstructive disease of the aortic valves, and regurgitant disease of the mitral; no effusion into the pleural cavity.

The treatment was the common diuretic pill of squills, digitalis and blue pill, a diuretic saline mixture with sulphuric æther; and a large blister between the shoulders. Under this treatment the respiration was soon relieved, and the urine became more copious, at the same time losing most of its sediment, but remaining high-coloured, of sp. gr. 1016. The pills were continued, the æther omitted from the mixture, but a saline added, together with the iodide of potassium and Vinum Colchici to keep up a free action on the liver, and kidneys, and intestinal surface. Under this treatment all dropsical effusion was soon removed, the urine assumed a more natural character, and the stools became more bilious, at the same time that the general symptoms were all relieved; there was no palpitation; the pulse became firmer and less frequent, the tongue cleaner and less purple, and the face less congested.

A more tonic treatment was subsequently adopted, and the patient continued for some time in a more comfortable state than he had experienced for long previously.

In the middle of February there was no marked change in the general symptoms, but the urine again contained a pink sediment; though still moderately abundant, it was high coloured, rather dense, of sp. gr. 1025, and was now decidedly albuminous; it was so abundantly charged with urea, that without any concentration, on the addition of its own measure of nitric acid, a copious crop of crystals of nitrate of urea were deposited. A repetition of the physical examination only confirmed the results of the former one; the second sound still remained inaudible.

The patient continued, on the whole, much better till March, having only one or two slight relapses, of which the chief symptoms were increased palpitation and more scanty urine. He was discharged for the time, but with an injunction to apply again should he become worse.

In July this patient applied again for admission.

He had been out of Leeds and was somewhat better for a time; but had latterly considerably relapsed. Most of the symptoms were similar to those which had presented on his previous admission—face bloated and purple; body anasarcous; tongue large, and purple; urine very scanty and high-coloured, containing much pink deposit of lithate of ammonia, mixed with crystals of lithic acid; considerable pain and tenderness over the liver, and likewise at the pit of the stomach; palpitation and dyspnœa as usual. The result of the physical examination was likewise similar to that previously obtained; one prolonged, blowing, systolic murmur was heard, commencing with the impulse but prolonged beyond it, over the base of the heart, and along the aorta, but likewise at the apex, though less distinct; there was no second sound.

Saline purgatives and diuretics, with small doses of blue pill, squill, and digitalis, considerably relieved him; and in a few weeks he was in his ordinary state of health. He continued much in the same condition during the month of August, and was sometimes able to walk out for a short time; but on the 9th of September, after his mother had brought him his breakfast in bed, as usual, on returning to him in a short time, she found him on the point of death; he gave one or two gasps while she stood by him, and then breathed no more.

The *post-mortem* examination was made ten hours after death. The face had become pallid, but was still bloated; there was evident fluctuation of the abdomen, and the legs were œdematous. The cavity of the thorax contained a large quantity of clear serum. On removing the anterior walls of the chest, the heart was seen of great size, filling up all the front of the cavity, the lungs being pressed backwards, so as to be nearly out of sight. The pericardium contained much fluid, but both the serous surfaces were smooth and healthy, and there were no adhesions. The cavity of the left ventricle was much dilated and its walls were nearly an inch in thickness anteriorly; the septum between the ventricles was less than half this. The musculi papillares were hypertrophied to the thickness of a man's finger; the *columnæ carneæ* on the inner surface of the walls were large and unusually prominent. The membranous portion of the mitral valve was much enlarged, but not otherwise unhealthy; the orifice was dilated so as to admit of four fingers. On passing the finger upwards towards the commencement of the aorta, it met with an obstruction at the aortic valves; this was owing to the free margins of the semilunar valves having become adherent, so as to form a flat membranous septum at this point; a round opening being left in the centre, too small to admit an ordinary quill. The membrane of the valves was not indurated nor thickened. The commencement of the aorta itself was contracted. The cavity of the left auricle was much dilated; its walls were thin and membranous. The right cavities of the heart were likewise dilated; the right ventricle was considerably hypertrophied, but to a much less extent than the left. The tricuspid valve was healthy, but of an unusual form, consisting only of two segments, like the mitral valve. The cavities of the heart contained much black clotted blood. The heart when quite free from blood weighed one pound and a half. The lungs appeared free from disease, though unduly compressed by the large heart and the serum effused into the pleura, but were neither congested nor infiltrated with serum.

In the abdomen, the liver was much enlarged, projecting considerably below the margin of the ribs; the colour was a dark brownish purple, the surface uneven, with numerous projections, of an irregularly rounded form, about the size of a split pea; the substance of the liver was dense and hard, the colour of a section similar to that of the exterior, but mottled with lighter-coloured spots upon a dark ground. The kidneys were larger than natural, of a dark colour, the substance hard and firm, but not granulated. The thickness of the cortical structure had a proper proportion to that of the medullary part of the kidney.

I think the above case interesting both as presenting an unusual form of valvular disease, and as showing how well the physical signs served for diagnosis during life, and how consistently they are explained by the appearances observed in the *post-mortem* examination. The previous history gives no very satisfactory account of the origin of the cardiac disease. It may be a question whether the morbid condition of the aortic valves could possibly be congenital; there was not merely the obstruction caused by this, but an evident contraction in the walls of the aortic aperture. Where this condition exists congenitally, it is usually accompanied by some continuance of the fœtal communications between the right and left sides of the heart; but this was not found in the present instance. On the other hand there seems a difficulty in supposing inflammatory adhesions to be formed between the margins of valves, which are separated from each other by the current of blood with each ventricular systole; besides which, an endocarditis, causing such adhesions, might be expected to have left other consequences, such as thickening, induration, contraction, &c. But the membrane which formed this curious septum was smooth, soft, and translucent, with a round aperture in the centre, as though cut out with a punch. Dr. Hope, in his work on diseases of the heart, relates a case of aortic obstruction somewhat similar to this, with an engraving of the appearance of the aortic valves, (case of Hedgley, p. 564, 3rd edition,) which was "manifestly referable to endocarditis ten weeks before death;" but in his case the valve was contracted by fibro-cartilage, and the aperture is represented considerably larger than that of the preparation from the case above narrated. Besides this case of Dr. Hope's, I remember no record of any other with similar disease of the aortic valves. I have seen described, and likewise myself met with, a condition of the *mitral* valve which may be analogous to that of the aortic valve in the case under consideration; the margins of the two segments of the valve have adhered through the greater part of their length, thus forming a funnel-shaped projection into the left ventricle; and this condition may exist without thickening or contraction of the membrane

of the valve. There seems almost as great an *a priori* objection to the probable occurrence of such adhesion in the case of the mitral, as of the similunar, valves.

Besides this condition of the semilunar valves, there was no other appearance of previous inflammation, either in the internal or external membrane of the heart, the effusion into the pericardium being merely dropsical. The other morbid changes in the condition of the heart are clearly referable to the aortic obstruction. The resistance here offered to the escape of blood from the left ventricle, would necessarily cause more forcible contractions of the heart to effect its evacuation; these, by their continuance, must cause hypertrophy, but being still insufficient to counteract so great an obstruction, the tissue must gradually yield, and thus dilatation follow. These effects would take place first, in the left side of the heart, where their cause is situated, and then extend to the right side, the resistance to the circulation being communicated through the vessels of the lungs; besides which communication through the pulmonary veins and arteries, the excited action of the one part of the heart must be communicated to the other through its own tissue, the muscular fibres of the two sides of the heart being (as Dr. Williams has pointed out,) so blended with each other, that one cannot be aroused into increased activity, without the other sympathizing likewise in the excitement.

The "fit" which led to this patient's admission to the Dispensary was probably caused by extreme venous congestion of the brain; the bloated and purple appearance of the face on the following day, when I first saw him, showed how much venous congestion still existed. Such a state is a necessary consequence of so serious an obstruction, as existed here to the exit of the blood from the left ventricle, and of a dilated and permanently patent state of the mtiral valve, the blood being constantly thrown back through the pulmonary vessels upon the right side of the heart and the venous system. There is another not improbable explanation of the fit,—viz., that it was a state of syncope, consequent upon a partial arrest of the heart's action due to its congested and overloaded condition. It is to this latter cause that I attribute his sudden death some months subsequently. Not having seen the patient at the time, I am unable to decide confidently between these two explanations, but there seems to me some objection to the latter, in the doubt whether the patient could have probably been aroused from the state of syncope so caused, before it had terminated in death.

The diagnosis which I have given above of the condition of the heart, is what I have written down in my notes of the case, after making the examination; therefore, long previously to his death. It is that which naturally suggests itself from the physical signs detailed, which are still further explained by the appearances found upon actual inspection of the heart after death. Hypertrophy of the heart was implied by the unnatural prominence of the front of the thorax, the extent over which the movements of the heart were perceptible, the extent of the dulness of the stroke-sound, and the dull character of the first sound of the heart. The dilatation was rather a matter of inference, from the great external size of the heart and feeble impulse, and as a probable result of the valvular disease. Placing the stethoscope over the base of the heart, a blowing murmur was heard accompanying the first sound, which might be traced upwards along the course of the aorta. This sound accompanying the first sound of the heart, which is contemporaneous with the ventricular systole, must be caused by the current of blood out of the ventricle; and its being audible along the course of the aorta, implied that its seat was at the commencement of this vessel,—that is, at the aortic valves, where any roughness of surface, irregularity of form, or contraction of calibre, may serve to throw the blood into sonorous vibrations. But this morbid sound was likewise *prolonged*; implying that the vibrating current of blood, by which it was caused, passed slowly out of the heart, as though meeting with some obstruction.

Upon these observations then, was founded the diagnosis of obstructive disease of the aortic valves. When we see how great the obstruction really was at this point, we cannot help wondering that the circulation could be carried on at all, with that degree of efficiency necessary to continued existence; the whole blood of the body having, in each circulation, to pass through an aperture less than an ordinary quill. A small and feeble pulse was inevitable in such a condition of the valve: and its irregularity which we have likewise mentioned, accompanies all forms of extreme valvular disease. It is only in extreme cases of aortic contraction, Dr. Hope says, that we find the pulse small, weak and irregular. But another murmur was likewise heard accompanying the first sound of the heart, and which might be traced in an opposite direction, viz., downwards, to the apex of the heart, where it was most distinct. Murmurs heard in this position have their origin in the auriculo-ventricular valves, (most usually the mitral,) the sound being conducted by the musculi papillares and the walls of the ventricle to the apex of the heart, where it strikes against the parietes of the chest at each systole. A murmur in the mitral valve accompanying the contraction of the ventricle, must be owing to the escape of blood backwards out of the ventricle into the auricle, in consequence of the imperfect closure of the valve. Thus was established the second part of the diagnosis of the valvular disease,—viz., mitral regurgitation; and this was shown in the *post-mortem* examination to be the result of the general dilatation of the walls of the ventricle, by which the auriculo-ventricular opening was so much distended that the mitral valve was incapable of completely closing it during the ventricular systole, and thus regurgitation was allowed.

Another defect in the action of the heart, consequent upon the morbid state of the valves, was disclosed after death, which had not been previously diagnosticated, the conditions for producing the sign upon which such diagnosis could be founded, being absent. We allude to aortic regurgitation. In its healthy condition the aortic valve completely closes the orifice which it guards during the diastole of the

ventricle, so as to prevent any regurgitation into the ventricle of the blood which has just been forced into the aorta. But in the case before us, the semilunar valves, being converted into a flat membrane, stretched transversely across the commencement of the aorta, and having a small perforation in the centre, could not, it is evident, be so closed as to prevent regurgitation. The diagnostic sign of aortic regurgitation is a murmur accompanying, or supplanting the proper second sound; this was quite absent in this case, and the diagnosis was therefore not obtained. The evident explanation why this morbid sign did not co-exist with a regurgitant state of the valve, is, that the obstruction to the passage of blood into the aorta prevented this vessel ever becoming so distended as, (by the elasticity of its coats,) to force the blood back into the ventricle, with sufficient rapidity to cause sonorous vibrations in the current at the contracted aperture. Connected with this absence of aortic regurgitant murmur, I may likewise notice two other points depending upon the same cause: these are the entire absence of the second sound of the heart, which was noticed upon every examination during life; and the non-occurrence of that peculiar jerking pulse, which is usually so diagnostic of aortic regurgitation. It is the rapid closure of the aortic valves under the pressure of the column of blood contained in the aorta, which causes the natural second sound, but a valve so altered in form as we have seen this to be, was insusceptible of that flapping motion by which the sound is ordinarily produced. The jerking pulse which usually accompanies aortic regurgitation is owing to the arteries, which become distended by the influx of blood caused by each ventricular contraction, again suddenly losing their tension as the blood runs back into the heart; but here the blood could not enter the aorta with sufficient rapidity to produce the necessary distension of the vessels. The pulse was small and soft, not jerking.

Besides the heart, other organs were also the seat of disease which was diagnosticated during life, and which was apparent in the *post-mortem* examination. These organs were the liver and kidneys; and the disease in both was of an hyperæmic or congestive character, and doubtless dependent upon that of the heart. It is a general effect of diseases of the heart, impeding the transmission of blood through this organ, to produce congestion of other viscera which lie behind it in the course of the circulation. As the chief disease here was in the left side of the heart, and the lungs are the organ which lie immediately behind this, we might have expected to find in them much congestion of blood or serous effusion. This is common in analogous cases,—the blood, unable to pass freely through the left ventricle, is thrown back upon the lungs, and there distends its vessels, and part escapes as serum, causing serous infiltration. We had noticed (as is stated in the report of the case,) the absence of sub-crepitant, or mucocrepitant, rhonchus, which is the physical sign accompanying this condition of lungs; and the *post-mortem* examination showed that this condition was absent till the close of life. Can the pressure upon the lungs, of a heart so much enlarged, have given to the vessels of the former organs such resistance as to prevent their yielding to the force of the blood, and becoming overdistended? Some months before death, we had diagnosticated the absence of serous effusion into the pleura. After death we found a large effusion in these cavities. No examination upon this point had been made for a considerable time before death; and such effusions into the serous sacs very commonly occur at the close of life, indeed, in *articulo mortis*, especially where there is much tendency to venous congestion.

Tracing the course of the circulation backwards, the next important organs we come to are the liver on the ascending, and the brain on the descending, vena cava. The brain was not examined. With the exception of that attack with which my attendance commenced, there were no particular indications of disorder of this organ. The brain seems to suffer more in those diseases of the heart where the chief effect upon the circulation is communicated *forwards*,—that is, along the arteries, not backwards along the veins;—by hypertrophy, for instance, but without valvular obstruction. In such a case the blood is impelled along the arteries with undue force into the brain, and serious symptoms, either of cerebral excitement or congestion, may be produced.

There were, however, sufficient proofs during life of serious disease in the liver, which organ more, and sooner than any other, suffers from the congestion of the venous system, consequent upon valvular disease of the heart. The venous circulation through the liver, and the direct communication of the hepatic veins with the ascending vena cava, particularly favour this congestion. The chief symptoms of hepatic congestion were the dropsy, which, in the form of ascites, most commonly depends upon this cause; the pink sediment in the urine; the purple and congested appearance of the tongue, which condition of this organ, from its anatomical connection with the abdominal viscera, more particularly indicates congestion of these parts; the tenderness over the liver, and the increased extent of the hepatic dulness of stroke-sound. When this extends below the margin of the ribs, it betokens either enlargement of the organ, such as is the consequence of congestion, or its displacement downwards, owing to some undue pressure exerted on it by the contents of the thoracic cavity. Both these causes conspired in this case.

The pathological conditions of the liver seem to have been extreme congestion, which had passed into inflammation. The *congestion* was shown by the large size of the liver, and its dark colour. On carefully examining the surface of a section, this was observed to be mottled, a darker ground being variegated with isolated spots of a lighter colour, corresponding with what Kiernan has described as the second stage of hepatic venous congestion. The first effect of congestion of the liver caused by obstruction to the free exit of blood from this organ, as by disease of the heart, is felt in those capillaries which, in the course of the circulation, are nearest to the seat of obstruction,—that is, in the capillaries in which the hepatic veins commence. These have their seat in the centre of each lobule, causing an appearance, when the congestion is

limited to them, of isolated dark spots, upon a paler ground. But, the obstruction continuing, the congestion extends farther backwards. The circumference of the lobules, where the capillaries of the hepatic, coalesce with those of the portal veins, likewise becomes congested, and thus the dark red-colour extends continuously from lobule to lobule, leaving interspaces here and there still uninjected. Such was the condition of the liver in this case. This high degree of congestion predisposes to inflammation; and the results of one of the forms of inflammation to which the liver is subject were apparent in the irregular lobulated surface. The inflammation producing this appearance is seated in the interstitial cellular tissue, in which, as a consequence, coagulated lymph is deposited, at first enlarging the bulk of the liver, but subsequently, by its strong tendency to contraction, diminishing its bulk, and giving to its substance greater density and induration. This subsequent effect of adhesive hepatitis had only been partially produced. The size of the organ was still excessive, depending both on its great congestion, and on the inflammatory deposit; but some contraction of the lymph in the cellular tissue, surrounding groups of lobules, had taken place, causing the depressions between the irregular projections seen on the surface.

A more advanced stage of this form of hepatitis, and where not complicated with so great congestion, constitutes the disease called cirrhosis, or the hob-nail liver, the former name being derived from the yellow colour of the liver, owing to the deposit of lymph in its substance, and the expression of the blood by the contraction of this lymph; the latter, from the irregularities on the surface resembling the heads of nails. At the same time the liver becomes very small, and acquires a dense hard texture. I think, very probably, the amount of contraction which may take place in this disease, depends, not merely upon the length of time that the contractile lymph has been effused, but upon the original property of the lymph. When the inflammation has been of a low character, and the blood poor in quantity, the lymph poured out is *cacoplastic*, incapable of perfect organization, and having a strong tendency (as Dr. C. J. B. Williams has pointed out in his "Principles of Medicine,") to contract and assume a dense, fibro-cartilaginous character. Cirrhosis is chiefly produced in habitual dram-drinkers, whose habits deteriorate the blood, producing the anæmiated shrunken appearance which such persons possess; at the same time that the spirit constantly introduced into the circulation of the liver excites adhesive inflammation, the results of which are *cacoplastic*,—contractile lymph, poured out from ill-conditioned blood. But where the same form of inflammation results from other causes, as in the case under consideration, and with blood of a better quality, there is less tendency to contract; and (especially when complicated with great hepatic congestion,) the liver may remain still large, although sufficient contraction has taken place to produce the usual irregularity of the surface. M. Becquerel considers heart-disease the most common cause of cirrhosis. We agree with Dr. Budd in considering the hepatic congestion commonly produced by heart-disease a strong predisposition, but that some other exciting cause is likewise required; of these, though there may be many others, none is so common as spirit-drinking.

The kidneys were likewise the seat of disease, having a very similar pathological character to that of the liver, arising from the same cause. Their large size, and deep colour, were the marks of congestion, and their dense and firm substance probably depended upon the same cause as did the same properties in the liver,—viz., the interstitial deposition of adhesive lymph. We think the kidneys were, in an early stage of that disease, which in a more advanced form is known as the granular kidney; and we consider this disease to be very similar in its nature to cirrhosis in the liver,—that is, to depend on the deposition of a cacoplastic contractile lymph in the interstitial cellular tissue, causing, in both cases, when fully developed, a diminution in the size of the organ, and great increase of hardness and density, and producing an irregularity of the surface in both cases. These irregularities are of a granular form on the kidney, more polyhedral on the liver, the difference depending upon the different distribution of the interstitial cellular tissue, and the secreting structure in the two glands. In both cases, likewise,—viz., in cirrhosis and in granular kidney, we have the same pale yellowish-colour of the diseased organ, depending upon the prevalence of the morbid lymph, and the obliteration of the natural tissue.

In the kidneys, however, in this case, as we have seen in the liver, not much contraction had occurred up to the time of death. No irregularity of the surface was produced; but the nature of the disease was illustrated by the symptom of albuminous urine during life, the more pathognomonic symptom of the morbus Brightii, which terminates in granular kidney.

There were one or two particulars with reference to the characters of the urine, worthy of some notice. The pink sediment was of as full and decided a pink colour as is often seen. This kind of sediment is usually regarded as a symptom of visceral disease, and especially of disease of the liver. Prout says he has never seen a pink sediment co-exist with albuminous urine; this combination, however, existed in this case, and there seems no, *a priori*, improbability of the co-existence of these symptoms.

It is true that in that form of liver disease,—viz., cirrhosis, which, more than others, accompanies the granular degeneration of the kidney, (of which latter, albuminous urine is usually a symptom,) we do not commonly meet with a decidedly pink sediment in the urine; for the pink sediment usually accompanies the congestive or hyperæmic diseases of the liver, with much functional derangement of its proper secreting functions. Whereas, in simple cirrhosis, the inflammation being seated in the cellular tissue, rather than in the secreting structure of the liver, the function is not much interfered with, until the contracting lymph causes a mechanical pressure upon all the textures, and blood-vessels and biliary ducts become gradually obliterated. But there is no reason why other congestive or inflammatory affections of the liver should not co-exist with granular disease of the kidney; and

farther, we may have serous urine independently of granular disease of the kidney.

The form of the crystals of lithic gravel in the urine, observed under the microscope, was unusual, and what I have seen in no other case but this. A common form is that of lozenge-shaped lamellæ. In this, the outline was very much like that of a barrel. I think this unusual form was produced by the truncation of the four angles of the lozenge, and their being replaced by planes. They answered to the chemical tests of lithic acid.

I have before said that I consider the immediate cause of death to have been syncope. The heart, overworked by having constantly to propel the blood through a contracted aortic aperture, and part of the force of each ventricular contraction being lost by regurgitation, and its contractile power being still further enfeebled by congestion of its own tissue, at length ceased to act, arterial blood no longer circulated through the brain, and death was the result.

Probably the pressure of the stomach, distended by the food which had just been eaten, upon this embarrassed heart, increased the obstruction to that degree which could not for a moment be overcome, and death occurred before the heart had time again to collect its powers to continue the contest. Had diffusible stimulants been promptly administered, before life was extinct, this might have enabled the heart to rally, and pursue its weary task for somewhat longer.

I shall say very few words upon the *treatment* of this case. From the time when it first came under my notice, it was evidently one for palliatives only, and was not susceptible of cure. The organic injury to the valves of the heart could not be repaired; we could only endeavour to relieve or obviate the consequences of such a lesion. Before I first saw the patient, the great congestion which accompanied the attack which led to my attendance, had been properly relieved by moderate local depletion. The probability of cerebral congestion, likewise, might have suggested a more active depletion by the lancet; but in such disease of the heart, the tendency to fatal syncope should enforce the greatest caution and discretion in the removal of blood. The moderate depletion which had been practised, together with a brisk purgative, had relieved the more urgent symptoms; and the chief indications were then to remove the great amount of visceral congestion, and that of the heart, by promoting the secretions, and by counter-irritants deriving to the surface. These indications were fulfilled by the application of a blister, and by saline purgatives and diuretics, acting freely on the intestinal mucous membrane, and liver, and on the kidneys; and the action on each of these secreting organs was likewise promoted by the valuable combination of blue-pill, with squills and digitalis, so much in use. The mercurial was continued till the gums were slightly affected; after which the iodide of potassium, a milder remedy, but possessing a similar action, was substituted. Under this treatment all the secretions became more free, and as a consequence, the general congestion of the venous system was much relieved. A mild tonic treatment was then adopted to improve the tone of the system, and enable it better to contend with the incurable organic lesion; but still combined with mildly diuretic and cholagogue remedies, to keep the secretions free, and counteract any constringing action on the part of the tonic medicines. At the same time, exercise only of the quietest kind, and the avoidance of all excitement were strictly enjoined; and a nutritious diet, but unstimulating, and not too much diluted with watery liquids, which are rapidly conveyed into the veins, increasing the distension of these vessels, and adding to the labour of the heart, but supplying no materials for textural nutrition. Under this plan of treatment he enjoyed, for a considerable interval, a more comfortable degree of health than had fallen to his lot for long previously; but the over-wrought heart was constantly strained to its utmost power; and like the last straw which broke the camel's back, the slight obstruction occasioned by a distended stomach, seems to have been the trivial cause of the final arrest of its motion.

CASE OF FUNGUS HÆMATODES IN THE BRAIN.

By John Prankerd, Esq., Surgeon, Langport.

The records of surgery furnish numerous instances, in which patients have lived a considerable time with balls and other foreign bodies lodged in the cavity of the cranium; but I believe there are few recorded where the substance of one hemisphere of the brain has been nearly destroyed, and yet the patient lived many years with the intellectual faculties unimpaired. The following case I venture to bring before the Association, as affording some points of interest, particularly with reference to certain views that have been recently promulgated by the late Dr. Wigan, and which it would appear to corroborate:—

Mary Gillard, aged 44, married, menstruated regularly, and mother of several children, for the last ten years of her life suffered from intense pain in the head, occurring at intervals, and for nearly the whole of this time (nine out of the ten years,) was completely blind. For the last few years, her health was evidently affected by the continued suffering she endured. Latterly, counter-irritation, such as setons, issues, and the long issue through the scalp, were principally relied on, but afforded only temporary relief, and she was gradually worn down by the suffering, and ultimately sank, exhausted. Throughout the whole period her mental powers were unimpaired; she was very conversible and intelligent, and her symptoms were not such as would indicate that much structural disease of the brain existed.

Autopsy, eight hours after death.—The head only was examined. The right hemisphere of the brain was healthy; the *left* rather softened, and the anterior and inferior portion was occupied by a firm tumour, weighing upwards of eight ounces, of an oval shape, and occupying more space than a cricket ball. In appearance it was of a dark purple colour, and in structure lobulated. The optic nerve was found

extremely small, having suffered gradual compression during the increase of the tumour.

The tumour I sent to a pupil studying at King's College, and it was examined by Mr. Bowman of that Institution, who pronounced it to be a decidedly fungoid growth. In some portions the blood-vessels had given way, constituting fungus hæmatodes, and other parts presented the character of medullary sarcoma. A section examined under the microscope presented a number of healthy nucleated cells, interspersed with some that were diseased; the latter were larger than the former, and contained within them smaller cells. In the substance of the tumour numerous fibrous bands might be discerned with the naked eye. The tumour was highly organized, and very vascular. Mr. Bowman thought the case extremely interesting from the unusual size of the tumour, the slowness of its growth, (ten years,) and the absence of any disturbance in the functions of the brain. This last circumstance is perhaps the chief peculiarity connected with this case, and when we think that for a considerable time, nearly the whole of the left hemisphere of the brain was obliterated, and occupied by a malignant tumour, without interfering with the operations of the mind, the fact seems explicable only on the views of Foville and Wigan,—that the two hemispheres constitute two distinct brains, (connected, it is true,) but each, individually, capable of carrying on the various mental operations independently of the other, just as we see in the eyes, ears, &c.

In addition to the analogies presented by the special senses in support of the theory of the duality of the mind, numerous facts, hitherto inexplicable in health, but more especially in disease, point to this source for an explanation. The phenomena of insanity, which have occupied the thoughts of the profoundest minds, and are still involved in mystery, afford many instances corroborative of Dr. Wigan's views. He considers each brain as a perfect whole, in thought, sentiment, and volition; and also, that when one of them is destroyed, the other can perform all the functions of the mind. Each brain carries on its own processes independently, and, like the two strings of a piano-forte, producing only one note. In both cases, it is only when they are out of harmony that the fact is observed, that that which is apparently *one* is really an harmonious combination of two distinct actions. A discrepancy in the action of the two brains,—a mixture of two trains of thought produces confusion, incoherence, and ultimately, when both brains become disordered, insanity. That two processes of thought seem constantly to be going on in the insane has been observed by many persons conversant with them. The ready explanation of the phenomena of dreams also seems naturally to suggest itself as illustrative of these views—that one brain may be in repose whilst the other is in a state of greater or less activity. With respect to the assertion that one brain is capable of carrying on all the mental operations, I may adduce an instance from a pamphlet of Dr. Wigan's, which he mentions as coming under his own observation:—

"When the disordered feelings, thoughts, reasoning powers, sentiments, and volitions of one brain have, by their incessant obtrusion, overpowered the same impulses, reasoning powers, and volitions of the other, and thus produced insanity,—if the further progress of disease in the organ pass on to its utter destruction, the patient is immediately restored to reason; apoplexy in the disordered brain, for example, producing hemiplegia, by liberating the healthy organ from the suggestions of the other, will in a few moments enable the patient to use the sound brain as fully as if it had never been in abeyance."

The same writer also brings forward a very amusing poetical letter, written by the late Stewart Rose, long after he had entirely lost one brain.

I might adduce many facts which would support this theory, but I should prefer referring you to Dr. Wigan's work; and I have no intention, neither am I prepared to enter into the discussion of this interesting question; indeed, it is far too complicated and extended, and I have only made this case the occasion of a few remarks on the subject in the hope that it may direct attention to this important branch of inquiry. I do not profess to be a convert to the theory that Dr. Wigan has advocated in his work on "The Duality of the Mind"; but as it affords a not unphilosophical explanation of many parts hitherto inexplicable, I think it demands from us at the least a calm and unbiassed investigation.

CASE OF GENERAL ANASARCA, WITH ALBUMINOUS URINE, IN AN INFANT TEN WEEKS OLD.

By W. Bird Herapath, M.B., Surgeon to St. Peter's Hospital, Bristol.

March 17, 1848. Mrs. Penfold brought her infant to me, complaining that it had "swollen very much all over." This state came on gradually about a fortnight ago, and she could assign no cause for its appearance. It was a male infant about ten weeks old; the whole surface had a peculiar anæmic aspect; the eyelids were transparent and swollen from œdema; the face was also somewhat anasarcous. The inferior extremities and the hands showed this condition the most; they were at least double the usual size, and pitted deeply upon pressure. The child's health did not appear to be otherwise disordered; it ate its food well, and took the breast also; it was by no means a restless child, for she had generally "very good nights" with it. The mucous membranes all appeared in good order; there was no bronchitis nor other symptoms of catarrh. It generally made plenty of water, and appeared to thrive very well until this came on. At a subsequent period I obtained a small quantity of the urine, it was clear, but high coloured, and deposited abundance of albumen, with nitric acid, and heat.

These symptoms gradually became worse, in spite of all treatment; occasionally all the swelling disappeared, but it soon returned. I saw the child frequently, but never found the albumen to decrease in the urine. Its food appeared to do it no good; the nutritive function was decidedly interfered with.

About the latter end of April the infant became drowsy and comatose, and the anasarca was at this time worse than ever; convulsions ensued, and rapidly carried it off. The infant died twenty-four hours after

their first appearance; it was then four months and a fortnight old.

Post-mortem examination, May 1st, 1848. A most careful examination was instituted. The whole thoracic and abdominal organs were perfectly healthy in structure; the kidneys had not the slightest approach to granular disease, and no structural cause was elicited for the death of the little patient. All the organs were remarkably anæmic and pale; I never saw an instance in which there was so great a deficiency of colouring matter. Had the patient been slowly bled to death, it could not have been more bloodless and pallid; the liver alone had any appearance of blood in its tissues. It was in a slight degree congested in the hepatic venous system.

Remarks.—The treatment consisted at first of diaphoretics. Antimony and nitric æther, combined with small doses of tincture of digitalis, were first administered, and a warm bath every other night during five minutes. Some little benefit was derived from this mode of treatment, but eventually it was of no service. The nitro-hydrochloric acid was then tried, and the mother fancied more benefit was obtained from it than from the other attempts. This was continued for about three weeks, but after this I saw no more of the child until called upon to give a certificate of its death, when I of course demanded an examination of the body. Anæmia appears to have been the cause of the general anasarca, but the mal-assimilation of its nutriment was probably the primary cause of the albuminuria and anæmia consequent upon it.

OBSERVATIONS ON HERNIA.

By John Allan, Esq., Surgeon, Epsom.

The usual progress of hernia is from bad to worse; it seems, therefore, worth while to record two cases, in one of which gradual reduction took place, long after all attempts at reduction had been abandoned as impracticable; while in the other, not only reduction, but a permanent radical cure, has been obtained.

William West, aged 64, had had hernia of the right groin for upwards of twenty years, for which he had worn a truss very constantly, though not without occasional omissions, when, from the heat of summer or other causes, he felt it inconvenient. About six months ago I was requested to see him, when I found him engaged in his usual duties as an under-gardener. At this time the hernia was as large as a goose's egg, extending half way down the scrotum, tense and hard, but not painful, nor tender. He had not been able for three weeks to effect its reduction, which he had been in the habit of doing without difficulty. He had broken the spring of his truss, but, binding it tighter, he had continued wearing it for several weeks, till the broken end of the spring having at length worn a hole through the leathern sheath, had begun to gall his back. A person to whom he mentioned the circumstances, gave him a second-hand truss, which, though much too wide to fit him, he had worn for a week, although the hernia protruded every day while the truss was on. At length he found that he could not reduce the hernia at all, and went to the Society's house in Hatton Garden, where he got a new truss of a size to fit him. The surgeon then attempted without success to reduce the hernia, and advised him to remain at rest, and to purge his bowels well, and that then he might succeed in reducing the hernia. When I first saw him it had been un-reduced for three weeks, and was increasing in size.

I ordered him to be confined in the supine posture in bed, and to apply constantly cold astringent lotions to the tumour, while he took opium in one grain doses every hour, till he was narcotized by it. Day after day the taxis was carefully tried, after the fullest expirations, but only with very partial success. The hernia appeared to consist chiefly of omentum, but the gurgling sound of air under the hand showed that the intestine was also concerned. His bowels were not obstructed, and were freely purged with castor oil and croton oil, and the use of opium was renewed at intervals for six days. The tumour was now reduced to the size of a hen's egg, and was soft and free from tension or tenderness, but would not admit of being replaced within the abdomen, after repeated and long continued manipulation.

Under these circumstances, it seemed reasonable to conclude that adhesion of part of the contents to the sac must have taken place, and that any further reduction of the hernia was not to be expected. A truss, with a cupped pad to receive and fit the tumour, was now made for him, and, with this fitted on, he left his bed and resumed his usual occupation. After a day or two the cup of the pad seeming larger than necessary, two or three folds of linen were placed between it and the tumour. From time to time the quantity of linen was increased, and every night, while in bed, he made careful attempts to reduce the hernia, which, at the end of a fortnight, he effectually accomplished. Ever since then he has worn the ordinary truss, which he received from the Truss Society, and has not again allowed the hernia to protrude in the slightest degree.

It is probable that, in this case, partial absorption of the bulk of protruded omentum had taken place under the pressure of the truss, till at length it became so far lessened as to slip through the ring. I confess that this result was to me quite a surprise, for I had no doubt that adhesions must have been formed between the sac and its contents, which would render the total reduction of the hernia impracticable.

The other case which I have to describe, I consider still more remarkable, and I am not aware that there is any case parallel to it on record.

William Puttock, 34 years of age, had had a rupture of the right groin while a boy, which he used to reduce at pleasure. At the age of fourteen it would sometimes come down to the size of two fists. About this time he was in the service of a coal-dealer, and found that the frequent lifting of sacks of coals caused the rupture to increase in size. One day, on moving a number of sacks, the tumour suddenly enlarged to the size of his head, and became hot and painful, and of a deep-red

colour. His master, seeing how ill he was, ordered him to bed, and sent for a surgeon, who, as soon as he saw the tumour, gave the most unfavourable prognosis. He gave no hope of life being saved. He applied refrigerant lotions, and a bandage to the tumour, and ordered the patient to be provided with brandy and water. Contrary to all anticipations, the inflammation abated, and the tumour gradually decreased in size, till at length it became reducible within the abdomen. Then, for the first time, this patient was provided with a truss. The surgeon who fitted it on, told him he might find the pressure of it painful at first, but that he must submit to it, as his life might be the forfeit if he left off wearing it. Notwithstanding great pain and excoriation, he wore the truss for five or six years, when the spring having for some time been very rusty, broke in two; then, instead of procuring a new truss, his wife made a firm pad of flannel, covered with leather, which he secured in the groin by bands around the pelvis, and between the thighs. This he wore daily for two years, when, in hot weather, finding it galling and uncomfortable, he took it off one evening as soon as he got home from his work. Next evening he did the same, and, as the rupture did not come down in the least either night, he went to work the third day without the pad. To his great delight he has never had any further occasion to wear it, as the rupture has entirely ceased to descend at any time.

There is now not the least vestige of hernia in his groin, and, without knowing anything of the preceding history, I had occasion, several years ago, to examine him as to his fitness to be admitted into a benefit society, when I gave a certificate of his being free from hernia, &c. At the present time he has the situation of a groom, with frequent occasion to be on horseback, and has not the least apparent vestige of hernia about him.

In this case it is probable that the inflammation occasioned by wearing the truss at first had extended to the subcutaneous tissues, and obliterated the inguinal ring through which the hernia had protruded, the hernial sac becoming gradually absorbed. It is worthy of remark that, notwithstanding the alarm the local appearances were calculated to inspire, neither of these two patients was at any time affected with symptoms of strangulation.

SHORT NOTES ON THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Treatment of the First Species of Gonorrhœa.—(*Continued.*)—The disease may sometimes, however, be considerably shortened by medicines which tend to impede the discharge, and these remedies may be either given internally, or used externally; the former consist of terebinthinate medicines, such as the balsam of copaiba, &c., but they are not admissible when the neck of the bladder and perineum are affected. These medicines may frequently check the discharge even at an early period of the disease; it must be admitted, at the same time, that they often do no good, but rather exasperate the symptoms, rendering the discharge liable to return when the medicine is discontinued, and sometimes producing dysuria and strangury.

External remedies are applied in the form of injections, which are of various kinds,—viz., oily, mucilaginous, mercurial, and astringent; and these are occasionally combined with opium.

Oil may be considered as injurious to the urethra, as it rather aggravates than alleviates pain; mucilaginous injections do nothing more than defend the urethra from the salts contained in the urine, and must be washed off the first time the urine is passed; and injections in which mercury is suspended, act, probably, as astringent and defensive. Those holding the bichloride of mercury in solution, must be both astringent and irritating. The late Mr. Bromfield used this in the proportion of one grain of the sublimate, to half a pint of water. Astringent injections, either of solutions of the di-acetate of lead, of the sulphate of zinc, or the sulphate of copper, by suppressing the discharge early, sometimes obtain a speedy termination of the disease. It is not obvious how the complaint is removed by suppressing the secretion, but the fact is sufficiently certain.

If a patient with mild gonorrhœa apply for advice on the first or second day from the commencement of the disease, and if an injection be prescribed, composed of from eight to twelve grains of the sulphate of zinc to eight ounces of water, which is to be used three or four times a day after passing the urine, the discharge will probably be got rid of in from one to three weeks, and in some instances be completely removed in a week.

An injection should not be violently thrown into the canal, nor be suffered to remain there longer than half a minute. If the di-acetate of lead be employed, half a drachm may be dissolved in half a pint of water, or it may be added to the zinc injection above-mentioned, as it will tend to diminish the stimulating properties of the latter. The sulphate of alum is not admissible, except in the last stage of gonorrhœa. Injections containing a fit proportion of laudanum do not appear to effect any material benefit by the addition of this drug.

During the use of an injection, if the symptoms increase, it should be immediately discontinued; and it ought never to be thrown farther into the canal than the projecting part of the penis. This limit may be effected by pressure of the corpus spongiosum at this point.

Injections upon the whole are not to be approved; and but for the necessity of using them in certain

* Continued from page 347.

individuals, it were better to lay them aside; for it cannot be denied that they frequently produce troublesome symptoms, and sometimes give rise to urethral stricture; besides, it is very common for the discharge to return, if the injection has been discontinued before a fortnight from the appearance of the complaint.

Injections are often deemed more serviceable than they really are to the patient; for even when the discharge has ceased, it is necessary to continue them so long, in many instances, that it is probable the antiphlogistic plan might have succeeded equally well without them.

If the patient should be seized with pain in the loins, or strangury, under the use of injections, they should be instantly left off, and the warm bath substituted; for in such a case the object will be to bring back the discharge as quickly as possible.

Injections are not attended with the same risk in females, the urethra being seldom affected, and the vagina not possessing so much sensibility as the male urethra. An injection composed of three drachms of the sulphate of zinc, one drachm of the sulphate of alum, one drachm of the superacetate of lead, and one quart of water, may be used in such cases; and to sheath the parts from the acrimonous quality of the discharge, the inner surface of the labii may be smeared with an ointment composed of one part of the Unguentum Hydrargyri Fortius, and five parts of fresh Unguentum Sambuciflorum.

Treatment of the Second Species of Gonorrhœa.—As the inflammation in this species extends as far as the bulb of the urethra, or neck of the bladder, so the symptoms are more severe, and are attended with more important consequences.

Injections of every kind in this case are injurious, and the most effective means of relief are those which remove inflammation.

Purgatives, such as calomel, with jalap, or the sulphate of magnesia, are to be given every two or three days, or as often as the patient can bear them. If there be much spasm or inflammation of the perineum, leeches are to be applied every day till the inflammation is mitigated or subdued. The vapour of hot water, fomentations of poppy decoction, or a bladder of hot water, may be applied to the perineum, and afterwards a warm poultice of linseed meal. If the ardor urinæ be excessive, it may be alleviated by immersing the penis in hot water, when the urine is being passed.

At the same time relief will be obtained by the internal administration of small doses of nitre, with large doses of the compound tragacanth powder; along with this the patient should drink largely of a decoction of marsh-mallows, barley water, or linseed tea, and by these means he will abate the heat that is felt through the whole course of the urethra, and particularly at its bulb.

In these severe cases it will also be right to give one or two grains of calomel, with half a grain of opium every night; not so much to prevent lues, as to remove the urethral inflammation; and when the inflammation is very acute, ipecacuanha or antimony may be added.

When the inflammation has been subdued, and the discharge has become white and thick, a stop may be put to it, not by injections, but by the balsam of copaiba. It may be given in this form:—R. Balsam. Copaibæ, dr. j.; Misturæ Acaciæ, dr. ij.; Tincturæ Opii, gtt. x; Aquæ Rosæ, dr. x. Misce pro haustu bis terve die sumend. But if no good be experienced the first week, it must not be exhibited afterwards. If the discharge has ceased, it will be proper to continue the balsam eight or ten days, lest it should return.

The balsam disagrees with the constitution, producing, in some persons, sickness and vomiting, and in others an exanthematous eruption and disorder of the general health; in such results it must be at once discontinued, and a purgative given. Small doses of the Oleum Terebinthinæ have been substituted, but in general the latter disagrees more than the former.

This form of the disease requires eight or nine weeks to be subdued, and if it be not very correctly treated in the beginning, will often last eight, nine, or ten months; with the greatest possible care it is seldom cured in a shorter time than six or seven weeks. The strictest attention to diet and exercise is indispensable.

Treatment of particular Symptoms: Inflammation of the Perineum.—When the perineum is tender and painful, and this state of the parts is not early removed by local bleeding, by purging, the warm barth, poultices, and opiate enemata, it is probable that suppuration will take place in the cellular tissue. It is generally long in coming forward, and as soon as fluctuation can be felt, it is right to evacuate the matter with a lancet, in order to prevent the urethra from being injured, which is not necessarily involved in this case.

Treatment of Chordee.—This symptom is sometimes carried off suddenly by copious hæmorrhage, and this is occasionally produced by an attempt to lacerate the frænum. Injections of every kind should be laid aside, as well as all restraining medicines. If the pain be severe, and the tensions constant, bleeding, with leeches, or opening the vein of the dorsum penis, will be found beneficial. Immersing the penis in hot water, and sitting in a warm bath for some time, may also be of use. Purgatives are required, and a plaster of camphorated mercurial ointment should be applied along the under part of the penis.

Opium, however, is the chief remedy; it should be given in large doses on going to bed, and repeated upon every painful return of the priapism. It may occasionally be combined with æther and camphor with advantage.

The frænum ought never to be divided except from absolute necessity,—that is, when it is too short; for when divided, relief is not obtained from the division so much as from the hæmorrhage; indeed in some cases, by cutting the nerves running on each side of the frænum, great and permanent injury has been inflicted upon the patient. If its division be deemed indispensable, a perforation should be made behind the frænum for the passing of a ligature to tie it. The ligature will be thrown off in three or four days, and the sore will probably heal without any trouble.

The treatment of phymosis and paraphymosis has been before noticed. When they arise from gonorrhœa, extreme cleanliness will be all that is necessary.

[When phymosis arises in gonorrhœa, or on simple abrasion of the surface of the glans, a solution of one grain of the sulphate of zinc, in one ounce of water, injected between the prepuce and glans, will invariably heal the abraded surface, and speedily reduce the swelling of the prepuce.]

Treatment of Enlargement of the Inguinal Glands.—When these glands are enlarged, either from acute inflammation, or from a suppression of the discharge, they are to be treated by smart purgatives and other antiphlogistic means.

Treatment of Strangury or Irritability of the Bladder.—In this case there is generally a tendency to suppuration as well as to inflammation, it is, therefore, important to reduce the latter as soon as possible. Leeches should be applied to the perineum as near the prostate gland as possible, and the bleeding be promoted by warm poultices. The warm bath should be used, and the patient kept in bed.

When the inflammatory symptoms shall have been subdued, opium given freely, particularly by the rectum, will be found of considerable service; purgative enemata also are useful; and it is a great object to bring on a copious discharge.

Treatment of Inflammation of the Testis.—As this disease is generally regarded as purely inflammatory, twelve or fourteen leeches are to be applied to the scrotum; and if the symptoms be severe, twelve or sixteen ounces of blood may be taken from the arm. The leeches should be repeated every day till the violence of the symptoms is subdued. During the intervals a hot linseed poultice may be applied. Warm applications have been found more useful than cold. At the same time calomel and senna purges should be given, and the patient kept on low diet, and confined to his bed.

When the inflammation has been subdued, much benefit will be received by the use of injections, every night, of the infusion of linseed, with fifty or sixty drops of laudanum; and small doses of calomel are to be given every day. This plan is generally successful in producing a remission of the symptoms in eight or ten days; but the whole of the inflammation will sometimes not subside under five or six weeks; a soap-plaster may be afterwards applied, and the scrotum suspended.

When a patient is threatened with phlegmone testis, sometimes a brisk purgative, and washing the scrotum with warm brandy, will prevent the disease. Emetics will prove of no avail.

If, after the inflammation has subsided, any hardness of the epididymis or thickening of the spermatic cord remain, the camphorated mercurial ointment and spirituous vapour may be used; and if these fail, a blister may be applied to the testis, and another over the abdominal ring.

If the inflammation be of the indolent kind, it will be useful to employ a poultice made of the fresh leaves of hemlock, and to give small doses of the corrosive sublimate, in a decoction of sarsaparilla.

The discharge of the urethra is generally restored as the testicle improves; but the latter often remains in an indolent state for years, and as there is no disposition to its becoming scirrhous it is of little importance. The camphorated mercurial ointment may be used; or, in the event of its failing, electricity may be tried. In some cases mercury has appeared to do good; but it will often be found to disappoint such an expectation.

If the patient has delayed too long before he applies for assistance, the scrotum, and sometimes the testicle itself, will suppurate. In such a case, poultices are to be applied, and should there be a disposition of the parts to slough, they should be continued till the sloughs have separated, and then the surfaces may be washed with Bate's camphorated water, and afterwards covered with dry lint. Greasy applications are not found to agree so well.

Atrophy of the testis does not frequently occur; but if it should be the result of phlegmone testis, blisters and electricity may be beneficial, although these remedies cannot always be relied on.

Treatment of Dysuria Venerea Sicca.—When this kind of dysuria occurs primarily, purgatives are to be chiefly depended upon for its cure; and with this view calomel may be given at night, and jalap in the morning; and this plan is to be repeated every third day. Small doses of calomel should also be given three times a day, and strong mercurial ointment rubbed in along the course of the urethra. If there be much pain, the tepid bath will be found of use.

When dysuria sicca supervenes in gonorrhœa, blistering the perineum should be employed. An ointment of cantharides may be applied to the glans penis, so as to produce excoriation of its surface and also of the inner part of the prepuce. This application, by producing a discharge, will be found beneficial. Bark and the extract of hemlock may be given internally, but the effect of these medicines is uncertain.

The Treatment of Gonorrhœa in Females is similar to that recommended for males, except that in the former, astringent injections may be used of much greater strength, and at an earlier period, but not till the primary symptoms shall have subsided.

Whilst these are present, a solution of the Plumbi Diacetas may be used, and afterwards the following:—Zinci Sulphatis, dr. iv.; Aluminis Sulphatis, dr. ij.; Pulv. Plumbi Compositi, oz. j., Aquæ simplicis, Oij.

[The compound lead powder will be found in the L. P. 1788. Take of Ceruse five ounces, Sarcocol one ounce and a half, Tragacanth half an ounce. Rub them together into powder.]

In some cases ten grains of the bichloride of mercury may be dissolved in a quart of water for the same purpose.

The discharge is often extremely obstinate, in which case the balsam of copaiba, turpentine, olibanum, the sulphate of zinc, and bark may be given; and if the disease should not yield to these, the patient may take five or six grains of the sulphate of alum, with ten grains of the Sanguis Draconis three times a-day; the cold bath, also, may be added, if necessary, which is often found efficacious in females.

Treatment of Tumour of the Labium Pudendi.—This requires little more than the usual treatment of inflammation. The parts should be fomented and poulticed.

If an abscess of the lacunæ break spontaneously, it is apt to continue for a long time, and is often mistaken for gleet or internal abscess. The true character of the case may be known by considerable fulness and hardness of the labium on the side involved.

The best treatment will be to lay open the abscess by a crucial incision, to dress it down with dry lint, and afterwards to cover it with an emollient poultice. In a few days the sore might be sprinkled with red precipitate powder, so as to produce a slough of the lower surface of the sac; and when the sac has been thus obliterated, healthy granulations will probably form, and the cavity soon be filled up and healed.

Southampton, June 1st, 1848.

(*To be continued.*)

CASES FROM PRIVATE PRACTICE.*

By John Richard Wardell, M.D., Edin.

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

Case VIII.

SUBCLAVIAN ANEURISM.

Remarks.

Aneurismal tumours, both on the part of surgeons and physicians, have in later times received the special attention of accurate observers, so that now their pathology is well understood, and more correct notion entertained respecting their causes; nor is it surprising that so many inquirers have interested themselves in the subject, seeing that the affection is one of the gravest character, and when occurring in certain of the larger vessels, admits not of cure. Galen was the first who entertained any just notions of the disease; afterwards Vesalius and some others made attempts at giving a description of it. In more recent times Lancisi, Guattani, Monro, Morgagni, Scarpa, Hunter, Hodgson, Breschet, &c., have given elaborate accounts of every kind of aneurism. Various experiments have been tried upon animals, both in ascertaining their cause, and the best means of medical as well as operative cure. The former has manifestly little, if any, effect, notwithstanding the assertions of Valsalva and his followers; and where the surgeon's art is impracticable, we may deem the case as one of a hopeless nature. It is true that in certain rare instances a spontaneous cure has taken place, even in aneurismal enlargements of the great vessels, yet such are rare instances, and in our prognosis could form nothing more than a remote possibility.

Aneurisms may be divided into two great classes, *spontaneous* and *accidental*, the former resulting from a gradual and diseased change in the coats of the vessel, almost invariably the middle and internal tunics first becoming affected; the latter from sudden and positive laceration of the coats, as by powerful exercise, sudden tension, and external injuries.

Some authorities have affirmed, relative to spontaneous aneurism, that there is *invariably*, a giving-way of the middle coat; and such was the opinion of Scarpa, who says, "there is only one form of the disease,—viz., that caused by a rupture of the proper coats of the artery, and an effusion of arterial blood into the cellular sheath which surrounds the ruptured artery," a doctrine which, although is in the main correct, is not at all times true, because we know that dissection has in some instances proved the contrary. The whole of the coats may, by long-continued disease, become so softened and deprived of their natural elasticity, as to simultaneously dilate, and this dilatation has been known to progress to a very considerable degree, all the tunics preserving their integrity. The fibrous or middle tunic is by far most apt to assume a morbid state; it loses its natural consistency, and becomes soft and flabby; in the interstices are often deposited calcareous matters, when the lining membrane changes to an indurated condition, and thus is rendered very liable to rupture. Sometimes dilatation will go on for a considerable period, and then the internal coats divide, as if from rupture, induced by over dilatation. The atheromatous condition of the fibrous tunic is the morbid state most commonly observed, and to this opinion the majority of morbid anatomists have subscribed. In those vessels which are subject

* Continued from page 379.

to much action, as the popliteal, disease is more prone to become manifest; hence the well-known fact of lamp-lighters and postilions being so liable to have bloody tumours in that part; and I well remember, when studying in Edinburgh, the observation was repeatedly made, that aneurism of the arch of the aorta was much more prevalent in the large towns of Scotland than England, dependent on the inhabitants living in flats, and thus the excitement given to the circulation, by ascending a considerable number of steps, by degrees induced dilatation of the arch. The long straight portions of an arterial trunk are never so liable to manifest morbid changes as the curvatures and the junctions of branches, the reason of which, on reflection, is obvious. When the blood, *in transitu*, impinges with more force against one part of the walls of the vessel, at such points will disease be liable to occur, because the vasa vasorum may thus be impaired in their functions or structure; hence the healthy vitality of the tissues which they nourish will be in some degree diminished, thus predisposing to morbid action, and because by long and continuous repetition, slight disorganization, by softening or rupturing the elementary fibres might be caused. The great power with which the column of blood is sent from the left ventricle into the arch, no doubt contributes to the predisponent causes in the induction of frequent aneurismal enlargement, and especially where there is valvular or other obstruction, and an anormal divergence is given to the current. Morbidly increased impulse, especially if concentrated at certain points, cannot fail to endanger the healthy condition of the tissues at those points. Philosophical experiments made long ago by Lancisi and others, on leaden water-pipes, proved that partial obstructions made in the course of the pipe, and thus impelling the fluid with force towards a certain point, will burst the walls of the pipe; hence, deducing an analogy from such experiments, we may see the manner in which irregularities in the arterial trunks are calculated to operate, because the two fluids, in their transit, are subject to the same natural laws.

In spontaneous aneurism it does not always happen that there is entire dilatation,—that is of the calibre of the vessel, and thus a nodus, bulges from one side, the opposite lateral aspect of the arterial trunk preserving its natural evenness. When, however, the disease has for some time progressed, the entire walls of the vessel become diseased, that portion of the trunk dilating the most, against which least resistance is offered by the juxta-position of other organs; hence in aneurisms which have been called visible or external, as in this instance, we see the pointing was towards the surface. In spontaneous aneurism, the patient cannot with any preciseness mention the period of its commencement, whilst on the other hand those, for sake of contra-distinction, termed *accidental*, can generally be referred to a particular time, when of course the laceration of the fibrous coat would produce some degree of pain, or a sensation of giving way. Armstrong, as mentioned in the report, could assign no cause for the tumour, nor with any degree of exactness speak of its origin; hence it is fair to presume that it was rather referable to gradual disease of the tunics than to their rupture.

I have above observed that Scarpa contended for rupture of the fibrous tunic, indeed he denied the existence of aneurism without the middle tunic giving way. Mr. Hodgson, and several other eminent inquirers, have expressed themselves differently,—viz., that aneurism may exist where there is integrity of the walls. Amongst those holding these views may be cited the names of Sabatier, Nägele, Ackermann, Breschet, Boyer, Dubois, Dupuytren, and Lisfranc, who arrived at their conclusions not from theory, but actual dissection. We can readily imagine that an artery may assume a disease by which it shall lose its natural elasticity, and become softened and expanded; if, however, this dilatation should progress to any considerable extent, the inner tunics will invariably give way. When these tumours are simple dilatations, they are then soft, and if externally situated, can upon pressure be emptied of their contents; but when the inner coats divide, fibrous lamellæ are deposited, at the first but to an inconsiderable extent at the inequalities formed by their corrugation, then increasing, and thus by an accumulation of fibrous deposition, constantly becoming augmented, the tumour acquires a resistant consistency, which constitutes the second stage. It has been questioned by certain authors whether we can with strict propriety term that condition of the vessel—simple expansion of calibre, or even unequal distention of the walls, so long as their entirety continues—aneurism, because the lamellæ are not deposited. In this man, as reported, in the earlier stages of the swelling it was soft, and could on pressure be relieved, but when the layers of fibrin began to form, it acquired the resistant characteristics described. The deposition of fibrin, as remarked, never forms so long as the lining membrane is whole, for then none of the fluid passing along the canal can be carried out of the circulation, and it is in this stage of the tumour, when organizible matters are deposited in its cavity, that sometimes nature, by totally filling up the dilated sac, effects her own cure. When, however, an aneurism is in the large vessels, near the heart, the impulsion of blood is too great, and the current too much agitated, to allow the requisite quiescence for organization to proceed, and complete solidity result. The external coat, so called, is on account of its cellular filamentous texture, far more distensible than the others, and thus it forms an expanding basement to the fibrinous lamellæ as the depositions increase, otherwise aneurismal tumours would attain but an inconsiderable size

before their contents were freely poured out, and of course, if internally situated beyond the surgeon's reach, death would ensue.

On a review of this case, some facts worthy of notice present themselves. In the first place a lesson is supplied that we can never be too precise and careful in our examinations of disease. Here was an affection of the gravest character, considered and treated as mere rheumatism; the man had been allowed to prosecute his work, which of course, by exciting the circulation, would tend to the aggravation of his affection; the blisters and plasters by which he was treated, were manifestly mis-directed applications.

All writers agree that males are more subject to aneurisms than females; indeed in a table drawn up by Hodgson, out of a totality of 63 cases, 56 were males and but 7 females! These were all examples of spontaneous aneurism. The experience of Sir Astley Cooper, Mr. Guthrie, Lisfranc, and others, bears testimony to the same. In accounting for this, it would be less correct to attribute it to congenital proclivity or natural tendency, than to the operation of causes, incident to the habits and kind of life in males. The greater exertions—more violent exercise—the many causes of excitement to which men are in various manners exposed—the very potent predisponent, intemperance, in which they so often indulge,—all generally tend to render prevalent this disease, more in the one sex than in the other.

Aneurisms, when they do appear, generally come on at an earlier period in life than in this man. Out of 120 cases given by Lisfranc, 108 were before the age of 55, and that author has shewn that from 30 to 35 is the period at which the greatest liability to their occurrence exists. When we reflect upon this fact, it seems a probable one, because at that age the vascular function is carried on with great power and force; in the meridian of life, great physical exertions are often and willingly performed, and because at that time there is often a plethoric condition, and then all those various causes of vascular excitement are in constant operation.

The larger vessels are more prone to the affection than the smaller, because the impulsion of the column of blood is more forcible, the nearer they are situated to the heart, just as a body is propelled with more force and celerity when it is first thrown into motion, than when it is becoming quiescent from the influence of resisting media, (a law which similarly obtains relative to sound,) because the walls of the larger vessels are not thick in proportion to their calibre—that is, when comparing them with the smaller vessels, and because in the larger vessels, especially the thoracic, there are more curvatures.

The stethoscopic idications were very distinct, and in the examinations of these tumours auscultation should never be omitted, because aneurisms have existed when not suspected; and conversely, tumours which have received impulsations from large adjacent vessels, have been sometimes wrongly considered aneurism. Each systolic action of the heart distends the tumour, synchronous with the arterial diastole, and there is then impulsion on the walls of the tumour, which impulsion gives rise to the percussion-sound. Immediately after the percussion-sound, follows a slight thrill, termed fremissiment, the termination of which is synchronous with the arterial systole, and at the commencement of the ventricular diastole. M. Gendrin says there are, in the aneurisms of large arteries, two impulsive shocks—the one by impulsion against the parietes, the other following the retraction of the tumour and corresponding to the arterial systole, In tumours, not aneurismal, there are not two impulsions because the impulsive percussion, caused by the termination of the retractive action of the sac, cannot exist except in true aneurisms; where the impulsion is but a transmission from the pulsation of large adjacent vessel, there is only that isochronous with the diastolic arterial action. Fremissement and the second impulsive percussion are always distinct in the earlier stage of the swelling, and when the tumour has for some time existed, they are in a great measure or wholly lost, this being dependent upon the increase of fibrous deposition and infiltration of serum into the subcutaneous cellular tissue, and thus preventing the elastic contractions of the sac, and rendering the thrill less distinctly transmissible. The orifice* forming the communication between the sac and the vessel, is for the most part rough and irregular, and, at the arterial edges, are often found filamentous or pedunculated attachments; hence, from these bodies and the unevenness of the opening, the fluid in its ingress and egress produces vibratory sounds, exactly as we know this to be the case where there is morbid roughening or contraction at the auriculo-ventricular orifice, impairing the smooth transit of the column of fluid—hence, as noticed in the case, auscultation discovered a distinct bruit. If the opening between the arterial trunk and tumour is small, true synchronism between the aneurismal and arterial retractions cannot exist, owing to the tumour not momentarily becoming emptied of its contents. Attention to these physical signs, which are so pathognomonic of aneurism, will enable us to form a decisive diagnosis.

The increase of pulsation which there was in the

* Valvular vegetations have been known to produce sometimes loud and very extraordinary sounds. I recollect one of the Edinburgh Anatomical Lecturers mentioning an instance of this kind, in the person of a man, who some years ago was a patient in the hospital. The noise made by each ventricular contraction was a clear and distinct "cooing," and could be heard at two or three yards distance. The other inmates of the ward were much amused at such strange internal sounds, and they gave to him the name of the "cooing-man" After death valvular vegetations were discovered. Hope and other writers on the heart cite like instances.

right carotid, might of course have been anticipated from the extension of the disease to the juncture at the arteria innominata, thus giving rise to obstructed circulation in that vessel, because in all cases where there is considerable disease in the subclavian, and as in this instance, in which the pulsations were felt in an increased degree close under the sterno-clavicular articulation, it is fair to infer that the inferior orifice of the carotid branch would in some degree be occluded.

An œdematous condition of the shoulder could not otherwise than succeed the great impediment given to the return of venous blood, by perversion and distortion of the subclavian vein,—the numbness, declension of temperature, swelling and lividity of the hand, are most probable results. The complete cessation of the radial pulse is an indication of subclavian, as it is also of innominate aneurism; but in aneurism of the arch this is not the case. Mr. Barron, who gives a case of aneurism of the arteria innominata, mentions this fact:—"The pulse," says the relator of the case, "cannot be felt at the right wrist, nor can any pulsation be detected in the right brachial or subclavian arteries." It is often not very easy to decide, whether an aneurism be in the arch or in the innominata; when the radial artery ceases to beat we are led to conclude that it is the latter. In this man there were no bronchitic nor pneumonic attacks; hence, it is fair to presume the innominata was not enlarged, because when that vessel becomes tumid there is pressure upon the right bronchus, which gives rise to the diseases mentioned. Two or three weeks ago Professor Walshe shewed me a case of aneurism of the arch of the aorta then under his care in the North London Hospital, which I auscultated and carefully examined, and on the day on which these remarks were written, I had an opportunity of inspecting the morbid parts, the patient having died very suddenly some days ago. The man, during the latter part of his illness, had considerable dyspnœa, which morbid appearances fully accounted for. The lower part of the trachea was very obviously flattened, so much so, that the elastic fibrous membrane at the posterior or vertebral aspect of the rings, which joins their extremities, was obliterated by the continuous lateral pressure on the trachea; but the bronchi were natural, which would not have been the case on the right side if the innominata had been enlarged. Speaking of this man, (the hospital case,) it may be here mentioned, that during life, slight prominence was perceptible at the cartilages of the second and third ribs, and on inspection, the clavicle and first rib presented ulcerous erosions, of course consequent upon pressure exerted by the aneurism. Boyer and other authors allude to the destruction of bone by these tumours, and I have great reason to suspect that in the case of Armstrong, very extensive decay of the clavicle and first rib had taken place, because several weeks previous to his death, manipulation gave the feeling as if a roughened end of this bone were left by the process of ulcerative destruction, at the extremity of which it could be traced from the sternal end till lost in the tumour; it felt spiculated and abrupt.

Hospital Reports.

WEST NORFOLK AND LYNN HOSPITAL.

COMPLICATED SURGICAL INJURIES UNDER THE CARE OF CHARLES COTTON, ESQ., M.D., F.R.C.S., &c.

GUN-SHOT WOUNDS OF THE HEAD AND WRIST; AMPUTATION OF FORE-ARM: DEATH ON THE FIFTY-SEVENTH DAY FROM THE SECONDARY EFFECTS OF LESION OF THE BRAIN.

Edward Bulman, 17 years old, admitted Sunday evening, May 7th, 1848.* Brought a distance of eight miles to the hospital. Reported to have left his employment as "crow-keeper" for the purpose of shooting rabbits, and whilst drawing his gun with the muzzle towards him, to have acidentally discharged it; the accident occurred late in the afternoon. The charge had perforated the right wrist, lacerating and shattering the bones and soft parts, and also inflicted a large ugly wound in the left fronto-temporal region. The external orbit and temporal arch were found fractured and comminuted; the left eye started from its socket; the lids pierced with shot, swollen, and ecchymosed; the cheeks and nose grazed and disfigured; and the right eye suffused and closed. The boy was in a confused comatose state; the surface of the body warm, and the pulse not much enfeebled. Amputation of the fore-arm being approved in consultation, Mr. Cotton proceeded at once by flap method to remove the limb at its centre, making the posterior semi-circular incision by cutting from without towards the bones, and the anterior by transfixion. The patient was much roused by the operation, and on a momentary difficulty being experienced in securing the interosseous artery, lustily begged it might soon be completed. The face, and wound of the temple, were afterwards sponged and cleansed, the hair removed, and the head directed to be kept cool by frequently renewed applications of cold water.

May 8th. Comatose and stupid; pulse slow; passed a tolerably quiet night; unconsciously elevates and moves about the stump, and cannot be made to keep it on the pillow without constant attention of the nurse. Give only cold water, should anything be desired.

9th. Somnolent and heavy, but replies to questions on being roused.

* A man was admitted into the hospital under Mr. Cotton, on Sunday evening, December, 4th, 1841, with almost precisely the same injuries from a gun-shot wound, for which the arm was amputated, and the left eye perished. Recovered without a single disagreeable symptom.

11th. Less drowsy; complains of the wound, which is ragged and offensive. Warm water dressing applied.

13th. Answers rationally; wound of the head granulating; bone denuded and rough. To be allowed milk, in the place of water; and to have as a cooling aperient occasional doses of citrate of potash.

14th. Arm uneasy; bandage removed, and an exit given to a quantity of sanio-purulent matter; continues to raise and move about the stump unconsciously; bowels moved by an injection. To go on with the cold applications to the head, warm water dressings to the wounds, and let him have six ounces of bread with his milk daily.

22nd. Can open the eye-lids a little; conjunctiva turgid and chemosed; and vision of left eye gone. Ulnar ligature came away. Middle diet.

24th. Stump wound granulating and healing; remaining ligatures withdrawn; wound of the temple discharging purulent matter, in which some small bony spicula were observed.

27th. Partial ptosis of left eye; cornea opaque and hazy; pupil irregular, and as if part of the iris externally had been shot away. Convalescing satisfactorily, but still apply occasionally cold water to the head.

31st. Vision returning; wound of head much reduced; granulations exuberant, but pale and flabby. Apply a weak solution of caustic.

June 4th. Sight more complete; can distinguish objects, and open the eye better; conjunctiva and cornea clear.

7th. Pale, feverish, and sickly; stump as usual, cocked up, and apparently unsoundly healed; the limb above loaded and œdematous. Diet reduced. Arm bandaged, and hot linseed poultices applied to the stump. Potassæ Citratis, dr. j., pro re nata actu effervescentis.

10th. Œdema subsiding; stump again discharging.

17th. Feels very well, and enjoys his middle diet; stump firmly cicatrized. The peculiarly elevated state of the damaged arm, particularly remarked. Head wound stationary, attributed to the exfoliation of bone. From this period, there being no prominent symptoms, the case attracted but little attention, until the 26th, 27th, and 28th, when the patient was observed to be dull, heavy and taciturn, and the appetite was found to be slightly impaired. He makes no complaint, however, and the nurse cannot be convinced that anything is amiss, and attributes his looks to the fright and anxiety caused by a man in an adjoining bed suffering from traumatic delirium.

29th. Headache in the night; frequent rigors, followed by profuse sweats.

10 a.m. Comatose and insensible; pupils widely dilated; pulse 120, hard. Hirudines vj. sub aures singulas applicentur ac postea fotus calidus.

Vespere. The leeches have relieved the drowsiness, but there has been extreme restlessness ever since; looks anxious, wild, and vacant; is constantly raving and disturbing the other inmates with his cries and screams; when questioned says he is in great pain about his back and shoulders. R. Liq. Opii Sed., (Battlei,) m. v.; Spt. Æth. Sulph. Comp., m. x.; Mist. Camph., oz. iss. Fiat haust. statim sumendus, dosisque repetatur omni secunda hora, vel ut opus sit. Cold to the head.

30th. Much quieted, but yet anxious, fearful, and drivelling. Cold applications to be discontinued as they disturb and excite him. Rep. haust. ter die tantum.

July 1st. Much in the same state, but more weak; perfect control over the sphincters.

2 p.m. Became furious and noisy for a short time, when he fell into a state of profound coma, and died on the following morning, apparently from mere exhaustion.

Post-mortem. Scalp and sub-tegumentary tissues around the seat of injury dark and discoloured; three shots turned out; a deposit of new bone about the fractured parts; the left cerebral meninges thickened and opaque, and the hemisphere upon the surface ulcerated from the presence of flattened shots. Pus effused in considerable quantity, extending down to the orbital plate of the frontal bone, which had been fractured and raised; sinuses and veins distended; ventricles dry and destitute of serum; brain otherwise firm and healthy.

Remarks.—The leading features of this case show in the first instance,—concussion in a mild degree, from an injury of no common violence, gradually subsiding under severe abstinence and the use of cold applications. On the 31st day, febrile action accompanied with a phlebitic state of the stump and arm, yielding to local pressure, and convalescence seemingly proceeding rapidly, and the case attracting but little attention until the 53rd day, when the occurrence of lethargic symptoms, preceded by slight general *malaise*, gave intimation of secondary mischief going on in the brain. This state, under subdepletory measures, was followed by one of excitement and debility, and finally, just as the powers of life were ebbing, by profound coma.

The *post-mortem* inspection developed inflammation and disorganization of the surface of the brain, arising from the lodgement of foreign bodies, and shewed, moreover, how little implication of the different nervous centres may result from lesion confined to the cerebrum. The details of the case taken with those relating to Ferdinand Hess,* though establishing nothing new, are not uninteresting, but forcibly illustrate the difficulty of distinguishing, with any certainty, the nature and extent of head injuries, and the necessity of a guarded prognostication of after-consequences.

* *Provincial Journal*, No 18, 1847.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 20, 1848.

We have been favoured with a copy of an elaborate Report, just issued by the Council of the National Institute of Medicine, Surgery, and Midwifery, "on the Present State of the

Medical Reform Question." The Report professes to give an historical sketch of the progress of this great question, in which, were we so disposed, we could point out some serious omissions, tending to deprive it of the claims it might otherwise possess to consideration as a clear and impartial statement of the circumstances which have gradually led to the present position of Medical Reform. We are rather desirous, however, during the interval which must elapse before the subject can again come before Parliament, and, as we hope, attain a final settlement, calmly to review, as occasion serves, the present state of the question, its bearings on the different bodies of the profession, the recommendations of the Committee of Conference, and other points of interest to the entire medical profession connected with it, and in fulfilment of this purpose the Report will furnish us with ample and valuable materials.

The most important of these materials are, the Principles of Medical Reform, agreed to by the Conference, already printed in the Journal,—the Draft of Charter proposed to be granted to the General Practitioners,—and the Outline of a Bill for Regulating the Profession of Physic and Surgery, drawn by the Conference. The objection urged against the proposed measures by various parties, and the remarks in reply to them, will also require attentive examination. On each and all of these points we shall have frequent occasion to refer to the information brought together from various sources, and embodied in the Report, which, in every point of view, cannot but be regarded as one of the most, if not the most important documents yet contributed towards the elucidation of the entire subject.

Leaving the details connected with the former progress of Medical Reform, the origin of the conferences, &c., we shall proceed, at an early opportunity, to the consideration of the results. These results, as coming from the governing bodies of the Colleges of Physicians and Surgeons, the Society of Apothecaries, and the National Institute, may be considered to have received the assent of each of the parties represented—that is, of the Council or ruling power of each; and in so far as these Councils or ruling powers are the representatives of the great divisions of the profession, of which the respective Colleges and Societies are composed, of them also. But though the Council of the Institute of Medicine, may fairly be assumed to represent the opinions of a very large number of general practitioners, can the same be predicated of the Council of the Royal College of Surgeons, as regards the members of that body? or of the Fellows of the Royal College of Physicians, as regards the physicians of England? Certainly not, and a sufficient proof of the fundamental defect in the constitution of the Committee of Conference, which renders it most essential to subject the whole proceedings of that body to a searching scrutiny, is afforded by the unsatisfactory state in which the privileges of the entire class of physicians, not Fellows of the College, were left. The licentiates of that body, both *intra* and *extra urbem*, and nine-tenths of the physicians practising in the country, were thus not represented in the Conference; and their interests, in consequence, completely sacrificed. Happily, the physicians of England were, at the instance of the Council of the Provincial Medical and Surgical Association, induced to come forward and state their objections to the proposed Charter of the College, as it had been agreed to by the Committee of Conference, and their remonstrances embodied in a memorial to the College, and presented through the Council of the Association, were listened to with respect, and the Charter so amended by the College authorities, as to meet the wishes of nearly all those whose interests were concerned.

Now, whatever may be the provisions of the measure proposed for the incorporation of the general practitioners, it yet remains to be ascertained whether those gentlemen belonging to the class, who have not yet enrolled themselves members of the National Institute, are disposed to agree to it; and still more with respect to the general measure, as laid down in the outline of the bill agreed to by the Conference, whether all who have not been parties to the Conference by their authorized representatives, or at least a considerable proportion of them, are content to receive it as the future legislative

enactment for the government of the whole profession. The entire body of the *Members* of the College of Surgeons was left unrepresented in the sittings of the conference. Are these gentlemen satisfied with the results of the Conference, as respects their position in their own College?—are they satisfied with the provisions under which it is proposed to place the whole profession. Lastly, are the existing licentiates of the College of Physicians, of whatever description, and the physicians of England, not members of the College, content to receive the proposed Bill? These are questions which yet remain to be answered, and in respect to which the propositions agreed to by the Conference yet require careful examination, before the entire profession can be said to be agreed on the principles of the general measure, and, consequently, before it can, either as a whole, or in any of its parts, be pronounced to be satisfactory. These questions we propose hereafter to examine, and with the assistance of the Report, to point out what further, if any, modifications are required in the several conclusions come to by the Conference.

Review.

On the Cure of Cataract, with a Practical Summary of the best Modes of Operating, (Continental and British.) By Hugh Neill, Surgeon to the Liverpool Eye and Ear Infirmary. 1848. pp. 224.*

In reviewing the opinions of different writers on cataract, British and foreign, including Lawrence and Mackenzie, the author exposes the error into which they have fallen, by representing absolute blindness to arise from some complication,—as amaurosis, with disease of the lens, instead of attributing it to disease in the lens alone. Cataract may be produced, according to the author, in the following manner:—

"*First.*—By defect of nutrition. It is this form which generally affects old men. The vessels which come from the *body* and *ciliary circle* become by degrees totally obliterated, the crystalline ceases to vegetate, and in the effluxion of time, dies.

"*Secondly.*—By an inflammation, which, having its situation in the capsule, has not terminated in resolution. This is the cataract which affects children and adults. It is supposed that this pathological state, by diffusing the nutrition of the crystalline, prevents it afterwards resisting the *opacity*, which is only an after-result." p. 77.

Having enumerated the usual diagnostic marks of cataract, the author notices that of Professor Sanson, usually denominated the *three lights*. When this experiment is tried, the pupil should be dilated with belladonna before the candle is produced, otherwise the surgeon may be disappointed. The eye should also be examined in total darkness.

Most writers have insisted on the necessity of selecting the spring as the most favourable season for operations for cataract. This is considered by our author as an absurd prejudice, and a wanton trespass on the feelings of the patient; spring being in his opinion, from its constant vicissitudes, the most ineligible season for an operation.

Surgeons appear to differ much in their opinions respecting their propriety of operating on both eyes on the same day. Except under peculiar circumstances, we have always adopted this plan, and our success has been uniform; and we believe all the best operators of the present day adhere to this rule.

In alluding to what has been called *black cataract*, the author relates the following case, which, on account of its rarity, we extract for the notice of our readers.

"I have at present under my care, one of the most curious cases of cataract which has hitherto fallen under my notice. The young lady has large well-formed eyes. The irises ('irides') are dark brown; the pupils very moveable and of natural size. She has for many years had imperfect sight of the left eye, which now is nearly blind; her right eye is also becoming gradually dim. On examining the pupils with the microscope, there is a deep-seated opacity of a very dark brown—a brown black. Sanson's test with the taper gives only one light. Upon dilating the pupil a large central opacity is seen in both eyes, but larger and denser in the left eye. The capsule seems tolerably transparent in the centre, and opaque white dots are to be seen at different places round its outer edge; but they are only visible when the pupil is dilated to its widest extent. The microscope shews the opacity of the lens to be covered by minute deposits resembling myriads of little dots of the darkest brown colour."—pp. 169, 170.

Both Mr. Guthrie and Mr. Lawrence, neither of whom believed in the existence of black cataract, admitted when they saw this case, that it might have been considered a specimen of the black cataract of authors. The discolouration has been attributed by some to melanosis, and by others to the deposit of manganese. The author thinks it owing, in this case, to oxide of *iron*.

After some lengthened and sensible remarks on Sanson's three-light test, which the reader ought to consult, the author proceeds to consider the operation for cataract by *reclination*, and compares it, as an operative proceeding, with extraction for the removal of the hard species of the disease. The necessary dexterity of the surgeon, which can only be acquired by sad experience, and with certain favourable conditions of the eye itself, which are requisite to ensure success, being duly considered, the author prefers reclination to any other operation, except in those patients who manifest a rheumatic tendency. The author's process is the following:—

* Continued from page 492.

"The operator, while he fixes—say the patient's left eye, with his (the operator's) left hand, the process is done thus—and I am supposing that the speculum is not used:—The second finger raises the upper eyelid and fixes it against the eye-brow. The first finger depresses the lower lid. The eye is thus firmly enough fixed: its outer portion is free enough to be punctured, and there is no impediment to a thorough inspection of the pupil. A *flat* straight needle, with two cutting edges running to a point is carried, at the eighth of an inch from the cornea, towards the very centre of the eye, through the sclerotic. The needle must not be poked into the lens. As soon as it is judged to be behind the *iris*, it should be gently forced, to the anterior of the lens, and posteriorly to the iris, *forwards* towards the pupil. The point of the needle seen in the pupil is now to be depressed, and *pressed down* the face of the lens to its lower edge, and carried back *below the lens* right into the vitreous humour. The needle is then moved horizontally backwards and forwards, so as to cut a free course in the vitreous body for the passage of the lens. All this is *continuous*, momentary, and essential movement. Attempted otherwise, a laceration of the vitreous capsule is not easily accomplished; and should the membrane be tough and not lacerated, the lens may be turned topsy-turvy, and tilted into the anterior chamber.

"The needle having made its way through the capsule of the vitreous humour, now comes back to the anterior of the lens. The lens now moves downwards. The needle passes down also, and the lens begins, technically to *recline*; that is to say, it turns backwards.

"The needle ought to get on the (now) top of the lens; and away it goes, launched as it were into the vitreous humour.

"It only remains for the parts to become adapted to this new position, and the case will be as brilliant as the most enthusiastic eye-surgeon could desire."—pp. 185, 186.

We have before stated that the cataracts occurring in rheumatic persons are not so well adapted for this operation as for extraction. These may be known by their brown or amber-colour; and the previous history and the constitution of the patient ought always to be ascertained.

The proper position of the patient having been disposed of, and a well-merited compliment having been paid by the author to Mr. Guthrie, whose masterly operations for, and writings on, the extraction of cataract, have established his reputation throughout the world, we next observe some remarks on the absorption of extraneous substances introduced into the eye, which Desmarres erroneously conjectured might take place. This writer very cooly advises, "should the point of the instrument break, leave it in the eye for absorption." It may be perfectly proper to leave a small portion of broken steel in the eye, but it is absurd to expect its absorption. Mr. Neill says, "I have seen pieces of shining steel in the cornea, which had been imbedded there, unchanged, during half a century."

The author makes a short digression, for the purpose of pointing out to the profession the probable advantages which may be obtained in the treatment of some other diseases of the eye, by the application of *veratria*, in consequence of the property it possesses of procuring the contraction of the iris. He thinks its operation is that of a stimulant, and that it may be found beneficial in cases in which it is our object to diminish the admission of the rays of light, as in a disordered state of the retina.

The skill and extraordinary success which Mr. Neill has displayed in the performance of operations on the eye, and especially of his favorite and safe operation by reclination, have placed him in the highest position as an ophthalmic surgeon. From our own experience in the operation of reclination and other proceedings with a properly constructed needle, we venture to say that extraction of the lens will in future be very rarely required; and if Mr. Neill had conferred no further benefit on the public than that of attracting the attention of the profession to the safe and certain expedient of reclination, whereby innumerable eyes will be saved in future from the destruction occasioned by inexperienced operators, he would have deserved the highest commendation. In conclusion we must add that Mr. Neill's book is replete with practical information, and should be read by every surgeon-oculist.

J. M. C.

INQUEST ON A CASE OF ALLEGED POISONING BY BELLADONNA.

The following account of an inquest held on the body of Thomas Greaves, whose case was communicated by Mr. W. Jackson, of Sheffield, to the Anniversary Meeting of the Provincial Medical and Surgical Association, held at Bath, is important in many points of view. The inquest was held at the Town-Hall, Sheffield, on Thursday, July 6th.

Hannah Greaves, widow of the deceased, examined.—I live in Love-lane, Sheffield. My husband was 76 years of age, and formerly a silversmith. He was lately in the habit of assisting Mr. Butterworth, a publican, in Fargate. He was an out-patient of the Sheffield Infirmary, and had been there twice. He went there on Tuesday last, the 4th of July, about nine o'clock, and returned home about eleven in the forenoon. He brought from the Infirmary a box of pills, some ointment in a box, and a plaster. The ointment was of a black colour. He would not take any of the stuff till Mrs. Taylor came. She came about from five to six in the evening. I saw him take a pill out of the box, and also a small portion of the black stuff out of the box. He took it with his own fingers, and said he was to take it, but there were no directions. There was no reading nor direction on the pill-box or the ointment-box. He went to bed about seven o'clock. Before he went to bed he seemed dilatory about undressing himself, and his speech was gone. He took his breath very hardly and rattled, and got worse and worse all the night until the morning. We never had our clothes off during the night. He complained all night of inflammation of his breast, and that he could not get his breath well. He died next day at eleven o'clock in the forenoon. He never spoke to me

all the night. Just before he died he began to vomit, and asked my daughter for me. I asked him if he wanted anything, and he said no. He was convulsed all night. Mrs. Taylor put the plaster on. I think the stuff my husband took was not so big as a pill. I cannot say whether he used a spoon or a knife on the occasion. He could read a little. Neither of my daughters saw him take the physic.

Martha Taylor, midwife, wife of James Taylor, of Love-lane, shoemaker, examined.—The deceased went to the Infirmary on Tuesday morning last. He brought from thence a plaster for his stomach, some pills, and an electuary. He had had a strengthening plaster on before, and he was to bathe it with warm water, then take it off, and put the other in its place. This was the one he brought that morning from the Infirmary. I saw both the boxes. There was no label nor direction on them how to take them. He had his printed Infirmary paper with him, and another with a prescription on. He asked me how many of the pills he should take, and I told him to take only one of them. He did so, and afterwards took a little bit of the black stuff out of the other box. He got it out of the box with the end of a tea-spoon; it was only a little bit. This was between five and six in the evening. About nine o'clock, I went into the house, and saw him sat on the bedside trembling. He could not speak. I saw him three or four times between six and nine o'clock. He was then in bed, and appeared to be asleep, and to take his breath very thick. I did not see him again after nine o'clock. I did not observe before I left him that he was convulsed. He lay very still when I saw him, but he moaned very much when sat on the bedside about nine o'clock. I don't think he was then sensible. He told me that he was to take the pills in the black stuff or "electuary," as he called it. I am sure he called it "electuary."

Eliza Greaves, widow of William Greaves, and daughter of the deceased, examined—I live in Eyre Lane. I went on Tuesday night last, about seven, to my father's house, and found him sat on the bedside. I asked him how he was, but he could not speak. I asked my mother why my father did not get into bed, as he was a long time undressed, and she said, "Tommy, get into bed; thou'll get cold." I again asked him how he was, when he tried to speak, but he shook his hands about and could not utter a word. He kept knocking his hands and feet about. I left at half-past nine and returned about ten, when he was very hot, and his face seemed red and swollen. He continued knocking his hands about, but kept his feet stiller. I left him at half-past twelve, when he was insensible. I returned to the house at nine next morning, when, thinking he was much worse, I fetched Mr. Pearson, surgeon, of Bank Street, and then went home. I did not see him take any of the stuff. I asked my mother what had made him so ill, and she said he had taken a pill and some ointment, which Mrs. Taylor had given him. His sight was very bad. I saw Mrs. Taylor give my father, about half-past seven, about an ounce of castor oil, which Mrs. Taylor said would perhaps send the stuff he had taken through him. Mrs. Taylor gave him the pill and the ointment, and he took it.

William Hudson, porter to the Sheffield General Infirmary, was then called. Being duly cautioned by the Coroner that he need not say anything to criminate himself, the witness made the following statement:—I have been porter to the Sheffield General Infirmary ten years and a half. I gave Thomas Greaves his medicine on Tuesday morning last. I gave him a plaster and a box of belladonna. I gave him directions how to take the plaster and the box—to spread what was in the box on the plaster and apply it to the part affected. I was very particular in giving him directions, as he was an old man. I told him the directions twice over, and said, "Do you properly understand what you have to do with what is in the box?" He replied that he perfectly understood it. I also gave him a box of pills, with the direction on the box, to take two pills three times a day. There was a label on the box of pills when I gave it to him, although there is none on now. I do not know the quantity of belladonna that I put into the box. The reason why I did not spread the belladonna on the plaster was, that, as he was an old man, I thought he had better spread it himself when he got home. The plaster would not have been of any use to him if it had been spread at the Infirmary, as he would have squeezed it together. I gave no written or printed directions on the box of belladonna, as to its use, because I had told him it was to be put on the plaster, and he knew perfectly well what it was for. He had not used it before. I know that belladonna is, to a certain extent, of a poisonous nature. Mr. Oakes, an assistant, was in the Infirmary surgery when I gave Greaves the stuff. Mr. Oakes and I had to deliver medicines to about 900 patients that morning. We have never had a direction for the use of belladonna as a plaster; when used in any other way there is a direction. Mr. Law has always said to me, "Send out a proper direction with everything." We never did give any other than a verbal direction with belladonna as a plaster. It was not from inattention to my duties or idleness, that I did not spread the belladonna, but from regard to the welfare of the old man. We have never had a mistake with belladonna before, and it has been sent out in this way for ten years. I think it was not my duty to spread the belladonna on the plaster, but to send it out as we had done before. I know that belladonna is an expensive article, and I think there was not more in the box than was necessary for the plaster. I am very sorry that the circumstance has occurred, but I will take care for the future that belladonna is not sent out in that way again. We have no labels marked "poison."

The Coroner—You ought to have.

Witness—When we have anything of poison, we write a label.

The Coroner—That is not proper. Did you write one on this box?

Witness—No.

The Coroner—You ought to have printed labels.

By a Juryman—There was no mention of an electuary, nor did I call the box of belladonna an electuary. Had it been an electuary, I should have put it in a pot, and not in a box.

Nathaniel Pearson, surgeon, examined—I was called in on Wednesday morning at half-past nine to attend the deceased. I found him in a dying state, gasping for breath, and, as I considered him, past the aid of remedies; I therefore did not administer anything to him. I left him about ten, and he died in about an hour after. I have since, assisted by Mr. Wm. Jackson, made a *post-mortem* examination of the body of the deceased. Externally, the body presented a somewhat emaciated appearance,

and there were no marks of violence. The vessels and membranes of the brain were highly injected, and the larger vessels distended with dark-coloured blood. The cavities of the brain were also distended with serous fluid, and the substance of the brain itself was softer than natural. The spinal canal was distended with a similar fluid, and its vessels highly injected. The stomach appeared in a natural state, both externally and internally, except at the upper part of the larger curvature, internally, where the mucous membrane presented a blackened appearance, of the size of the palm of the hand, indicating a state of incipient mortification of the part. The abdominal viscera otherwise presented no unhealty appearance. The heart was quite natural in appearance; the lungs in an uncollapsed state, and much darker in appearance than natural; they were filled with air, arising from an obstructed condition of the respiratory organs. The bladder and the intestines were perfectly healthy. I ascribe the death of the deceased to the effects of a narcotic poison. Belladonna would produce precisely the appearances which we found in the organic structures after death. I should say the quantity alleged to be taken, as on the paper produced, contained four grains. Belladonna is so seldom given internally, that it is difficult to state the smallest amount that would produce death. I think that five grains, under the circumstances of the advanced age of the deceased, and the disordered state of the chest, would produce death. The pupils of the eyes of the deceased were considerably dilated. I do think, without doubt, that, in this instance, belladonna has been the cause of death. Taking the state of his health, before he took the dose, into consideration, and comparing that state with the symptoms after taking the dose, and further observing the evidences of disease after death, I am quite convinced death was produced from narcotic poison, and no other cause. Mr. Jackson fully concurred with me in opinion as to the cause of death. The box contained five drachms of the extract of belladonna, which was more than was necessary for the plaster produced. Belladonna is a medicine very uncertain in its operation.

At the request of the Coroner, the inquest was then adjourned to Wednesday, July 12th. The following is the evidence then given:—

Mr. William Jackson, surgeon, Sheffield.—I did not know Thomas Greaves, the deceased. On Thursday the 6th instant, I assisted Mr. Pearson in making a *post-mortem* examination of the body of a man in Love-lane, who appeared to be upwards of 78 years of age. [The witness corroborated the evidence given on the first inquiry by Mr. Pearson, as to the appearances of the body when so examined.] I have no doubt but that the congested state of the brain, and the effusion of fluid in the cavities of the brain at its base, as well as in the spinal canal, produced the death of the deceased. The appearances might arise from the excessive use of spirituous liquors; the action of a narcotic poison; or it may have arisen from the peculiar state of the brain arising from natural causes. If I am to take for granted the evidence given by Mr. Pearson, as to the symptoms previous to death, and the statement he has given on oath, I should say death arose from a narcotic poison. Connecting that statement with the appearances we found after death, we are justified in stating that he died from a narcotic poison, but I cannot swear it was belladonna. If I had not been made acquainted with the symptoms during life, I should not have been able to state positively the precise cause of the death of the deceased. The effects of belladonna are pretty certain if it be pure, but they may be modified by peculiarity of the constitution of the person who takes it. I never saw a fatal case before of poison produced by belladonna, if this is to be considered one. I cannot undertake to say what would be the minimum dose that would produce death. I have given belladonna extensively in practice; but I do not remember a case in which I could safely give more than two grains. I think if I had seen the patient an hour before he died, I should have made an attempt to relieve his stomach of the poison. I think the friends of the deceased were highly culpable in not sooner applying for medical aid, as it is probable his life might have been saved. In the interval of from six o'clock in the evening till nine next morning, the belladonna would be absorbed into the system. The blackened state of the stomach of the deceased is a strong corroboration of the person having taken some poison. I cannot say that the deceased died from the use of spirituous liquors. From the mere examination of the brain it would be impossible to say from what cause he died. A large dose of belladonna, if pure, would certainly produce death. It is of great importance in a public institution that the medicine should be genuine. I have no doubt the drugs are obtained from a respectable dealer. The action of belladonna is upon the nervous system, and produces stupor, sleep, delirium, paralysis, and loss of articulation, which are the mode of death. If I had been called in at ten o'clock at night I might have saved his life.

Mr. Henry Oakes, dispenser of medicine at the Sheffield Infirmary.—I have served an apprenticeship to a chemist and druggist. I did not know the deceased. He was an out-patient of the Infirmary. I did not hear William Hudson, the porter, give directions to him or any one else on Tuesday morning week respecting belladonna; nor did I see him put any in a box. The reason why the porter is allowed to give out medicines is because there is more work than one person can do. That morning we had to deliver medicine to 800 or 900 persons; I think additional help is necessary. Our orders are, not to send out medicines without written or printed orders: and they never do if I know it. It is not usual to send out belladonna in a box, if it is intended to be used for a plaster. If Hudson had given Greaves or any other person any directions about belladonna being spread upon a plaster that morning, I should have heard him, and prevented him doing so. I should not have sent belladonna in a box. I have never known it so sent out. I believe the belladonna was genuine. I think it is not possible that those directions should have been given without my hearing them. We have no labels with poison printed upon them. When we have no printed labels we write one, for poison.

Mr. Joseph Law, surgeon to the Infirmary.—Having heard the medical evidence, in which are detailed both the symptoms which preceded death, and the appearances which were observed on the *post-mortem*

examination, I am decidedly of opinion that the deceased did not die either from belladonna or from any other narcotico-acrid poison. I have not one word to say in justification of the manner in which this box, whether containing belladonna or not, was sent out of the Infirmary. I should have disapproved of its being sent out, even accompanied by the fullest possible either written or printed directions. It was done contrary to a well-understood order which I have given and frequently repeated. The dose of belladonna which (if this be a case of poisoning,) was given, was only four grains; now there is not on record one case in which either four grains, or any similar dose, produced death. On looking at all the authorities I could, ending my researches with this work by Taylor, printed in the present year, I find twenty reports of cases of poisoning (but not fatal,) by belladonna. In these cases I find the largest dose taken was one ounce, and that the doses varied (and the symptoms also,) from that quantity downward; but where the doses were very small, the symptoms were also trifling. There is not a fatal case of poisoning by the *extract* of belladonna taken internally, on record. There was in the case of Thomas Greaves, the deceased, dilatation of the pupil, but no insensibility of it, and dilatation without insensibility is not a sign of poisoning by belladonna. The first and most prominent symptoms of poisoning by belladonna were all absent. There was no dryness of the mouth and gullet, no difficulty in swallowing, no tumefaction, and, in the evidence of the medical witnesses, no mention is made of redness of the face, hands, or any other part of the surface of the body. Nausea, a common symptom of poisoning by belladonna, was not spoken to as one of the symptoms preceding death. There was the absence of that lively talkative delirium, which has characterized almost every case of belladonna poisoning, either by the extract, the root, the leaves, or the berries; and instead of these symptoms, it is my medical opinion that we had the symptoms, which usually result from that kind of effusion into the ventricles of the brain and spinal canal which was sworn to. The first medical witness stated that there was serous effusion in the ventricles of the brain, and in the spinal canal; but Mr. Jackson stated that this effusion was found in these situations, and also at the base of the brain. Now, serous effusion is quite sufficient to produce death; but, whether it exists in any or in all of these situations it is no sign whatever of poisoning by belladonna. There is one case, and only one, recorded, in which there was softening of the brain. The appearances, therefore, of the brain were not those of poisoning by belladonna. The tubercula quadrigemina are pointed out by a very high authority, Flourens, as being the part of the brain principally affected, and the condition of this part of the brain has not been alluded to either by Mr. Jackson or Mr. Pearson. We find a black patch as large as the palm of the hand on the upper part of the larger curvature of the stomach, and this black patch is sworn to as a patch of incipient mortification. M. Gauttier de Claubry had 180 cases of poisoning by belladonna berries; and he examined the fatal cases, but neither he, nor Beck, nor Taylor, nor any other authority whatever, make any mention of mortification in any organ or texture of the body as one of the symptoms of poisoning by belladonna in any form. Neither of the medical gentlemen who have given evidence here have seen a case of poisoning by belladonna, and all medical facts and pathological principles oppose the belief, that four grains of the extract of belladonna could produce, either in sixteen hours or any longer period, a patch of mortification in the stomach. I am quite aware that these authorities speak of rapid decomposition of the bodies killed with belladonna; but rapid decomposition of the whole body is neither mortification, nor in the remotest manner allied to it. A mortified patch of mucous membrane would not be black unless it were dyed black by some extraneous body. In all the cases I have witnessed (and they are not few,) the colour has been the colour of the secretions—generally yellow—sometimes grey, but never black; and I know that if the whole of the four grains swallowed had been applied to that part of the stomach, and if not one atom of it had been mixed with the secretions generally, it could not possibly have blackened so large a surface. It is my opinion that I ought to have had the opportunity of witnessing the *post-mortem* examination of the deceased; and it is my opinion that I have a right to complain that the opportunity was not afforded me. It is my opinion that a very small amount of mortification of the stomach, much smaller than the patch sworn to in this case, would have produced death; and it is quite certain that this mortification was not produced by belladonna. Belladonna was sworn to by the first medical witness as a narcotic poison simply—not as a narcotico-acrid poison. Now, it is only by its acrid property that it could affect the stomach at all, or produce any local effect whatever. John Bailey, the author of a very important monograph on the medical use of belladonna, says that he began his medical career with one grain and gradually increased it, but subsequent experience taught him that it was best to begin with three grains, and he adhered to that plan. I estimate the number of out-patients receiving medicine on Tuesday at about 400; I think that there is ample provision made for dispensing the medicines; and I think also that when I am in the Dispensary, directions might and would be given by another dispenser that I might not hear. I am decidedly of opinion that four grains of belladonna, given to the deceased, though labouring under a disease of the chest, would not produce death; and I am farther of opinion that in an old man, enfeebled, exhausted, and diseased, it would require a more powerful agency to produce serious organic lesion, than in a young, vigorous, and healthy person; the lower the vital actions, the more difficult it is to produce active morbid action; at the same time I admit that the old and feeble man would die under the production of more trifling organic lesions, than would be required to kill the healthy and vigorous subject. The deceased had a condensed lung; and the other appearances spoken to are sufficient to cause death. I think he died from

natural causes, and not from the effect of any narcotico-acrid poison. The prescription was not written by Mr. Overend, but by Dr. Thompson.

Mr. Pearson said he was sorry if he had committed any breach of professional etiquette in not inviting Mr. Law to be present at the *post-mortem* examination. It was not intentional, but arose from his being much engaged at the time.

The Coroner, after carefully reading over and commenting on the evidence, said, it appeared from the statement of Mrs. Taylor, that the deceased had taken but a very small bit of the black stuff out of the box, (meaning the extract of belladonna,) and on being desired to show to the Jury how much he had taken, it appeared, from the opinion of Mr. Pearson, to be only about four grains. Now, the dose for an adult varies from *one* to five grains. The extract, when taken in large doses, produces all the symptoms of a powerful narcotic poison; but it is stated in Taylor's and Guy's works on "Medical Jurisprudence," that there have been very few instances known of this poison proving fatal, and that patients have recovered from very large doses. A case is published by Mr. Clayton, where a man took forty grains of the extract, and recovered; and another case occurred at St. George's Hospital, under Sir B. Brodie, in which an ounce of the extract had been taken, and the person recovered. It is, therefore, pretty clear that it is a medicine, uncertain in its operation, and not so active a poison as its common name would imply, and is much less virulent than some of the other narcotico-irritant poisons. Christison, in his able work, states if the accident is taken in time, poisoning with belladonna is rarely fatal; for as the state first induced is *delirium*, not stupor, suspicion is soon excited, and emetics may be made to act before a sufficient quantity of the poison has been absorbed to prove fatal. In this instance, the quantity taken by the deceased being small, it did not produce that extravagant delirium common in these cases, but there were dilated pupils, and the other symptoms mentioned by the witnesses. Now, should not the friends of the deceased in this case, when they found the state in which he was, *soon after he had taken* the pill and the extract of belladonna, have *immediately* sent for a medical man, and not have waited till nine o'clock of the *following morning*, (when the patient was dying,) before they called in medical assistance? and should not the medical man *even then* have adopted prompt remedies, as his patient lived more than an hour *after* he saw him? The facts of the whole case are now before you in evidence, and if you are of opinion that the quantity of the extract of belladonna taken by Thomas Greaves produced his death,—and that the porter, William Hudson, in sending out that poisonous medicine *without proper printed or written directions*, shewed such negligence and disregard for human life, as will in your judgment, render it necessary that this case should be sent before a higher tribunal, I am afraid it will be your duty to find him guilty of manslaughter,—it being clearly laid down, that if a party is guilty of negligence, and death results, the party guilty of that negligence is also guilty of manslaughter. But if you should be of a contrary opinion, you will have to say whether the deceased came to his death "accidentally from taking belladonna by mistake," or that he died from natural causes. I do, however, consider it my duty strongly to condemn the loose and dangerous manner in which poisonous medicines have been permitted to be sent out from the Sheffield General Infirmary, by William Hudson, the porter, and to suggest to the proper authorities there, that, in future, the *porter* should *not* be permitted to give out any medicines, and that none should on any account whatever be sent out without full and proper written or printed directions. It also appears to me, that on account of the great number of patients at the Infirmary, competent additional assistance should be immediately obtained, properly to dispense the medicines prescribed.

The Jury fully concurred with the Coroner in his remarks as to the loose manner in which medicines were sent from the Infirmary; and they recommended the instant dismissal of the porter from his situation.

The Jury, after retiring for some time, returned the following verdict:—"The Jury are of opinion that there is not sufficient evidence to satisfy them that the deceased has died from the fatal effects of belladonna, and they, therefore, return a verdict that he died from natural causes. The Jury, however, blame the friends for not sooner calling in medical assistance."

General Retrospect.

PHYSIOLOGY.

ON THE ACTION OF THE OMO-HYOIDEUS.

The reputed action of these muscles, as is shown by reference to the opinions of Bell, Cloquet, Cruvelhier, &c., is, to depress the os hyoides and larynx. Mr. Skey regards this view as too exclusive, and refers to them a highly important and hitherto unacknowledged function,—viz., depression of the os hyoides towards the *sternum*, the action by which *sucking* is accomplished. In examining such animals as drink by lapping, and in which the formation of a vacuum in the mouth, as in the act of sucking is not required, Mr. Skey finds the omo-hyoideus invariably absent. Its attachment to the scapula is regarded as a matter of necessity, inasmuch as the clavicle and first rib are occupied by the scalenæ, &c.

To the law that no animal which lives by lapping has this muscle, Mr. Skey acknowledges the objection which arises from the fact, that such animals, when young, also live by suction, and this would appear to invalidate his explanation of the action of the muscle. He endeavours to avoid the difficulty, by supposing that the act of sucking in the young animal is effected by the tongue alone.—*Medical Gazette*, July 7th.

ON THE SIGNS OF DEATH.

From an inquiry into the circumstances by which apparent death may be distinguished from real death, M. Bouchut has ascertained that all forms of apparent death, especially those which are due to asphyxia and syncope, present, whatsoever be the diversity of their symptoms, one common character—namely, the persistence of the pulsations of the heart—which distinguish them from real death. A commission of the French Institute, appointed to inquire into the merits of M. Bouchut's investigations on this subject, report, that having repeated his observations and experiments upon man and animals, in which syncope has been carried to its utmost limits, they can fully confirm the fact that in all such cases the pulsations of the heart

continue, and may be detected by auscultation. According to M. Bouchut, the certain signs of death are of two kinds—immediate and remote. The immediate signs of death in man are—first, prolonged absence of the movements of the heart, as recognizable by auscultation; secondly, the simultaneous relaxation of all the sphincters, due to the paralysis of those muscles; and lastly, the flaccidity of the globe of the eye, and the loss of transparency of the cornea. In the opinion of the commission, these signs have not an equal value, the first being by far the best and most certain. For, if ever the movements of the heart are undetectable by auscultation, for a period of five minutes together, it may with certainty be concluded that death has ensued. Moreover, this cessation of the movements of the heart is always accompanied by two striking phenomena—namely, the arrest of the respiratory movements, and loss of sensation and of the power of motion. The second circumstance—namely, the simultaneous relaxation of the sphincters—admits of more doubt as a certain sign of death. The condition of the eye, the commission think, cannot with safety be taken into consideration as a sign of death. So that cessation of the movements of the heart is the only certain proof of the complete cessation of life. The remote signs of death are stated by M. Bouchut to be—cadaveric rigidity, absence of muscular contraction on the stimulus of galvanism, and the occurrence of putrefaction. These points are admitted by all medical jurists, and cannot be disputed. Since general putrefaction of the body, however, only ensues after the lapse of a considerable time subsequently to the manifestation of the other signs, it is not necessary to wait for its occurrence before pronouncing on the reality of death; consequently, all houses established for the purpose of keeping bodies until putrefaction commences, as is done in Germany, must be productive of no advantage. The commission also urges the necessity in all cases of entrusting to medical men the duty of deciding whether death be real or apparent; for by them only can the cessation of the heart's movements, the existence of cadaveric rigidity, and the loss of muscular contractility, be recognized and rightly estimated.—*Gazette Médicale de Paris*, Mai 31, 1848, and *Medical Times*.

PATHOLOGY & PRACTICAL MEDICINE.

TREATMENT OF HYDROPHOBIA.

Dr. Marshall Hall has the following in the *Lancet*, of August 5th:—

If a frog be subjected to the influence of strychnine, two events may take place.

1. If it be continually excited to spasm by the irritation of a probe, life becomes extinct in a very few minutes.

2. If, instead of being so irritated, it be placed in a cool place, as a cellar, and all excitement avoided, it as certainly recovers.

A third order of facts is one of extreme importance; the effect of strychnine is *not* one of a spasmodic condition, but of extreme *susceptibility* to spasm. This susceptibility resides in the *centre* of the spinal system, but each spasm is an act of reflex excitement.

In this last respect hydrophobia accurately resembles the effect of strychnine; may it not also in the first and second?

In hydrophobia the patient dies of asphyxia, from repeated closure of the larynx. Imagine this asphyxia and reflex excitement avoided, why should the patient necessarily die?

Upon this reasoning the author suggests that tracheotomy should be performed, by which means asphyxia would be prevented. The patient should then be placed in a spring-bed, and surrounded by net curtains, so as to prevent the currents of air, motion from the bed, &c., and thus avoid reflex excitements. Thus he believes that the patient might be kept from dying until the poison is eliminated.

PATHOLOGICAL ANATOMY OF THE KIDNEYS.

Dr. Gairdner terminates an elaborate memoir on the morbid anatomy of the kidney with the following deductions:—

1. By far the greater part of the pathological lesions of the kidney arise from, or are connected with, the exudation of oleo-albuminous granules into the interior of the tubes and epithelial cells.

2. The oleo-albuminous exudation is probably often preceded, and occasionally accompanied, by vascular congestion, but when the quantity of exudation is considerable, more or less complete depletion of the vascular system invariably occurs. This is a secondary result of obstruction of the *tubuli uriniferi*.

3. The oleo-albuminous exudation occurs in two chief forms. First, universal infiltration of the tubes throughout the organ; second, infiltration of particular sets of tubules, the rest remaining free. In this mode the granulations of Bright are produced.

4. There is no essential anatomical difference between the exudations in the kidney which are the result of chronic processes, and those which have been considered as the result of inflammation.

5. The capillary vessels of the kidney are subject to spontaneous obliteration, unaccompanied in the first instance by any visible lesion of the tubes, giving rise to the peculiar affection which I have called the *waxy degeneration*. This obliteration of the vessels is probably in all cases preceded by a state of congestion.

6. The consequence of the waxy degeneration is thickening and varicose dilatation of the tubuli throughout the organ.

7. The tubes of the kidney are subject to contraction and obliteration, in consequence of the desquamation of their epithelium, a condition resulting in atrophy, and complete disorganization of the organ.

8. The desquamation of the epithelium varies very frequently in all the other diseased conditions of the kidney. When sufficiently long-continued and extensive it produces contraction, and this indifferently, whether exudation be present or not. It is sometimes accompanied by vascular congestion in every stage of its progress.

9. The earlier stages of the exudation can only be discovered by means of the microscope. The progress of the waxy degeneration, on the contrary, is best traced by the unaided eye. The desquamation of the

epithelium is only to be discovered with certainty by means of the microscope, and is particularly apt to escape attention, under all circumstances, if the *kidney* only, and not the *urine*, be looked to. It results that careful investigation, both by the microscope, and the naked eye, both of the kidney, after death, and the urine, during life, are indispensable to enable the pathologist to determine with exactitude the presence or absence of disease.—*Monthly Journal*, August, 1848.

SURGERY.

DISLOCATIONS OF THE HUMERUS.

Dr. Goyraud divides dislocations of the humerus in an essay on this subject, as follows:—

Genera.	*Species.*	*Varieties.*
1. Dislocation forward	1. Sub-coracoid 2. Intra-coracoid	complete. incomplete.
2. Dislocation downward	3. Sub-glenoid	
3. Dislocation backward	4. Sub-acromial Here is found the situation for sub-spinous dislocations if such be demonstrated.	complete incomplete

All these dislocations, he observes, are produced primarily; it is only muscular action can transform to any other. This is evident to all those who have studied luxations of the humerus on the dead subject, and still we yet find in some recent works highly esteemed, that error of the school of Desault,—that *sub-clavicular dislocation is the most frequent consecutive to dislocation forward and dislocation downward.* Doubtless in order to arrive at the internal side of the coracoid process, the head of the bone passes beneath that process, but without stopping. The violence which produces the luxation, is the only cause of complete rupture of the capsule, and of the muscles which are inserted into the greater tuberosity; and in order that this rupture take place, it is necessary that the head of the humerus should be forced by the shock, even to the other side of the coracoid apophysis. But if the force make the head of the bone only to arrive beneath the coracoid process, it leaves untouched the posterior part of the capsule and the muscles which are inserted into the greater tuberosity—parts which retain the humerus at this point; and muscular action would never be able to draw the head of the bone beneath the clavicle. This intra-coracoid dislocation takes place primarily, the same as all the others; and the sub-coracoid luxation does not transform itself into the intra-coracoid, more than does the sub-glenoid transform itself into the sub-coracoid or sub-acromial form: the secondary displacements, have evidently been conceived by the surgeons who got an incorrect idea of the relative situation of the displaced head of the humerus, and the state of the soft parts surrounding. Thus M. J. L. Petit, believed that dislocation downward became dislocation on the same border of the scapula—a serious error which gave rise to the theory of secondary displacements. Is it surprising that with the idea that it can occur in sub-pectoral and sub-scapular luxations, M. Velpeau should have believed in consecutive displacements by muscular action?—*Gazette Médicale*, Juillet, 1re., 1848.

COMPOUND DISLOCATION OF THE KNEE-JOINT.

A boy, aged 11, got his leg entangled in the wheel of a waggon, while hanging on behind. He was found lying on a sofa in great agony, and on ripping up the trowsers the head of the tibia was seen completely exposed, having been thrust entirely through the soft parts covering the joint posteriorly.

By making extension, and at the same time flexing the leg, the luxation was reduced. The laceration was extensive, the whole of the joint and the popliteal artery being exposed. The integuments were brought together, and a compress and a roller were tightly applied, the limb being supported in a semi-flexed position. The inflammatory reaction was but trifling. The wound healed in six weeks, and the boy was able to walk with a partially anchylosed joint.—*Philadelphia Medical Examiner*, May, 1848.

USE OF GUTTA PERCHA IN CLUB-FOOT.

Mr. Lyon mentions the great service he has derived in the treatment of varus from the use of gutta percha bandages. His method of applying them is thus described:—

After dividing the tendo-Achillis, a procedure not always required, the limb is wrapped in a bandage of gutta percha, of the thickness of a penny-piece, softened with hot water the bandage is applied as is customary, with the common roller. The limb being thus encased in gutta percha, while it is still soft, it is restored to its proper form, and held for a few minutes until the bandage becomes perfectly hard, when the foot is retained in the required position.—*Monthly Journal*, August, 1848.

FOREIGN BODY IN THE AIR PASSAGES: EXPULSION AFTER FOUR MONTHS.

A child, aged six, was admitted by Dr. O'Ferrall into the St. Vincent Hospital, for cough and dyspnœa. Four months before admission the child was tickled while he held some pebbles in his mouth, when a severe and alarming fit ensued, and the child screamed with pain. From this period the breathing was observed to be laborious, and he became subject to occasional fits of coughing, accompanied by hæmoptysis.

Examination of the chest gave the following results:—Symmetry nearly perfect; slight prominence of the right side anteriorly, with slightly increased respiratory expansion; both sides clear on percussion. Vesicular murmur on the left infra-clavicular region; heart's sounds normal. Mucous rale on the left mammary region, most distinct behind, and two rales on the right side, but the vesicular murmur was puerile and exaggerated. The general aspect of the child indicated impeded respiratory function. Face sub-livid, expression anxious; no sweats. From these signs Dr. O'Ferrall determined,—

1. That there was bronchitis in the left lung, which did not implicate its upper portion, and which had not extended to the right side.

2. That the respiratory function of the left lung, though not impeded altogether, was modified in a degree which called for compensative action of the other, and it was probable,—

3. That the bronchitis was not idiopathic or ordinary, since it was limited to one side, and to a portion only of the lung.

4. That the bronchitis was not of tubercular origin, since it did not manifest itself in the apex of the lung.

There was, then, a localized inflammation, for which it was impossible to account without reference to the history, and Dr. O'Ferrall therefore did not hesitate to conclude that a foreign body was lodged in the left bronchus, without completely blocking up the tube. This diagnosis was confirmed by Dr. Stokes and others.

The question of operation which was now considered, appeared to Dr. O'Ferrall to depend upon the considerations of the chances of being able to grasp and extract the foreign body, and the probability of the occurrence of general bronchitis. In the case of Mr. Brunel, all attempts to remove the half-sovereign by the opening in the trachea failed, and it was at length expelled through the rima glottidis. Seeing the difficulty which occurred in this and other cases, Dr. O'Ferrall devised a pair of basket-work wire forceps, which might be introduced into the larynx through the artificial opening, and catch the body as it fell towards the glottis when the patient was inverted. Before, however, the operation was undertaken, the boy was suddenly seized with a fit of coughing, and the stone was expelled. From this time all painful symptoms ceased, all the treatment required being the application of blisters, &c., for the removal of the local bronchitis.—*Dublin Quarterly Journal of Medical Science*. May, 1848.

LIGATURE OF BOTH PRIMITIVE CAROTIDS.

An additional instance of this rare operation is recorded by Dr. Blackman, U.S.

A boy, aged 15, had what was supposed by a former attendant to be nasal polypus, and it was accordingly treated as such ineffectually. As it continued to increase, and gave rise to hæmorrhage, which threatened life, it was determined to tie the right primitive carotid, which was accordingly done. The effect was a temporary diminution of the tumour, which had invaded the cheek; but in the course of a fortnight he began to complain of uneasiness about the junction of the upper lip with the right ala nasi. The cause of this was soon explained by the appearance of a fungous growth on the under side of the upper lip, which increased so rapidly as to protrude, and bled copiously. It was obvious that it would now be necessary to tie the opposite artery, and after a due consideration of the attendant dangers, this was also ligatured. As soon as the ligature was tightened, the patient complained of loss of sight of the corresponding eye; but in the course of half an hour the sight was restored; the patient recovered without any bad symptom. In less than a week from the last operation, the morbid growths had dropped off.—*American Journal of Medical Science*, May, 1848.

CANCER OF THE UPPER LIP, AND IN THE FEMALE.

Sir Astley Cooper states that in upwards of two hundred cases of cancer of the lip, the upper lip was affected in only one instance; and he had never seen it in the female. Mr. Dickin, in noticing this observation, states that he has recently seen an instance of each of these rare exceptions. Both cases were women, and in one the cancer was in the upper lip.—*Medical Gazette*, July 7th.

CAUTERIZATION OF ADHERENT OMENTUM IN STRANGULATED HERNIA.

M. Bonnet, of Lyons, alludes to cases of operation for strangulated hernia, in which he sometimes finds pieces of omentum adhering so intimately to the sac, that it is impossible to reduce them. These cases are very embarrassing. If the omentum is left there is a risk of sphacelus and absorption of deleterious matters into the blood; if the portion be removed after being ligatured, the danger is scarcely less. Under these circumstances M. Bonnet advises that the irreducible portion should be destroyed by cauterization with the chloride of zinc, and relates two cases in which the practice was successful.—*Bulletin de Thérapeutique*.

OBTURATOR HERNIA, WITH SYMPTOMS OF INTESTINAL OBSTRUCTION WITHIN THE ABDOMEN.

Miss ———, aged 36, in September 1847, had some severe pain and local tenderness on pressure on the right side of the abdomen, above Poupart's ligament, with continued constipation and some vomiting. During several days these symptoms were relieved by the local application of leeches and fomentations, and the use of aperients and purgative injections. From that time she continued in her usual health until January 20th, 1848, when she was suddenly seized with symptoms of strangulated hernia, but no hernia could be detected, although she was repeatedly examined in reference to that point. Various means were employed, without any permanent relief to the symptoms of strangulated intestine. These means were continued during eleven days, when, in consultation with Dr. Fox and Mr. Blackmore, of Old Street Road, in whose practice this case occurred, it was resolved to recommend the patient to submit to an operation, the whole importance of which was fully explained to her. On the twelfth day from the first symptoms of strangulated intestine, Mr. Hilton opened the abdomen by cutting in the median line below the umbilicus, and ascertained the existence of an obturator hernia, which had not been at all suspected to exist. The intestine was withdrawn from the obturator opening by laying hold of it within the abdomen: no external tumour could be at that time detected in the upper part of the thigh. The operation was performed (with the patient under the influence of chloroform,) in the morning, and the patient died in the evening of the same day. The *post-mortem* examination gave evidence of extensive recent peritonitis. The portion of intestine which had been in the hernial sac was distinctly seen, and on examination was found to have been in a condition favourable to recovery. The hernial sac remained fixed in the thigh; the parts surrounding it were dissected; and a drawing is annexed to the record of the case, showing the position of the hernia.—*Medical Gazette*, July 21st.

OPERATION FOR STRANGULATED HERNIA IN AN INFANT SEVENTEEN DAYS OLD.

Mr. Fergusson related the following case to the Medico-Chirurgical Society:—

An infant, seventeen days old, had been perfectly well until the evening of Nov. 6, 1846, when it became fretful, and its sufferings appeared to increase rapidly. The symptoms were those of strangulated hernia, viz., a painful swelling in the region of the left inguinal canal, swelling and tenderness in the abdomen, constipation, and frequent vomiting.

The taxis having been applied without benefit, Mr. Fergusson proceeded at once to operate. An incision about two inches in length was made along the most prominent part of the tumour, passing obliquely from opposite the opening in the fascia transversalis, to within half an inch of the lower part of the scrotum, when the skin and subjacent cellular tissue were divided; a firm membrane of a dark blue colour, which was considered to be the hernial sac, was discovered, and cautiously opened. About a teaspoonful of turbid serous matter escaped, and on enlarging the aperture, a portion of small intestine was immediately exposed. The opening was now enlarged and the testicle was observed of a dark colour, partially covered by the gut. The stricture was divided in the usual manner, and the gut returned. The patient soon after went to sleep, and in the course of three hours there was a copious motion.

The above case is unique as regards the age of the patient. The age of the youngest subject, previous to the present, operated upon for strangulated hernia, being seven weeks. Several cases are on record of seven months, fourteen months, and sixteen months.—*Dublin Quarterly Journal of Medical Science*, May, 1848.

NEW REMEDY FOR TOOTHACH, THE PRINCIPAL AGENT BEING CHLOROFORM.

Mr. James Beatson, of Airdrie, says,—"Gum copal, when dissolved in chloroform, forms an excellent compound for stuffing the holes of decayed teeth. I have used it very frequently within the last two weeks, and the benefit which my patients have derived from it has been truly astonishing. The application is simple and easy. I clean out the hole, and moisten a little cotton with the solution; I introduce this into the decayed part, and in every instance the relief has been almost instantaneous. The chloroform removes the pain, and the gum copal resists the action of the saliva, and, as the application is so agreeable, those who may labour under this dreadful malady would do well to make a trial of it."—*Medical Times.*

MIDWIFERY.

HÆMORRHAGE FROM THE UMBILICAL CORD.

An useful hint is contained in the case reported below.

Mr. Hill was called upon to see an infant, eight days old, from whose navel there had been bleeding for five hours. Several applications had been employed without effect. The child appeared considerably sunk by the discharge; the cord was thick, and vessels apparently large. He first put a small compress on the part, which was retained by the pressure of the finger. He mixed up two tablespoonsful of plaster of Paris in a cup with water into a thick paste, and hastily removing the compress, he let the contents of the cup flow out on the part, where it immediately settled and hardened. He remained with the child some hours, and kept the abdomen partially exposed to the air: a few cracks having taken place in the plaster, he filled them up with fresh. He then put a bandage on the infant, removing it occasionally, and filling up the cracks that took place for the purpose of keeping the plaster solid, which was repeated for four days. It was then removed, and the bleeding did not return. On examining the cast there appeared three small papillæ, which the author supposes corresponded to the two arteries and vein which they occupied until the vessels became impervious.

Mr. Hill claims no merit of originality for this practice; he took the hint from Dr. Churchill, who, in a very excellent paper on the umbilical cord, published in the 50th volume of the *Edinburgh Medical and Surgical Journal*, page 302, for the year 1838, has suggested such treatment. The practitioner in this case, who was a pharmacien, had put a large piece of old linen about the cord after dividing it, and being saturated with blood it became hard, and threatened erysipelatous inflammation on the surface, to avoid which, he pulled away the cloth and remains of the cord before the process of separation had begun or the vessels became impervious. The plaster is worth a trial in such cases before more active means are adopted; it has to recommend it simplicity and being void of danger.—*Dublin Medical Press*, June 7, 1848.

TOXICOLOGY.

POISONING BY BELLADONNA.

Dr. Burton narrates the case of the porter to an hospital, who, by mistake, swallowed half an ounce of an aqueous solution of extract of belladonna. He did not immediately discover his error, but in five minutes experienced heat and dryness of the throat, succeeded by vertigo. Being alarmed, he drank warm water and vomited, but while in the act of drinking became powerless, and in a few minutes delirious and insensible. The stomach-pump was applied and some of the poison ejected, and he was then sent to St. Thomas's Hospital. When first seen by Dr. Burton, the patient was unconscious; face flushed; pupils widely dilated; and the retina totally insensible. The upper lids were prolapsed as in ptosis. The breathing was stertorous, and there were numerous rales. Heart's action feeble; pulse 116.

Treatment induced an amendment in the fulness and puffiness of the face, and consciousness returned, but the amendment did not continue, and he relapsed into stupor, followed by delirium, requiring restraint. This subsided, and he was found decidedly better next morning at eight a.m. After his recovery of consciousness, he complained of numbness extending over all parts of the trunk and extremities. The treatment adopted consisted of leeches and cold applications to the head, and the alternate exhibition of coffee and aromatic spirits of ammonia; the bowels were moved with croton oil, and the urine was drawn off.—*Medical Gazette*, June 16th.

ON THE SPEEDY INTERMENT OF PERSONS DYING FROM CHOLERA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

From the probability which exists of our being re-visited by cholera, I am anxious to call the attention of the profession to the subject of this letter,—viz., *the speedy interment* of the *real* or *supposed victims* of the disease,—a subject at once interesting in a scientific, and important in a humane point of view. Having acted on the occasion of the last epidemic as medical officer to two Boards of Health, it may be right to state that the opinions now to be expressed were then entertained, and this *Whitehall regulation* was then questioned and opposed by me; and further, that subsequent reflection has served to convince me both of the inutility and inhumanity of such regulation.

The consideration of the cause and nature of death by cholera will suffice to show, that in such a case the most unequivocal evidence of *real death* should be present, previous to interment even being thought of, much less carried into effect. In corroboration of this opinion I would ask, is there any, and if there be such, what is to be held as such unquestionable sign of death? On the answer to this question my justification for mooting the subject must and does depend; I therefore affirm that, there is but one absolute proof of death,—*i.e.*, the decomposition which follows it. If this be true, and it will hardly be denied that it is so, it follows that the interment of the body in *any case* previous to such change being apparent, is alike opposed to science, and a violation of humanity and its laws. Again, it may be asked, how long may *life be suspended?* I am not aware that any direct or satisfactory answer can be rendered to this query, and must, therefore, reiterate my assertion that the speedy interment of cholera-patients is wholly unjustifiable.

It was, undoubtedly, adopted with the view of protecting the living against infection, or contagion, which yet remains *sub judice*, so far as cholera is concerned, the great mass of evidence, at the same time, tending to the belief that cholera is not *essentially* a contagious or infectious disease. From my letters on the disease having been published in the Journal in 1832 and 1833, I will not at present occupy more of your space than is necessary to record my *protest* against a practice opposed to, and unsupported by, science, and repugnant to the best feelings of our nature,—affection, and veneration for the dead.

I am, Sir,
Your obedient servant,
GEORGE FIFE, M.D.

Newcastle-upon-Tyne,
Sept. 9, 1848.

Medical Intelligence.

APPOINTMENTS.

P. Martin Duncan, Esq., M.B., has been appointed Physician to the Essex and Colchester Hospital, in the room of Dr. Chambers, resigned.

John Cash Neild, Esq., has been elected Surgeon to the Bristol General Hospital, in the room of J. G. Wilson, Esq., resigned.

William Bird Herapath, Esq., M.B., M.R.C.S., has been elected Honorary Surgeon to St. Peter's Hospital, Bristol, in the room of Dr. Staples, resigned.

Charles Hall Clarke, M.D., has been elected Physician to the Bath United Hospital, in the room of Dr. Cardew, resigned.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, August 24th:—William Player, Swansea; William Richard Hilton, Whitehaven.

Thursday, August 31st:—W. Wightman, Swinefleet, near Goole; Walter William Miller, Eye; John Baker Boley, Bristol; William Gillett Cory, Brighton.

OBITUARY.

Lately, at Orthez, in the South of France, in his 104th year, Dr. Dufour, having preserved his faculties to the last.

BOOKS RECEIVED.

Proceedings of the State Medical Convention, held in Lancaster, April, 1848, and Constitution of the Medical Society of the State of Pennsylvania then adopted. Lancaster, U.S. Penn. 1848. 8vo. pp. 20.

On the Employment of Chloroform in Dental Surgery, its Mode of Exhibition, &c. By Francis Brodie Imlach, Dentist, Licentiate of the College of Surgeons, and Member of the Medico-Chirurgical Society of Edinburgh. Edinburgh: Sutherland and Knox. London: Simpkin, Marshall, and Co. 1848. 8vo. pp. 9.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NOTICE TO MEMBERS.

Gentlemen whose subscriptions are in arrear are requested to bear in mind the addition to the 23rd Rule of the Association, unanimously agreed to at the late Anniversary Meeting:—

"If any Member's subscription remain unpaid twelve months after it shall have become due, the *Medical Journal* and other publications of the Society shall be withheld from such Member till his arrears be paid."

R. J. N. STREETEN, Secretary.

TO CORRESPONDENTS.

Communications have been received from Dr. W. B. Herapath; the Birmingham Pathological Society; Dr. Fife; Mr. W. S. Cox; Dr. Paxton; Mr. J. Gabb; Dr. Cowan.

Lynn Hospital:—We have received the report of cases treated at the West Norfolk and Lynn Hospital, and hope that whenever Mr. Cotton's convenience will permit we shall be favoured with a continuance of these valuable reports.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

MEMOIR ON TURNING,

AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS, IN DEFORMITY OF THE BRIM OF THE PELVIS, &c. &c.*

By J. Y. Simpson, M.D.,
Professor of Midwifery in the University of Edinburgh.

Section VIII.—Supposed Objections to the Practice in relation to the Life of the Mother.

In the last section, when treating of the effect upon the infant, of the practice which I propose in distortions of the pelvis, I took occasion to state, that the only proper test or measure of value between a novel operative measure like this, and those operative measures for which it was suggested as a substitute, consists in ascertaining, not the absolute mortality attendant upon the new operation alone, but the comparative mortality attendant upon the new as compared with the other and older forms of treatment. In the same way, in the present section, the question is not,—what is the absolute maternal mortality attendant upon delivery by turning in cases of contracted pelvis? but, what is the mortality attendant upon that operation, as compared with the mortality accompanying the alternative operations of delivery by the long forceps and by craniotomy?

In the records of midwifery, there do not yet exist, as far as I am aware, any data by which it is possible to compute either the general or relative mortality to the mother, from the use of the long forceps. Nor can we obtain any satisfactory approximation to the probable results of their employment upon the mother, by studying the maternal mortality attendant upon the use of the short forceps. For the short forceps are employed only in cases in which the head is already sunk down into the pelvic cavity, and when the application of the instrument is far less difficult, and its effects less dangerous, than when the long forceps are had recourse to in consequence of the child's head being arrested high up in the passages, from the obstruction of a distorted pelvic brim.

It is principally, however, as an alternative for craniotomy that we have to consider the propriety of turning; and there exist numerous data by which we may compare the relative mortality of these two operations. On this and other points in the statistics of midwifery, the laborious and valuable investigations of Dr. Churchill have thrown much light. The following table, which I have drawn up from Dr. Churchill's collection of data, shews us the general relative mortality attendant upon craniotomy and turning, in as far as regards the life of the mother.

Table VIII.

Shewing the Results to the Mother in Craniotomy and Turning.

Operation.	*Number of Cases collected*	*Number of Mothers lost.*	*Proportion of Mothers lost.*
Craniotomy	251	52	1 in 5
Turning ..	169	11	1 in 15

In some of these cases of turning, the deaths may, as Dr. Churchill points out, have been owing to the cause which demanded the operation, (such as placenta prævia,) and not owing to the operation itself; but, I believe with him, that the resulting calculation is "not very far from the truth."*

So far, such an imperfect estimate of the mere mortality of the two operations gives a result highly in favour of turning. But there is another element which comes into action, and which is not included in the above comparison. Most of the turning cases were instances in which the operation was performed in consequence of the child presenting transversely, and with most of them, comparatively little or no difficulty was probably encountered in getting the head to pass the pelvic brim. In the class of cases in which it is my object to recommend turning,—viz., with the brim narrow and distorted, would the operation, from its requiring the forcible extraction and compression of the head, be attended with much increase of peril to the mother?

On such a question being first suggested, most accoucheurs, I believe, would be inclined, *a priori*, to argue that the compression, however transitory, of the soft tissues included in the maternal pelvis, between

* Continued from page 398.

* Principles of the Practice of Midwifery, p. 245.

the interior of the maternal pelvic bones and the solid though elastic head of the infant, would be sure to be attended with inevitable danger, and evil consequences to the maternal structures; that the practice would, in short, be, as Dr. Radford has expressed it, "incompatible with the safety of the mother."

Prejudgments, however, even in pathological and practical matters of this description, are often wrong. Let us lay aside argument for experience, and supposition for fact, and examine, quietly and without prejudice, the actual and probable results of forced operative extraction of the infant's head, in cases of obstruction of the pelvic brim.

Dr. Denman had evidently some experience of the forcible extraction of the infant's head through contracted pelves, in preternatural presentations of the child. The rules of treatment, which I have already quoted from his chapter "On the Complication of Breech Cases with Distortion of the Pelvis," shew how entirely, or almost entirely, he trusted in these instances to the forced extraction of the head; and how very rarely, if ever, he had occasion to assist the delivery by craniotomy. And he states the results of all his observations in these instances, in terms most significant of its safety. "Nor have I *ever* known (says he,) any ill consequences follow the compression, which the soft parts of the mother undergo, between the head of the child and the sides of the pelvis, if proper attention were paid to the state of the bladder and rectum."*

The cases I have cited from Dr. Denman, and the others adduced in the preceding sections, so far afford corroborative evidence of this important remark. Altogether I have already referred to twelve or thirteen cases, in which the force of extraction or expulsion was so great that the head was not only compressed but indented. In none of these does the mother seem to have suffered from the compression or contusion. But these cases, it may be argued, are too few to entitle us to speak over-positively on the point. Let us turn, then, to others.

It often enough happens, among cases of pelvic distortion, that when the head of the child presents, and becomes obstructed at the brim, the mere perforation of the head, or first part of the operation of craniotomy, is not adequate to allow the operator to overcome, with subsequent ease, all the resistance of the obstacle opposing delivery. In many cases the second or succeeding part of the operation of craniotomy,—viz., the extraction of the head with the crotchet, through the contracted and obstructing brim, is still attended with difficulty, and requires for its completion more or less prolonged exertion by pulling and force. Under such circumstances, and though the child presents by the head and not by the feet, we have exactly the same form of danger threatening the soft structures of the maternal pelvis, as if the excessive traction were made, not in craniotomy, but in turning. The two cases agree in this one common condition, that in both an exertion of traction and force is required to pull the obstructed head through the contracted pelvic brim; and in both the soft tissues lining the pelvis of the mother are equally liable to be contused and compressed, under this traction and force.

Now, in cases of craniotomy, such as I here allude to, and which require the operator to use *great exertions*, in dragging the head with the crotchet through the obstructing brim, is the mortality to the mother much increased above what it is in the common run of craniotomy cases? Or, to state the question in other terms, are such cases of craniotomy decidedly more dangerous and fatal than other cases of the same operation, in which such excess of traction is not required?

Dr. Lee's "Clinical Midwifery presents us with a series of data relative to craniotomy operations, that may enable us to arrive at some accuracy of information regarding this question. In the first and second reports of his work, Dr. Lee details eighty-seven cases of craniotomy. The table No. IX. (see pp. 535—538,) gives a condensed view of the principal facts and results connected with these eighty-seven cases.

In most of the eighty-seven cases in the table, the operation of embryulcio was performed while the volume of the head was still above the brim. In the detail of many of the cases, Dr. Lee mentions whether the operation of extraction, after the skull was opened, was difficult or not; in thirty, however, of the eighty-seven, he particularly notes the extraction of the perforated head with the crotchet, as having been attended with difficulty and force. The foot-note (below)* contains a list of these thirty cases, and Dr. Lee's

* Practice of Midwifery, 1816, p. 499.

* *Case* 5.—"After perforation, great difficulty was experienced in extracting the head with the crotchet." *Case* 8.—"From the long-continued efforts required to drag the head into the cavity of the pelvis, it was evident that the delivery could have been accomplished in no other way, with safety to the mother." *Case* 9.—"After perforation, strong efforts were required to complete the delivery, and she died within forty-eight hours." *Case* 16.—"The force afterwards required to extract the head with the crotchet, made us regret that we had not interfered sooner." *Case* 29.—"After perforation, the head was extracted with difficulty by the craniotomy forceps." *Case* 31.—"The head was perforated, and the force afterwards required to extract it with the craniotomy forceps was so great, that I regretted having endeavoured to deliver before lessening the volume of the head." *Case* 32.—After perforation, so much force was required to draw the head through the pelvis with the craniotomy forceps, that I regretted having attempted to save the child." *Case* 34.—"The extraction of the head with the crotchet was a tedious and difficult operation." *Case* 35.—"I did not succeed without much difficulty in delivering with the craniotomy forceps." *Case* 38.—"I opened the head, and had much difficulty afterwards in drawing it down with the crotchet." *Case* 39.—"Perforation and extraction difficult." *Case* 40.—"Extraction difficult." *Case* 56.—"Extraction with the crotchet tedious and difficult." *Case* 59.—"Extraction difficult." *Case* 66.—"Great force required to extract." *Case* 76.—"The bones of the cranium were all torn away with the crotchet, before succeeded in drawing the base of the skull through the brim of the pelvis. * * Great force was afterwards

[See p. 538.

TABLE IX.—*Eighty-Seven Cases of Craniotomy, recorded by Dr. Lee, in the First and Second Reports of his "Clinical Midwifery."*

No. of Case.	No. in Report.	Cause of Obstruction and Delay.	No. of Pregnancy.	Length of Labour before Operating.	Difficulty or not in Extraction.	Death or Recovery of Mother.	Other Results. Inflammation, Sloughing, &c.	Remarks.
1	1	Rigid os uteri; vagina swollen and tender ..	1	Three days and nights	Not stated	Recovery	Sloughing; fistula	Long forceps tried first.
2	2	Head never through brim—convulsions	1	Fifty hours	Not stated	Recovery	Violent inflamm. of uterus	Long forceps tried first.
3	4	Head jammed in brim	—	Above 48 hours	Required 1½ hrs. bones of head &c. much torn	Recovery	Post-partum hæmorrhage	Tried first to apply forceps.
4	5	Head not passed brim. Os uteri half dilated	2	Two days (48 hours)	Great difficulty	Recovery	Slight uterine inflammation	Tried first to apply forceps; craniotomy in former labour.
5	8	Head not passed brim	1	Nearly 60 hours	Long contd. efforts	Recovery	.....	Recovered rapidly.
6	8	Scalp tumid; bones riding	2	Strong, above 30 hrs.	Little difficulty	Recovery		
7	8	Head wedged in brim	3	.....	Not stated	Death	.....	Ergot and repeated efforts with forceps tried previously.
8	9	Impacted in brim	—	.....	Strong efforts ..	Death	.....	Forceps tried first; vagina enormously swollen.
9	16	Not through brim. Os uteri rigid, not fully dilated.	1	About 50 hours	Force required	Recovery	.....	Not able to apply the forceps. No bad consequences followed.
10	17	Head low but not through the pelvis; anterior lip of uterus locked; labia swollen	1	About 48 hours	Not, except in overcoming perineum	Recovery	Inflammation and sloughing of vagina, & cicatrix	
11	25	Head and arm jammed in brim	2	Above 30 hours	.....	Recovery	.....	Delivered of first child by forceps.
12	29	The greater part of the head had passed through the brim	—	Forty-six hours	With difficulty	Recovery	No bad effect	Forceps tried first.
13	30	Great part of the head still above brim ..	1	Above 20 hours	Not stated	Recovery	Perineum torn by shoulders of infant	Forceps tried first; delivered since without assistance.
14	31	Head not completely in the cavity of pelvis	—	.....	Great force ..	Recovery	.....	Forceps tried first. A face presentation.
15	32	Head so low that the ear could be felt	1	Above 72 hours	Great force ..	Recovery	.....	Forceps tried first.
16	34	Head sufficiently low for the forceps	1	So long that she was quite exhausted	Tedious & difficult	Not stated	.....	Forceps tried first.
17	35	Head filled the cavity of the pelvis	1	Above 41 hours	Not without much difficulty	Recovery	.....	Forceps tried first.
18	38	Cavity of the pelvis occupied by a tumour the size of a cricket ball or larger	—	Twenty-four hours	Much difficulty	Recovery	.....	Forceps tried first. Next child delivered naturally at full period.
19	39	Os uteri not fully dilated, thick and rigid, and pressed down with the head through the brim of the pelvis	1	Above 50 hours	Difficult	Not stated	.....	Not able to apply the forceps.
20	40	Head firmly impacted in brim of the pelvis	1	Above 30 hours	Difficult	Recovery	Retention of urine; violent inflammation of vagina; fever	

No. of Case.	No. in Report.	Cause of Obstruction and Delay.	No. of Pregnancy.	Length of Labour before Operation.	Difficulty or not in Extraction.	Death or Recovery of Mother.	Other Results. Inflammation, Sloughing, &c.	Remarks.
21	41	Distortion of pelvis, and hard cicatrix of vagina	—	.....	Not stated ..	Recovery		
22	42	Head jammed in the brim	1	Long in labour	Not stated ..	Recovery	.....	Not able to apply the forceps.
23	43	Head within reach of forceps	1	.....	Not stated ..	Death	.....	Convulsions. Forceps tried first.
24	56	Pelvis distorted	1	Sixty-seven hours	Tedious & difficult	Recovery	Slight uterine inflammatn.	
25	57	Face presentation	—	Above 48 hours	Not stated ..	Recovery	Hæmorrhage	Face presentation.
26	58	Head and arm	1	Seventy-two hours	Not stated ..	Recovery	Severe inflamn. of uterus	Many efforts made at turning.
27	59	Head long fixed in the brim	3	Forty-hours	Difficult	Recovery		
28	60	Head many hours impacted in the brim; vagina swollen and tender	1	Thirty-six hours	Not difficult ..	Recovery		
29	61	Head in the pelvis, and an ear felt	—	Twenty-four hours	Not stated ..	Recovery	.....	Vectis and forceps tried first.
30	62	Os uteri rigid and partially dilated. Head compressed in the brim	1	Seventy-two hours	Not stated ..	Death	Great inflamn. and sloughing	
31	63	Head fixed in the brim	1	Above 24 hours	Not stated ..	Recovery		
32	64	Head of child passed into the pelvis. Labia swollen to the size of a child's head	—	First stage very protracted	Not stated ..	Death	Gangrene of vagina and external parts	
33	65	Great distortion of the pelvis	1	Thirty-six hours	Not stated ..	Recovery		
34	66	Head fixed in the brim; pelvis small	1	Forty-eight hours ..	Great force ..	Recovery	.....	Not able to apply the forceps.
35	67	Head above the brim	1	Great protraction, (above 24 hours)	Not stated ..	Recovery		
36	68	Small pelvis; os uteri rigid	1	Forty-six hours	Not stated ..	Recovery		
37	69	Great swelling of soft parts	1	About 72 hours	Not stated ..	Recovery	.....	First tried forceps. Twins.
38	70	.....	—	.....	Not stated ..	Recovery	.....	Violent puerperal convulsions.
39	71	Os uteri half dilated	—	Twenty-four hours	Not stated ..	Recovery	.....	Placenta prævia.
40	72	.....	—	.....	Not stated ..	Recovery	.....	Puerperal convulsions.
41	73	.....	2	Above twelve hours	Without much difficulty	Death	.....	Rupture of uterus.
42	74	Distortion of pelvis	—	After great protraction	Not stated ..	Recovery		
43	75	Head half through brim	1	Above thirty hours	Not stated ..	Recovery	.....	Retained placenta.
44	76	Distortion of pelvis; head not in cavity of pelvis	1	About 72 hours	Great force ..	Recovery	.....	Soft parts must have been severely contused.
45	77	Head scarcely entered the brim	—	About 48 hours	Difficult	Recovery	Uterine inflammation ..	Delivered by craniotomy before.
46	78	Head firmly compressed between sacrum and pubes	—	Forty-eight hours ..	Great force ..	Recovery	....	Right parietal bone of the child depressed and fractured.
47	79	Distortion of pelvis; head in the brim	2	Above 48 hours	Not stated ..	Recovery	.....	First child delivered by craniotomy.
48	80	Distortion of pelvis; head above the brim	1	Thirty-six hours ..	Slowly	Recovery	.....	The operation lasted two hours, and the bones of the skull were all torn to pieces before the head could be extracted.
49	81	Distortion of pelvis, greater part of head still above brim	1	Above 48 hours	Difficulty	Recovery	.....	Next child delivered without aid. The breech presented.

50	82	Head firmly jammed in the pelvis	3	Above fifteen hours	Easily	Recovery	.....	Convulsions occurred.
51	83	Head fixed in the brim	4	Above six days	Readily	Recovery		
52	84	Head firmly fixed in the brim	10	About 24 hours	Difficulty	Recovery	Retention of urine, sloughing of vagina; vesico-vaginal fistula	
53	85	.....	—	About thirty hours	Easily	Recovery	Sloughing; vesico-vaginal fistula	
54	86	Contraction of pelvis	—	.....	Extreme difficulty	Recovery	.....	A dwarf. The operation lasted nearly five hours, and the head of the fœtus could not be drawn through the brim of the pelvis, until the bones of the base of the skull were all torn to pieces.
55	87	Distorted by rickets; head above the brim	1	Nearly sixty hours	Delivered by turning	Recovery	Uterine inflammation ..	Turning resorted to in consequence of an arm having been brought down by the crotchet.
56	88	Head firmly impacted in the pelvis	—	Forty-eight hours ..	Great force ..	Recovery		
57	89	Head so low in pelvis that an ear was felt; closely surrounded by the inflamed vagina	—	Seventy-two hours ..	Some difficulty	Recovery	Retention of urine; violent inflammation and sloughing; cicatrix left in vagina	
58	90	Head at the external parts	1	Seventy-two hours ..	Not stated	Recovery	Retention of urine; sloughing	The tumefaction of the labia and vagina was such that the blades of the forceps could not be introduced.
59	91	Pelvis distorted; head in the brim	—	.....	Not stated	Recovery	.....	An unsuccessful effort had been made to deliver with the forceps.
60	92	Part of the head above the brim; os uteri partially dilated	1	Very protracted	Not stated	Recovery	....	Delirium for nearly a day.
61	93	Head wedged in the brim	—	Very tedious	Not stated	Death	Inflammation of bladder	
62	94	Greater part of head above the brim	1	Fifty hours	Not stated	Recovery		
63	95	Head squeezed in the brim	—	Forty-eight hours ..	Not stated	Recovery		
64	96	Head firmly impacted in the brim	1	Seventy-two hours	.....	Recovery	Sloughing; vesico-vaginal fistula	
65	97	Head jammed in brim; distortion of pelvis	—	.....	Not stated	Recovery	.....	Face presentation. Bursting of a thrombus of the vulva.
66	98	Head far advanced into the pelvis; vagina swollen	1	Fifty-three hours ..	Not stated	Recovery		
67	99	Head compressed in brim; os uteri partially dilated	1	Seventy-two hours	Not stated	Recovery		
68	100	Head has scarcely entered the brim; os uteri rigid and not half dilated	1	Thirty-eight hours ..	Not stated	Recovery		
69	101	Head deep in the pelvis, great swelling of the vagina, &c., ...	—	Thirty-seven hours	Tedious	Recovery		
70	102	Os uteri partially dilated; head above brim	1	Forty hours	Great force ..	Recovery		

No. of Case.	No. in Report.	Cause of Obstruction and Delay.	No. of Pregnancy.	Length of Labour before Operation.	Difficulty or not in Extraction.	Death or Recovery of Mother.	Other Results. Inflammation, Sloughing, &c.	Remarks.
71	103	Head and right arm presenting; os uteri half dilated	2	.....	Not stated	Recovery		
72	104	Head fixed in brim; vagina swollen and tender	—	About 72 hours	Not stated	Recovery		
73	105	Head strongly compressed in the brim; os uteri not fully dilated	—	Above 30 hours ..	Great force ..	Recovery		
74	106	Soft parts immensly swollen	—	Very protracted	Two hours required	Recovery	Retention of urine and sloughing of vagina	
75	107	Head firmly wedged in the brim; vagina swollen and tender	—	Above 78 hours	Great difficulty	Death	Uterine inflammation ..	Perineum slightly lacerated; retained placenta; slight hæmorrhage.
76	108	Head not passed brim	—	Forty-eight hours ..	Easy	Recovery		
77	109	Head impacted in the brim	1	Forty-one hours	Much force ..	Recovery		
78	111	Distortion of the pelvis; head compressed in the pelvis	—	Eighty-six hours ..	Not stated ..	Death		
79	112	Distortion of the pelvis; head not in brim	1	About 48 hours	Great force ..	Recovery		
80	113	Distortion of the pelvis; head above brim	—	Above 62 hours	Not stated ..	Recovery		
81	114	Head above the brim; os uteri not completely dilated	—	Above 78 hours	Not stated ..	Recovery	.....	There was a peculiar thickening at the upper and back part of the vagina, which seemed to arrest the progress of the head.
82	115	Greater part of the head above the brim ...	1	Above 53 hours ..	Force required	Recovery		
83	116	The head would not pass till perforated, being distended with fluid	—	.....	.....	Death	Inflammation of muscular coat of uterus	
84	117	Head above brim and distended with fluid	1	Nearly sixty hours	Easy	Death	Inflammation of uterus	
85	118	Head above brim and distended with fluid	1	Long in labour ..	Easy	Death	Disease of chest; inflammation of veins in pelvis	
86	119	Head distended with fluid	—	.....	Easy	Death	Rupture of uterus	Placenta prævia. Child turned first.
87	120	Head distended with fluid	—	Above 21 hours ..	Little difficulty	Death	Rupture of uterus	Child turned.

required to drag the shoulders into the cavity of the pelvis." *Case* 77.—"The operation of craniotomy was difficult." *Case* 78.—"Great force was required to extract the head after being opened." *Case* 81.—"The difficulty experienced in extracting the head with the crotchet after it was opened, proved that delivery could not have been completed by any other method." *Case* 84.—"After the head had been opened, two hours elapsed before I could extract it with the crotchet." "*Case* 86.—"The operation lasted nearly five hours, and the head of the fœtus could not be drawn through the brim of the pelvis, until the bones of the base of the skull were all torn to pieces with the crotchet." *Case* 88.—"After the perforation, so much force was required to extract the head, as to make it certain that the head could never have been extracted without its size being reduced." *Case* 89.—"I opened the head, and had some difficulty in extracting it." *Case* 102.—"Great force required to extract." *Case* 105.—"The head required great force to extract it after perforation." *Case* 106.—"Two hours required to extract the head with the craniotomy forceps." *Case* 107.—"Great difficulty in extracting the head." *Case* 109.—"So much force required to extract the head that it was obvious it never could have been delivered with the forceps, or expelled by the natural efforts." *Case* 112.—"The extraction required great force." *Case* 115.—"The force required to extract the head after perforation, rendered it obvious that the head could never have passed in the exhausted state in which she was."

own expressions with regard to the degree of difficulty met with in each case, in this, the second part of the operation,—viz., the extraction with the crotchet. In twenty-two of these thirty cases, it is stated that the head of the child was not through the brim at the time craniotomy was performed, but required to be pulled through it with the crotchet. In most of the remaining eight cases, the position of the head at the time of operating is not mentioned.

Out of the thirty cases presenting the subjoined degree of force and difficulty in the extraction of the head, two only of the mothers died. In the remaining fifty-seven cases, either the extraction is noted as easy, or was not so difficult as to have been considered worthy of being noted; and out of these fifty-seven cases, thirteen mothers died. The following arrangement expresses these results in a tabular form:—

TABLE X.

Table of Eighty-seven Craniotomy Cases, reported by Dr. Lee, shewing the Numbers in which Extraction with the Crotchet was—1, *noted as difficult; or,* 2, *not noted as difficult; and the results of these two Classes.*

Extraction of the Head after Perforation.	*Number of Cases.*	*Number of Deaths.*	*Proportion of Deaths.*
Noted as difficult ..	30	2	1 in 15
Not noted as such ..	57	13	1 in 4½

These interesting facts evidently point to one conclusion,—viz., that in distorted pelves, the amount of force required for the delivery and extraction of the head of the child, in cases of craniotomy, and hence, also in cases of turning, has far less influence upon the ultimate results and mortality of the operation than we could well have anticipated. But I anxiously desire not to be misunderstood on this point. I by no means wish to maintain, that the degree of force used in delivery has no influence upon the resulting degree of danger and mortality to the mother. Nothing could be more different from either my intentions or my convictions. But the above table shews that in the ordinary forms of distorted pelvis, the degree of force employed for effecting the transit of the head is far less an element of danger than could have been previously imagined; and the explanation of the apparent paradox is, I believe, two-fold. For, first, *temporary* compression applied to two special points in the circle of the pelvis, (as in the case when the child's head is dragged, by operative measures, through a brim contracted only in one diameter,) is by no means so dangerous, as more *prolonged*, though slighter degress of compression of the maternal structures, when the compression is equable, and diffused over the whole circle of the pelvic aperture, or the whole interior of the pelvic cavity, as in instances in which a hydrocephalic fœtal head is pressing like an hydraulic bag, equally, and on all sides. But, secondly, the effect of the law of the influence of force, is counteracted by, and subsidiary to, another law of a far higher degree of practical generalization,—viz., the law which I have illustrated at length in a preceding section, that "the danger attendant upon parturition, increases in a ratio progressive with the increased duration of the labour." And I have little doubt that if we had proper and adequate data for conducting the inquiry, it would be found that the safe result of those craniotomy cases in which force is employed in the delivery, is in a great measure owing to the *time* of the labour at which the delivery is accomplished; and that when the result is fatal, it is as much owing to the previous length or duration of the labour, as to the force employed. Dr. Collins, in his chapter on still-born children, details eight cases of craniotomy in which, after perforation, the extraction of the head with the crotchet required more or less severe exertion and force.* One of the eigbt patients died, but she

* These eight cases are the following:—1.—"No. 49, was 48 hours in labour of her first child. Having made no progress for the last 24 hours, the pulse becoming extremely quick, with great general debility, the head was lessened, and delivery effected by the crotchet. Considerable difficulty was experienced in getting the head through the pelvis in consequence of the hand having descended with it."—("Practical Treatise," p. 462.)—2. "No. 56, was a diminutive woman, much deformed; had been twice force-delivered in this Hospital, as from the size of the pelvis it was impossible for a child to pass entire; even after the bones of the head were completely broken down, much difficulty was experienced in completing the delivery."—3. "No. 209, was admitted, reported to have been four days in labour, and attended by a midwife; the uterus continued to act strongly, yet after waiting eleven hours the labour made no progress, and as there was no doubt the child was dead, the head was lessened. Many of the bones were removed before the delivery could be completed; the child was large and putrid."—4. "No. 210, after three days labour, the head, still at the brim of the pelvis, was lessened, and almost every bone removed before it could be delivered, and even after it was brought down, much exertion was required to free the shoulders and body. The child was large, and the abdomen somewhat distended with air. The mother seemed at this time almost lifeless, having lost the power of swallowing. The hand was introduced into the uterus, which was quite relaxed, the placenta was gently removed, and the patient expired immediately. On dissection, the uterus was found healthy, but badly contracted, containing a small quantity of coagulated blood; the intestines were in the highest state of congestion, and there was about a pint of fluid in the abdominal cavity, with portions of coagulable lymph in different parts, seemingly the effects of inflammation previous to labour. On opening the chest, the lungs were observed to adhere so firmly as to require the knife in many places to separate them. Nothing was discovered to account for the suddenness of death."—5. "No. 256, was 32 hours in labour previous to admission; her pulse was rapid, and tongue foul. She was delivered some hours after she came in, by lessening the head, which was greatly enlarged from hydrocephalus; there was some difficulty in completing the delivery, even after the bulk of the head had been as much as possible reduced."—6. "No. 303, was admitted reported to have been three days in labour of her first child; the head was low and firmly fixed in the pelvis; the bladder greatly distended with urine,

had been seventy-two hours in labour when the operation was undertaken; all the other seven recovered. In six out of these seven cases, craniotomy was adopted earlier; in one, before the labour had reached sixteen hours in length; in all, before it had passed forty-eight hours from its commencement.

The manner and extent in which the laws of danger attendant upon this and other particular obstetric operations, are controlled by, and absorbed in, the more general law of the attendant mortality, depending upon the length or duration of the labour, have been already illustrated, (see Section IV.,) in reference to delivery by the forceps, and delivery by the crotchet, taken individually. The law and its results, however, are so extremely important as bearing upon the question of the present section, that I will, in further confirmation of it, and at some risk of repetition, throw into a combined form and table, all the forceps and all the craniotomy cases mentioned by Dr. Collins, in which he specifies the duration of the labour. In other words, we will conjoin the two tables previously given in Section IV., into one; and examine how much the maternal mortality was modified in tedious and laborious labours, requiring instrumental aid, by the date of the labour at which that aid was given. Our former tables contained 24 cases delivered by the forceps, and 77 delivered by craniotomy; in all 101 instrumental labours. The results were as follows:—

TABLE XII.

Shewing the Results of 101 *Instrumental Deliveries in which the Duration of Labour at the time of the Operation was noted.*

Duration of Labour.	*Number of Cases.*	*Number of Deaths.*	*Proportion of Deaths.*
Under 24 hours	32	2	1 in 16 died.
From 25 to 48 hrs	42	6	1 in 7 died.
Above 48 hours	27	11	1 in 2½ died.
Total	101	19	1 in 5 died.

This combined table of Dr. Collins' instrumental deliveries, fully bears out the important conclusion regarding the influence of the antecedent duration of labour, that we have already seen to be derivable from the study of the two operative measures, the forceps and crotchet, taken singly and individually. The evidence of the present table, like the evidence of those previously given, (See Tables Nos. V. and VI.,)* amounts to this,—that the maternal mortality accompanying instrumental delivery, is regulated more by the period of the labour, at which the artificial interference is practised, than by the nature of the operation itself, or by any other contingent circumstance,—the general fatality being decreased in proportion as the operation is performed early, and increased in proportion as it is postponed and delayed longer and longer from the date of the first commencement of parturition. But, admitting that this holds true in regard to instrumental delivery by the forceps and craniotomy, it may be doubted and objected that it perhaps does not hold true in regard to artificial delivery by the operation we propose to employ,—viz., turning. Let us interrogate Dr. Collins' facts, in order to obtain an answer.

In his Report of the Dublin Lying-in Hospital, Dr. Collins gives the result of thirty-three cases, in which turning was practised in consequence of presentation of the shoulder or arm. In one of these cases the placenta presented, and I exclude it as thus containing a source of danger quite independent of the turning. Among the remaining thirty-two cases, there are two deaths, or one in sixteen; and twenty-four in which the date of the duration of the labour, at the time of turning, is stated as ascertainable. In only one of these twenty-four cases, is the labour noted as having exceeded thirty hours in length, and this protracted case was an instance of twins, in which the second child presented preternaturally, and required turning. In twenty-one of the cases the labour was terminated before twenty-four hours; among these one died,—a case complicated before delivery with severe accidental hæmorrhage; in three it was prolonged beyond twenty-four hours, and one of these three mothers died. When arranged in a tabular form, the results are as follows:—

having been retained for thirty hours; pulse 140; tongue dry and white. The catheter was passed and three pints of urine removed. As the abdomen was free from pain, it was thought advisable to watch the effect of uterine action for some time. After waiting five hours, during which the pains were pretty brisk at intervals, still the head made no advance; it was lessened and brought away with the crotchet. There was considerable exertion required to bring down the shoulders; the abdomen was much distended with air, the consequence of putrefaction. She died on the fourth day from delivery."—7. "No. 667, the labour lasted 30 hours; the head was firmly fixed in the pelvis, and had made no progress for twelve hours. As the heart's action had some time ceased, and the mother's pulse was 140, the head was lessened. Great exertion was necessary to effect delivery in consequence of the head being much ossified."—8. "No. 725, this patient, when admitted, was reported to have been 60 hours in labour; the os uteri was very little dilated, and the head high up in the pelvis. The pains continued constant for 24 hours after she came in, yet the labour made little progress; the mouth of the womb was rigid, jagged, and had the feel of cartilage. The child being dead, as indicated by the stethoscope, the head was lessened and left in that state for some hours, and afterwards cautiously brought down. Considerable force was necessary to complete the delivery, though the child was putrid."

* Journal for 1848, pp. 59 and 60.

TABLE XIII.

Shewing the Mortality accompanying Twenty-four Cases of Turning for presentation of the arm and shoulder, as regulated by the Previous Duration of Labour.

Previous Duration of Labour.	*Proportion of Deaths of Mothers.*
Below 24 hours	1 in 21 died
Above 24 hours	1 in 3 died

The data in the preceding table are not numerous, but still they will probably be allowed to be sufficient evidence of the fact, that the degree of maternal danger attendant upon turning, as upon other modes of operative delivery, is regulated and modified by the date of the labour at which the delivery is practised; artificial labours, like spontaneous labours, increasing in their mortality in proportion as the previous parturient action has been allowed to be increased and prolonged in its duration and length. Hence, also, necessarily follows the same deductions which I have already more than once adduced, viz.:—

1. A means of artificial delivery, such as turning, which, in cases of pelvic contraction, would enable us to finish the labour at an early date, should, as a general rule, add greatly to the safety and chance of life of the mother, as compared with a means of delivery such as the long forceps or craniotomy, which cannot be usually and legitimately practised till a much later period after the commencement of parturition.

2. The facts I have adduced in the present section shew, that the exertion of force in artificial delivery is attended with comparatively little danger, provided always the delivery is early; and that the employment of it is by no means so hazardous as the simple long continuance and protraction of the labour.

3. All these deductions are only corollaries to the higher and more comprehensive law, that the degree of danger and fatality attendant either upon natural or morbid parturition, increases in a ratio progressive with the increased duration of the labour.

(To be continued.)

CASE OF RHEUMATIC ENDOCARDITIS AND CHOREA, WITH OBSERVATIONS.

By JOHN GABB, M.R.C.S.E., and L.A.C., Bewdley.

James Griffin, aged 12 years, a tailor's apprentice, came home from Kidderminster ill, on Saturday, December 11th, 1847, having been poorly for two or three days previously, chiefly suffering from pains in his back and limbs, the ankles and knees being swollen and tender, declared to be suffering from rheumatism by a medical man who saw him at this time. After coming home he appeared to improve gradually till the following Thursday, when, in the evening, having been more cheerful than usual during the day, he first complained of a shooting pain, with twitches, up the right side of the neck, which symptoms were followed by involuntary movements of the head and right arm, rolling of the eyes, and an inability to speak for the space of about one hour; his power of utterance then, in a great measure, returned, but without the muscular movements being diminished. During the next two days he gradually became less and less distinct in his utterance, and then again lost all power of speech. At the same time the involuntary movements also increased, the left arm and the legs, in fact the whole muscular system, becoming affected, and up to the present date, December 26th, his mother says he has daily become worse and worse. He was now placed under my care. Since the jactitation commenced he has taken frequently-repeated doses of purgative medicine, which have operated freely upon his bowels, and two days ago his head was shaved, and a blister bound upon the scalp. After the blister had produced its effect, he obtained about two hours sleep, the first for several days and nights. Whilst asleep he was perfectly quiet.

At my first visit I found him lying upon his back, low down in the bed, generally and violently affected with involuntary movements; arms, legs, head, neck, face and eyes, the abdominal muscles, and the muscles of the back, all active, and without the least apparent operation of any directing influence. He was speechless, and unable to make any sign of consciousness, except by means of a low moaning noise, and this noise he constantly made whenever his mother left him for a short time by himself. He was only capable of swallowing a small quantity of fluid at a time, and that with extreme difficulty. The pupils of both eyes were somewhat dilated; the left eye slightly bloodshot. (On his left hand was situated a window, at a short distance from his bed, not very well glazed.) His countenance was pale, with a vacant expression; skin generally pale and cool; tongue slightly furred; pulse quick, with difficulty felt at the wrist, owing to the activity of the arms; heart beating with preternatural impulse; pulsations visible, shaking the surrounding parietes of the chest, and communicating to the hand the sensation of a vibratory thrill, without any apparent increase of dulness on percussion; pressure with the hand upon the region of the heart very perceptibly increasing the movements of every part of the body. The lungs everywhere imparting a healthy resonance on percussion; no unnatural enlargement or hardness about the abdomen; bowels inclined to costiveness; urine scanty and rather high coloured. No sleep since the night before last, the jactitation having apparently kept him awake, which also renders the stethoscope useless in the examination of the heart and lungs.

R. Vin. Ant. Tart., m. xx.; Sp. Æther. Nitr., m. xv.; Aquæ, cz. ss. Sit haust. quartis horis sumend. The following anodyne embrocation for the spine, was ordered to be used night and morning:—Tinct. Opii, Tinct. Belladonnæ, utrq., dr. ij.; Lin. Saponis Co., oz. iss.. A dose of Ol. Ricin., Ol. Terebinth. Rect., utrq., part. æq., to occasionally operate on the bowels.

January 6th, 1848. The same plan of treatment has been continued. In a few days after I first saw him he had become sufficiently quiet for me to make use of the stethoscope, and on examination of the heart, I found a murmur with each sound, loudest with the first, and heard most distinctly at the apex, corresponding to the thrill felt by the hand applied over the heart, but differing decidedly from the sound of friction, which, with the persistence of the signs before mentioned, although with diminished intensity, left no doubt of the existence still of some endocarditis; and therefore, although the surface of the body was pale, and beginning to have a shrunken appearance, and the feverishness had become scarcely perceptible, I ordered four leeches to the region of the heart, and a continuance of the same medicines. I, however, directed the embrocation to be omitted, as I had not observed any advantage from its employment. The night after I first saw him he obtained a little sleep, and his nights have gradually become better ever since, but this is attributed to the quieting influence of the tartarized antimony on the muscular movements, rather than to the anodyne embrocation. His mother tells me he had taken "sleeping powders" without sleep being produced, previous to his being placed under my care. Three leeches only were applied, but they lowered considerably the impulse of the heart, and diminished the frequency of the pulse at the wrist. He had remained much the same for a day or two before this application, but afterwards began again to improve rapidly. At present the jactitation is much less; he sleeps well at night; has no fever; pulse 80; impulse of the heart natural; a little vibration still felt by the hand, and a slight murmur still audible with each sound. He has not yet swallowed anything but fluids, nor has he been able to utter a single word. His countenance has become less vacant in expression, and he appears to be more attentive to surrounding objects, but his whole body has a pale and shrunken appearance.

R. Infusi Rosæ Co., oz. j.; Sp. Æther. Nitr., m. xxx. M. Sit haustus ter die sumendus. As nourishing a diet as he can take.

12th. Better. R. Ferri Sulph., gr. ij.; Infusi Rosæ Co., oz. j. Fiat haustus ter die sumendus.

31st. Since the 12th inst. his improvement has been very rapid; in the course of three or four days he spoke indistinctly, for the first time, and the next day could talk almost as well as ever; again in a day or two he could stand with his back against a wall, and the following day walked across the house without support. The muscles of the right arm and right side of the neck were now again only affected, as in the commencement of the attack of chorea; and at the present date he has not a symptom of the latter affection remaining. He has gained considerably in flesh and healthy appearance, but is still rather pale. Continue the medicine.

February 17th. All treatment discontinued; his natural intelligence and activity are quite recovered; he has become stout, with every appearance of health, but I find there still exists a slight murmur with the first sound of the heart, heard at the apex, the second sound being quite natural. On questioning him he says, the only difference he finds in his present and his former state is, that running gives him *a stitch* in his left side, which it had not used to do; in all other respects he thinks himself stronger than ever, and his mother considers him decidedly better than he had been for two or three years previous to this attack. He says he remembers everything that occurred in his presence during his illness, and of this has given some evidence, in repeating observations made in his room with regard to his management, &c. He also states, that for a few days at the commencement of his illness, he had a very severe pain in his head, which was very much relieved by the blister before I saw him; and that the embrocation, which was discontinued in consequence of no benefit being *perceived* to be derived from it, afforded him *great comfort* after each application, although he cannot say that it did so by relieving him of any particular pain; but, said he, "how it made me knock about while it was being rubbed in," and it was the increased activity manifested by the muscular system during this operation, which induced me to omit its employment. There is one circumstance in his previous history which I might, perhaps, mention, although, most probably, it will not be supposed to have had any influence upon his present attack,—viz., his being resuscitated from apparent death by drowning, in July, 1847, after considerable perseverance in appropriate means, when, for a day or two, he appeared to be rather dull and stupid, but then again became as well as usual, without feeling the least inconvenience from his accident.

Remarks.

The above case brought to my recollection a casual remark of an eminent metropolitan physician, to the effect, that he was surprised at so frequently meeting with evidence of structural disease of the valves of the heart in obstinate and incurable cases of chorea. Dr. Copland, Dr. Bright, and others, have observed a connection occasionally between rheumatic pericarditis and chorea; but I am not aware of any recorded cases of the latter affection in connection with endocarditis. If the observation with regard to the frequent occurrence of valvular disease, just referred to, be correct, may it not be inferred that endocarditis has frequently existed, without being detected, in association with recent attacks of chorea? I am the more inclined to entertain such an opinion from the fact, that until the signs were sought for in the above case, there was nothing at all to lead anybody to suppose they existed, and from the circumstance of their having been overlooked by a medical man before I became the attendant of the boy. My attention was directed to the condition of the heart and lungs in the first instance, to satisfy myself of the propriety of administering chloroform, (or æther and chloroform together, which I think *safer* than the latter alone, and at the same time equally efficacious,) but the evidence of valvular inflammation met with deterred me from its administration, and induced me to rely on the antiphlogistic and sedative influence of small repeated doses of potassio-tartrate of antimony, until the *proper period* should arrive for giving tonics, which,

if given at first, might have rendered the affection permanent, if not have led to a fatal result in such an aggravated case. But most probably in this case the endocarditis would have been discovered, whether I had thought of administering chloroform or not, as in all serious cases I make it a rule to ascertain the condition of the heart and lungs.

I have just seen two brief notices of the efficacy of tartar emetic in chorea, in the last Volume of "Braithwaite's Retrospect," by G. Corfe, Esq., of London, and M. Salgues, of Dijon. To their testimony I beg to add mine, and will conclude this communication, with expressing a hope, that by its being employed to subdue inflammation of the serous membranes of the heart, spinal cord, or brain, (which are, one or other, or collectively, probably always more or less implicated in this disease,) previously to the administration of tonics, fewer cases will be met with to prove incurable, and that such cases as have hitherto been curable, may be rendered still more so by the rational and simple plan of treatment, which I, trust the report of the above case may be sufficiently explicit to suggest to those members of the profession, who have not paid particular attention to this curious disease.

Bewdley, September 11, 1848.

ON THE

MEDICAL AND GENERAL TREATMENT OF LOCAL DISEASES IN PREFERENCE TO THEIR TREATMENT BY OPERATION.

By Thomas Hunt, Herne Bay.

I. Strangulated Hernia.*

Having shewn that the taxis, carefully and patiently applied, will generally succeed in reducing a strangulated hernia,—an opinion confirmed by the late Mr. Liston's observation, that. "if the surgeon conduct the proceeding with a *wish* and *determination*, if possible, to succeed, he will generally find his attempt, after a time, crowned with success,"† I proceed to the considerations of the objections to the operation, which are, in fact, far more serious, than seriously thought of by the generality of operators.

It must be well considered at the outset, that the question *now* under discussion, is not whether *every* hernia can be reduced by the taxis, but whether, in cases which cannot (with the utmost skill and patience,) be so reduced, the operation is likely to save the patient's life. I believe it so unlikely, that it is even questionable whether, in the most favourable cases, the risks of the operation do not *diminish* the already slender chance of recovery. In cases where the stricture is at the external ring, and the intestine is inflamed or tender from pressure, or actually giving way from the arrest of the circulation, it is evident that the introduction of an instrument between the stricture and the intestine, cannot be effected without sufficient force to destroy the structure of the bowel. When this is done, and the bowel returned, what is the value of the patient's life?

The statistics of the operations for hernia are appalling. Mr. Macilwain reports, that out of 500 cases taken at random, in which the operation had been performed, both in this country and on the continent, scarcely less than *one half* terminated fatally;* and of these fatal cases, perhaps more than one half might have been saved by the right use of the taxis. Hospital surgeons are generally called to cases in which the taxis has been neglected, or imperfectly tried, some of them roughly handled, or the protruded bowel even burst by the violence of the manipulations, and the evils of strangulation increased ten-fold by injudicious attempts at reduction. They therefore, one and all, advise that *no time should be lost*; that, if the taxis fails, especially under bleeding, the warm bath, relaxing enemata, &c., the operation should immediately be had recourse to. But, how many cases of strangulated hernia would be taken to hospitals at all, if every surgeon were better informed in the right use of the taxis? Probably not one hundredth of the number now recorded in the hospital books. The saving, therefore, of unfortunate patients suffering from strangulation, is in the hands of private surgeons, country surgeons especially. The hospital cases are, probably, more than half of them, hopeless cases, irreparable mischief having been done, or suffered, before their entrance into those asylums; and if reduction is there again attempted *in the prevailing method*, the subsequent operation affords but a sorry chance for the unhappy patient. The dangers of the operation, (I need not enumerate them, they are too well known,) added to the dangers of the accident, aggravated by the "pushing and kneading," and often augmented to a fatal degree by tobacco enemata and other depressing remedies, are at best so formidable, that it may well be questioned whether a case too far gone for reduction by a gentle but determined application of pressure to the tumour, may not as well be left to its hopeless and helpless fate. On this point, however, I will not insist. No reproach can rest on a surgeon who is induced to operate in such an emergency; but in more hopeful cases, in those, namely, where the chances for the success of the operation would be considered promising, the chances for the success of the taxis, skilfully and patiently employed, are, in my estimate, immeasurably greater; and I conclude by earnestly entreating that it may be *tested by experiment, and not by argument*. It is easy to *imagine* cases in which the taxis *must* fail, and I do not deny the existence of such cases, but I believe they are at once so rare, and so obscure in their diagnosis, that they cannot justify recourse to an operation which so very frequently fails to save the patient.

II. Retention of Urine.

If cases of strangulated hernia have been lost, as is generally believed, by delay in the operation, much more frequently have patients died from *retention of urine*, from culpable delay or blundering incompetency in passing the catheter. Yet, there are many cases of

* Continued from page 320.

† Liston's Practical Surgery.

* Lancet, 1845.

retention, simple in their nature and easily relieved by medical treatment, which from error in diagnosis have been aggravated to the imminent danger of the patient, by unnecessary and unsuccessful attempts to introduce an instrument into the urethra under circumstances of inflammation or spasm. These causes of retention are so frequent, that the elder Grainger was once heard to say that he had never met with a case of retention which he could not relieve by medicine. Few practitioners can go so far as this: yet, in my own practice, and in that of several medical friends with whom I have conversed, the cases of retention, requiring the catheter, have formed a very small proportion of the whole. I do not refer, of course, to cases of stricture, in which there is an evident mechanical obstruction, which must be removed by mechanical means, guided in some instances by all the resources of surgical skill; nor to cases of obviously enlarged prostate pressing mechanically on the urethra. I am thinking of those every-day cases, in which, without any apparent cause, a patient suddenly finds that he cannot micturate, and sends to the surgeon in great alarm. The use of the catheter in these cases, without any previous trial of other means of relief, is, I fear, too common a practice with young and inconsiderate practitioners, and as frequently leading to disastrous consequences, merits exposure and severe reprobation.

That the officious and indiscriminate use of the catheter in retention of urine, is not always a harmless error, will be better illustrated by the following case than by mere declamation:—

In the autumn of 1836, a neighbouring practitioner who was esteemed a skilful operator, requested me to try my hand at the introduction of a catheter in a case of extreme danger, in which, after many fruitless attempts on his part, alarming symptoms had appeared. I found a middle-aged man, with a distended bladder, and a copious infiltration of urine into the cellular tissue of the pubis, preputium, and scrotum, the two latter organs having already become extensively sphacelated. The whole of the scrotum, and the greater portion of the prepuce were perfectly black, cold, and insensible; but the pulse had considerable force. The patient had formerly been troubled with hernia, and the tumefied state of the inguinal region and scrotum was mistaken by the surgeon for a large hernial tumour; no suspicion having been entertained of the real nature of the case. I declined making any further attempt at catheterism, but advised that free incisions should be made into the tumefied cellular membrane, the skin being tense and crepitant. This was accordingly done, giving exit to a pint or more of urine, which flowed freely from each incision. A small vessel was accidentally wounded, from which lucky event the patient lost a considerable quantity of blood; the hæmorrhage yielded to slight pressure, and in half an hour or less, without any other means being used for his relief, the patient evacuated his bladder in a full stream from the urethra, to the extent of three or four pints of urine. Under subsequent *medical* treatment the sphacelated portions soon separated and sloughed away, and the patient recovered, not without deplorable mutilation. It is needless to add, that a few leeches to the perineum with saline aperients, in the first instance, would have reduced the local inflammation which had caused the retention, and thus rendered surgical treatment as unnecessary as it proved to be mischievous and destructive.

Retention of urine in the female very frequently occurs from causes which seldom affect the bladder of the male subject. After difficult labours, and in some cases of hysteria, the bladder loses its contractile power, and the catheter is required. The operation is so easy that it is scarcely possible to fail in the attempt, and there is generally no objection to its performance.

It has been observed, however, and very justly, that in hysterical girls, who complain of retention of urine, it is often better to leave the bladder to its own resources than to repeat the operation every time that viscus becomes slightly distended. Both the power and the *will* to retain the urine are mysteriously exerted in these cases; but both will yield to the urgent distress resulting from a firm refusal to catheterize the patient. Every practitioner is familiar with these cases, and I know of no absolute rule to determine our conduct.

(To be continued.)

CASES FROM PRIVATE PRACTICE.*

By John Richard Wardell, M.D., Edin.

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

Case VIII.

Subclavian Aneurism.

"A spontaneous aneurism," says Mr. Guthrie, "is generally slow in its growth, not, perhaps, exceeding the size of an egg in a year, and rarely that of a flattened orange." In this example was a degree of enlargement far beyond that of which Mr. Guthrie considers to be the maximum ratio of increase. In January the impulse could be felt but one-third of the extent which it could eight or nine months afterwards. In the first admeasurement from the superior pulsatory margin, passing over the tumour downwards, to the inferior pulsatory margin, $4\frac{1}{8}$ inches; horizontally, $3\frac{5}{8}$ inches; but in September the same admeasurements had increased to $12\frac{1}{4}$ inches, and $10\frac{3}{8}$ inches. The pulsatory thrill would be communicated much farther than the parietes of the aneurism extended, for it is not probable that the tumour itself would enlarge to such dimensions. The effusion and organized matter in the subcutaneous cellular tissues was the reason why the impulsions could be distinctly felt so far as mentioned. The previously-named rules to be observed in diagnosis, enable us to decide the question, because the impulsion against the parietes, and the retracted impulsion, are only distinguishable when the aneurism itself is pressed upon. We know it

* Continued from page 519.

to be a law in acoustics, that sound and the vibrations of tumours are more transmissible through the medium of a solid, than a liquid, body; and thus we judge of the nature of morbid collections in the thoracic and abdominal cavities. Two or three weeks ago, when in the wards of one of the London hospitals, the visiting physician showed me a patient who had an obscure pectoral affection, and where it was very difficult to determine from what the circumscribed dulness proceeded. It was considered, and with the most probability, that the cause of this was a collection of some description of fluid, because the thrill given by the heart's action was inaudible. The sounds, on application of the stethoscope, were weak and distant, and that resistless sensation given to the fingers on percussion, indicated that a fluid, (not a solid body,) was present. In instances of hypertrophy of the heart, with large liver, the pulsations will be distinctly felt in the hypochondrio-epigastric region, dependent upon powerful and anormally-increased action of the heart being communicated through the diaphragm to the engorged hepatic viscus, and so distinctly are the pulsations transmitted, that in one case which I now well remember, two talented professors maintained very diverse opinions relative to the true nature of the disease; one contended for cardiac hypertrophy, with enlarged liver, the other for aneurism of the descending aorta.

In external aneurisms, there are differences, not only in the progress of morbid conditions of the tumour, but also in the manner in which the mortal results supervene. In the former they die gradually, by the incessant oozing of blood; in the latter, by laceration of the sac, when death momentarily ensues. The integumentary coverings of an external aneurism are too distensible to give way suddenly; as the tumour enlarges, greater pressure and distension are produced, the cutaneous and subcutaneous tissues become engorged and swollen from obstruction in the circulation. Thus inflammatory action is instituted, and at that particular part on the external surface of the tumour where there is the greatest degree of pressure, an ill-defined pointing is observed, and at the apex of this a slough is formed, on the giving way of which the blood slowly discharges, until a mortal syncope supervenes. Armstrong, it is seen, had this oozing for many hours before he sank. On reference to his case, it is stated that at one time the tumour was an irregular tri-nodulated swelling; before long one of the prominences became much larger than the others, and ultimately upon the point of it was found the fatal eschar. Internal aneurisms not having the tegumentary coverings, and thus wanting that support to the distended parietes, burst by laceration, and not by the formation of an eschar, as in Armstrong. The external coat is so put upon the stretch, that at length it divides, and death instantly ensues, as in the case of the patient in he North London Hospital, when the man died momentarily, and on the posterior surface of the aneurism, which I personally examined, was a rent in the wall of the sac. Mr. Hodgson, when speaking on this point, says, "When the sac points externally, it rarely or never bursts by laceration, but by the extreme distension causes the integuments and investing parts to slough, and upon the separation of the eschar the blood issues from the tumour."

The treatment of this alarming affection very importantly depends upon the locality of the disease, and the more distant an aneurism is situated from the centre of the circulation, the greater are our chances of effecting a cure. In cases where operative means can be had recourse to, there are great hopes of success, but where dependence is to be placed upon medicinal measures, such measures are almost invariably impotent—are a mere nullity. Occasional blood-letting, in small quantities, but so as to avoid the occurrence of reaction,—low non-stimulating diet,—abstaining from fermented liquors,—the avoidance of every cause of vascular excitement, whether of a mental or physical description,—such medicines as lower the action of the heart, may always, with propriety, be recommended. The only hope is in the knife, and where such is impossible, vain, nearly invariably, are all essays at the cure. Pressure has been recommended, and cases have been recorded where it has absolutely succeeded, yet when we consider that such pressure is only applicable in external aneurisms, and when so situated that there is a firm basis against which the pressure can be accurately applied, without injury to the subjacent parts, where the collateral branches are sufficient to carry on the circulation requisite for nutrition; and further, that the pressure treatment is apt to produce sloughing of the integuments, and is uncertain in the results, it thus, as a means of cure, does not merit much attention. Popliteal aneurisms are, perhaps, most eligible for this method, because the pressure can be accurately adopted, the vessel is distant from the heart, and the collateral branches are sufficient to nourish the limb.

With respect to the application of a ligature, in all cases of spontaneous aneurism the vessel should be secured at some distance from the tumour, because in such, the diseased condition of the arterial tunics extends generally both above and below the actual seat of enlargement; hence, if it is not taken up where the walls of the vessel are positively healthy, instead of the fibrinous plug being formed, and the canal being rendered impervious, ulceration takes place, and secondary hæmorrhage is the result. Some authorities have recommended the ligature to be applied on the distal instead of the cardiac side, but experience, and the opinion of more recent writers, have incontestably decided in favour of the latter. In a vessel of such large calibre, and so near the heart as this was, it would have been plausible to presume, had we not been

supplied with proofs confirmative of the point, that the application of a ligature would not be attended with the same felicitous results, as in others of the arterial trunks, and the reasons for supposing so, are,—1st, because the only place at which the ligature could have been applied, with any hopes of success, would have been at the innominate artery, which vessel it was highly probable was also diseased; and again, in four cases which I find where the innominate has been tied, all the patients died; 2ndly, because the innominate artery, (supposing it to be in a state of positive health,) by being so near the heart, might, by the inflammation which would necessarily be induced, extend that inflammation to the lining membrane of the heart, and thus institute a dangerous attack of endo-carditis; and again, the powerful impetus with which a large column of blood would be propelled into the remaining portion of the innominate canal would be such as to prevent the deposition of fibrinous matter; 3rdly, two such large canals as the carrotid and subclavian being cut off, would the anastomosing branches be sufficient to maintain with due nourishment, those parts which are, for a supply of blood, dependent upon those trunks?—and would not such an unequal stress being thrown upon the left side tend to engorgement in the left cerebral hemisphere? Duly weighing these conditions over, the improbabilities of cure founded on physiological and pathological reasoning, together with the results which *have* followed tying of the innominata, it was conclusive that the only recommendation to be given to the patient, (who was very desirous of an operation being performed,) was, to allow the disease to progress, and not run the imminent risk of having his life shortened still further by surgical interference. I may here mention in conclusion, that, not very long ago, M. Rossi tried the distal method, by taking up the carrotid and subclavian, (for aneurism, of course, of the innominata,) but without success, as the patient died after the lapse of six days.

27, Acacia Road, Regent's Park, London.

(To be continued.)

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by PETER HINCKES BIRD, Resident Medical Officer.

CASE V.

DISLOCATION OF THE SHOULDER FORWARDS.

John Johnson, aged 35, smith, admitted July 10th, 1847, under the care of Professor Cox. He states that about a quarter of an hour ago he was heaving forwards a heavy weight with considerable force, when he felt something "give way" at his shoulder, and immediately lost the use of his arm.

When admitted, the right shoulder appeared much flatter than that of the opposite side; the acromion process was more pointed, and the hollow below it, from the depression of the deltoid muscle, was very considerable; the head of the humerus could be seen just below the clavicle, and when the arm was rotated from the elbow, the protuberance was observed to follow the motions of the arm. The arm appeared slightly shortened; the elbow was separated from the side, and inclined a little backwards; the hand was supinated, and he could not flex his fingers; he complained of some pain, especially on moving the arm forwards; the motion of the joint was very much lessened.

About a year ago he dislocated the same shoulder. The dislocation was easily reduced in the following manner:—The bone was first dislodged by forcible extension, the scapula was well fixed with one hand, and the arm slowly raised perpendicularly by the side of the head, by the other; a peculiar noise was heard when the bone slipped into the glenoid cavity. After the reduction he expressed himself much relieved.

Ordered to use a fomentation of poppy-heads to the shoulder.

12th. Discharged.

CASE VI.

DISLOCATION OF THE SHOULDER FORWARDS.

Emma Standly, aged 20, admitted July 10th, 1847, under the care of Professor Cox. She states that about an hour ago, while haymaking, she was pushed down;* she instantly "felt something give way at the shoulder," and lost the use of her arm.

On admittance, the right shoulder was flattened, and the acromion process prominent, having a hollow space below it; the head of the humerus could be felt below the clavicle, and could be seen to follow the motions of the arm; the elbow was separated from the side, and the motion of the arm forwards caused her much pain. She complained that the fingers were numbed, and also of much pain in the shoulder.

The dislocation was easily reduced, in the same manner as in the above case.

12th. Discharged.

The shoulder-joint enjoys a greater extent and variety of motion than any other articulation of the body, and consequently, its dislocations are more frequent than those of all the other joints taken collectively; those of the ankle-joint being next in frequency. Everything seems, indeed, to facilitate the escape of the bone from its natural cavity; a shallow cavity receives a large head, and is protected only by a capsular ligament, by the subjacent muscles, and by the acromion and coracoid processes; and the bone is exposed more than all others to the effect of the force of external bodies.

The dislocation of the shoulder forwards is much less frequent than that in the axilla; and Dupuytren†

* She fell on her elbow, which was at the time placed rather backwards.

† Clin. Chir., t. iii., p. 102.

believed it to be seldom primary, but almost always consecutive to the dislocation downwards into the axilla; there is now, however, no doubt about the possibility of a dislocation forwards being sometimes primary, and indeed this would be the inference to be drawn from a consideration of the manner in which the accident is caused. In the case of Standly, this dislocation occurred from a fall on the elbow, while separated from the side and inclined backwards, thus forcing the head of the bone forwards, so as to lacerate the capsule in that direction.

After disengaging the head of the bone by extension, a mode of effecting the reduction was employed which was invented by Mr. White, of Manchester, about the middle of the last century, and which has been lately revived by M. Malgaigne, in France. It was the opinion of its inventor, that the success of this method depended on the head of the bone being enabled to get through the laceration in the capsule again; but it depends upon another principle, first explained by Sir Astley Cooper,—namely, the more complete relaxation of the deltoid and supra-spinatus muscles, which latter is the principal antagonist to the reduction. A similar view is also entertained by anothar author:—"If it be true that in some cases the supra-spinatus muscle, retaining its connection with the greater tubercle, is the cause of the resistance to the extending power, it is obvious that this resistance can be best overcome by raising the arm, and thus relaxing the opposing muscle. The success, which not unfrequently attends the method of reduction, first recommended by Mr. White, of Manchester, by drawing the arm directly *upwards*, in a line parallel to the axis of the trunk, *is, no doubt, to be attributed to the relaxation* which it effects of the *supra-spinatus and deltoid muscles.* It is probable, also, that in this position of the humerus, the head of the bone is in some measure unlocked from the neck of the scapula, against which, it is, when dislocated downwards, strongly compressed by the contraction of the muscles."*

Sir A. Cooper considers that the best direction for the extension, is that of a right angle with the body, or quite horizontally, for when the arm is raised suddenly above the horizontal line, and the fingers placed under the head of the bone, the muscles of opposition are relaxed, and the dislocation is easily reduced.

Case VII.

FRACTURE OF THE ACROMIAL END OF THE CLAVICLE.

Benjamin Hitcher, aged 4½ years, admitted an out-patient, January 7th, 1847, under the care of Professor Cox. It is stated that about an hour ago he fell down stairs backwards, and struck his shoulder forcibly against one of the steps.

On examination, there was a slight falling of the left shoulder downwards and forwards, the level of the acromion process being somewhat lower on the injured, than on the sound, side; the motion of the arm was lost. The clavicle was found to be broken near to its acromial end, and crepitus could be distinctly felt; there was very little displacement of the fractured portions. A firm wedge-shaped pad was placed in the axilla, and confined there by means of a bandage passed underneath it; the arm was fastened to the body by a bandage, and the hand and forearm supported in a sling.

10th. Doing well; the fractured portions are in good position; there is some ecchymosis of the shoulder.

30th. The fractured ends are firmly united, without producing any deformity; a ring of callus can be distinctly felt.

Case VIII.

FRACTURE OF THE ACROMIAL END OF THE CLAVICLE.

Elizabeth Swinsborne, aged 9, admitted an out-patient, June 11th, 1847, under the care of Professor Cox. It is stated that about a quarter of an hour since she was pushed down, and struck her right shoulder with considerable force against a stone step.

When admitted, she complained of some pain of the right shoulder; there was no displacement, and she could raise her arm, but not so freely as natural. Fracture of the acromial end of the clavicle was, however, detected, about an inch from the process, for when the fingers were placed over this part of the bone, and the shoulder was raised and depressed, crepitus could be distinctly felt, and no motion could be perceived in the inner portion of bone, but it could in the outer portion. The pad and roller were used as in the preceding case.

12th. The parts about the shoulder are much bruised, but there is less pain.

July 3rd. The bone is firmly united; a distinct ring of callus can be felt about one inch from the acromion process.

The acromial end of the clavicle is comparatively seldom broken, for this part is of a different structure from the centre of the bone, being thicker, and more spongy; it is, however, more frequently fractured than the sternal end, for it is flatter and broader, and very liable to yield to a force directly applied to it.

When the fracture occurs near the acromial end, there is often no displacement, thus occasioning a difficulty in the diagnosis. In the case of Hitcher, the displacement was very slight; in the case of Swinsborne, it was entirely absent. Fracture of this part of the bone is generally produced by a force directly applied upon the shoulder, such as a heavy weight falling upon it; or it may be broken by a person falling on the outside of the shoulder, but in this case the centre of the bone is much more likely to break.

Various reasons are assigned for the absence of displacement in fracture of the acromial end of the clavicle. It is said by some that the trapezius muscle prevents the portion of bone falling; others, more justly, attach importance to the ligaments that pass up from the coracoid process to the under part of the clavicle. But a great deal depends upon the ends of the bones themselves, being more directly locked together when the fracture is in this situation, than when it is near to the centre of the bone; for here the fractured surfaces are broader, and the weight of the shoulder tells more directly against them, and in a

* Crampton. *Dublin Journal of Medical Science*, Vol iii., p. 181.

direction not likely to displace them, owing to the fracture being so near to the scapula. It is said that another reason is, that the deltoid muscle pulls the sternal end of the clavicle, and keeps it on the same level with the other portion; for, as the shoulder drops, and takes the acromial end of the bone with it, the deltoid muscle will at the same time pull upon the sternal portion, and depress it equally as much.

Crepitus is the most sure and decisive symptom of fracture of the acromial end of the clavicle; it can generally be produced when the motion of the portion of the bone is not sufficiently marked to be depended upon; but then it may be confounded with fracture of the acromion process, especially if the person is fat, or there is much swelling present. It is also said that this kind of fracture may be mistaken for dislocation of the end of the bone. The two injuries, however, may be easily distinguished from one another; the prominence in the dislocation is much greater, and the measurement of the bone in the two cases is different. In dislocation, the length from the sternal end of the bone to the prominence, equals the length of the sound clavicle of the opposite side; but in fracture, the distance to the prominence is less, owing to the acromial end of the bone being removed. As, however, in the majority of cases, displacement is absent, measurement is of little use.

The treatment of fracture of the acromial end of the clavicle, is similar to that of fracture in other parts of the bone; it is, however, usually requisite to apply less force, owing to the slight tendency to displacement which exists. A pad, placed in the axilla, and the common figure of eight bandage, will generally be found sufficient.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, OCTOBER 4, 1848.

We would call the attention of our readers to an Act of Parliament just passed, entitled "An Act to Renew and Amend an Act of the Tenth Year of her present Majesty, for the more speedy Removal of certain Nuisances, and the Prevention of Contagious and Epidemic Diseases."

By this useful Act, a very summary plan for removing nuisances is provided. Two householders in the parish or place, are to make the complaint of any nuisance, in writing, to the Town Council, or to the Guardians of the Poor, or to the Commissioners of any Improvement Board, or Paving Board, and either of these bodies is to appoint one or more of their members to examine the nuisance; or else, the certificate of the nuisance, in writing, of two legally-qualified medical men, may be obtained. After either of these steps having been taken, the complaint is to be made before a Justice, who shall summons the owner or occupier to appear before two Justices, who have the power of ordering the removal of the nuisance, under certain penalties for disobedience. Thus, two of the inhabitant householders, with two medical men, can, through any municipal body, or board, or the Guardians of the Poor, compel owners and occupiers to remove nuisances.

These nuisances are enumerated in the Act as follows:—"Foul and offensive Ditches, Gutters, Drains, Privies, Cess-pools, Ash-pits, the accumulation of Dung, Manure, Offal, Filth, Refuse; or Swine, or any other Cattle or Animal kept upon any Premises, so as to be a Nuisance or injurious to the Health of any Person."

It should be remarked, that it is not necessary to prove actually the injury to health in these cases, for whatever is merely a nuisance may be removed. The nose is the great detector of nuisances, and all permanent causes of bad smells which annoy many persons are undoubted nuisances, and must be more or less injurious to health.

By another clause, "the District Surveyor or Trustees is compelled to cause all open Ditches, Gutters, Drains and Water-courses by the sides of Highways, to be cleansed and kept clear. And the owner of any House, built subsequently to this Act, whose Drainage runs into an open Ditch, is guilty of a Misdemeanour."

We are happy to observe a very sensible clause, that none of these proceedings are to be quashed for want of form, and there is no appeal to a higher court.

It is of the utmost importance in rendering this Act effective, that medical men should be aware of its existence, for upon us, as a body, will mainly depend the effectiveness of any sanitary laws. It is our duty constantly to enlighten the public on the causes of disease, as they regard us as authorities on these points, and much more good is done when the adviser is doubly armed,—with the knowledge of the cause, and with the remedy. The Legislature has done its part. It has granted stringent laws, easily put in force. Let us, now, each of us in his sphere, endeavour to promote the execution of these laws; and the cholera may by this means be turned into a source of permanent advantage to this (after all,) splendid country.

Review.

On Functional Diseases of the Liver, associated with Uterine Derangement, embracing the Consideration of Special Physiological and Pathological Relations, hitherto unnoticed. By Butler Lane, M.D., M.R.C.S.E., &c., London. 1848. 8vo. pp. 32.

The object of the author of this treatise is to direct the attention of the profession to a relation which he considers to exist between the liver and the uterus. His own attention was first drawn to the subject during his researches upon the action of oxide of silver in uterine affections, from finding that one form of menorrhagia, in which disease the oxide proved generally benficial, resisted its powers, and that cases of this form yielded readily to mercurial alteratives, the uterine discharge ceasing with the relief of the congested or torpid liver, by copious biliary secretion.

The following conclusions are deduced as the result of the author's experience for three years:—

"1st. In a state of health an anatomical and physiological relationship exists in the female between the liver and the uterus.

"2nd. The relationship in question is apt to be disturbed in many forms of disorder and disease, primarily implicating either organ individually.

"3rd. The disturbance in question, though varying much in nature and degree, assumes certain definite aspects, the recognition of which serves much to direct and facilitate our therapeutic appliances."

Some considerations tending to confirm these views are brought forward, arising out of a comparison of the relative weights of the liver of the male and female, at different periods of life, and the composition of the blood from the portal vein and of the menstrual secretion.

Dr. Lane remarks that, in a great majority of instances it will be found that menstruation rarely occurs without some concomitant alvine derangement. "The bowels will vary from their usual state of action, becoming either confined or relaxed, relatively to their ordinary condition,"—"Assuming, therefore, the existence of an hepatico-uterine relation, it will follow that when the periodical excitement of the uterus takes place, occasioning menstruation, then the liver will manifest some sympathetic influence. If the action should be simply derivative, the biliary secretion will be diminished, and the natural cartharsis will consequently be lessened. But if a greater degree of excitement attend the meustrual period, the liver may even be supposed to undergo a sympathetic degree of excitement or erethism, and its secretion being thereby augmented, instead of being diminished, increased cartharsis will consequently result."

We believe this remark to be well founded, it is at least consonant with our own observations, although not hitherto especially directed to this point. The subjoined summary of 100 cases, in which the author has ascertained the peculiar alvine state at the period of menstruation, is adduced in confirmation:—

"Of 100 females in good average health, 22 acknowledged no change in the action of the bowels during menstruation, though in many of them it is probable there was some slight variation from the usual state, inasmuch as the answer returned to my inquiry was often that the person had '*not noticed*' or was '*not aware*' of any difference in the action of the bowels at those times; in 45 instances comparative constipation was declared to exist during menstruation; and in 33 cases there was relaxation of the bowels in comparison to the usual wont, but in about half these cases there was more or less dysmenorrhœa, whereas, in the females otherwise categorized, the complaint rarely existed. Thus it seemed that any undue uterine excitement or irritation tends to cause relaxation of the bowels during menstruation; and this was countenanced by reference to some cases of special female diseases, uterine tumours, &c., which Dr. Frederick Bird kindly permitted me to make note of; out of 20 consecutive cases I found the bowels were unaffected at menstruation in 4 instances, constipated in 2, and relaxed in no less than 14."

The pathological conditions of the two organs in certain states of the constitution, and more especially at the two periods of the first commencement, and the final cessation, of the menstrual secretive function, tend greatly to establish the existence of the relation which Dr. Butler Lane endeavours to point out. It needs only to refer for example to the frequent co-existence of hepatic derangement with chlorosis, and the relief experienced to both morbid states by the combined exhibition of alteratives and cathartics, in the first instance, followed by steel medicines in various forms; to the connection of headache, vomiting, diarrhœa, and other symptoms of hepato-gastric affection in dysmenorrhœa; and to the extensive disorder of the entire digestive system, often lasting for months, or even years, at what is well-named, in the common language of females, "the turn of life," in which the hepatic functions are especially implicated.

It is unnecessary for present purposes that the subject should here be pursued further. These and other examples of the relationship of the two organs are pointed out and illustrated by cases in Dr. Lane's unpretending pamphlet, and to this we must refer; cordially recommending it to the notice of our readers, as deserving of attention, not only as conveying many useful hints to guide the observation of the physician, but as comprising within the very moderate limits of a brief pamphlet, a subject which many writers, with far less material, would have expanded into an octavo volume.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

June 1st, 1848.

Dr. Percy in the Chair.

VEGETATIONS ON THE MITRAL VALVE.

Mr. Brindley communicated the following case:—The patient was 38 years of age, and of sedentary habits, being clerk to the Birmingham Canal Company. Until two years ago he appears to have enjoyed good health, with the exception of occasional attacks

of bilious dyspepsia, and some rheumatic pains of a temporary character. At this time, being engaged as a brewer's agent, he drank freely of malt liquor, which led to pecuniary embarrassments and much distress of mind, to which conjoint causes he attributed the declension in his health previous to the illness of which he died. This came on with shivering, from exposure to cold, while in a state of profuse perspiration and but partially clothed, about Christmas, and was followed by general aching and soreness, disturbed sleep, and occasionally delirium at night. There was no articular rheumatism. About the end of January, (when I first saw him,) he was emaciated and greatly dejected, complained chiefly of tenderness all over the surface of the body, more especially over the loins, glutæi muscles, and calves of the legs. Locomotion was so difficult and painful, that shortly after he was confined entirely to bed. He perspired freely, the tongue was covered with a thick white fur, and the breath foul, with entire loss of appetite; bowels exceedingly costive; urine scanty, frequently depositing the urates, with no trace of albumen. Percussion good throughout the chest. In the cardiac region there was, perhaps, less than the normal dulness. The heart's impulse was feeble; a distinct but not loud bellows murmur was heard over the whole region, and also in the back, on *both* sides of the spine; *loudest* below, and to the left of the nipple, where it has the *same* character,—systolic, masking the first sound. Respiration normal throughout both lungs; pulse 110, and very weak; some uneasiness occasionally in the cardiac region, with slightly disturbed action of the heart, and slight dyspnœa. Towards the end of February, spontaneous salivation came on, and the ankles were œdematous; he had also some strange mental illusions, fancying himself double, and that sometimes one part of his body, and sometimes another, belonged to some other person, with whom he would often appear to be holding conversation, and it was difficult to retain him long in a proper state of consciousness. In other respects he was much in the same state, with progressive emaciation, profuse perspiration, obstinate constipation, and inability to raise himself or turn in bed. Pneumonia came on a fortnight before death, with cough, rusty sputa, crepitation, dulness, and bronchophony, over the lower part of the right lung behind, extending subsequently to the left lung also. It appeared to be the hypostatic form of pneumonia. Dr. Johnson and Mr. Russell attended the case with me. He died on the 9th of April.

Autopsy twenty hours after death. Body greatly emaciated. *Head* not examined. *Chest*:—Some old celular adhesions between the right lung and costal pleura; its lower and middle lobes were in the second stage of pneumonia, containing, however, little blood, but a large quantity of frothy serum. The lower lobe of left lung was in a similar condition. No effusion into either pleura. No tubercles in the lungs. *Heart*:—Two or three ounces of clear serum were found in the pericardium; heart itself small and flaccid, presented no morbid appearance on its surface or in its substance, and the relative proportion between the size of the cavities and the thickness of the parietes was preserved. The tricuspid and aortic orifices were large. Tricuspid pulmonary and aortic valves sound; the latter unusually large. The mitral valve was the chief seat of disease. A large crop of fibrinous firm vegetations sprang from its parietal flap, and projected towards the auricle. This flap was nearly destroyed, the base of the vegetations taking its place. None of the cordæ were loose. The aortic flap was generally healthy and smooth, the vegetations extending only to its parietal end, close to its juncture with the other flap. The endocardium generally healthy; that of the left auricle more opaque than the rest, and near to the valve roughened by a few small patches of fibrinous deposit. Aorta (ascending and arch,) healthy; no atheroma. *Abdomen*:—The spleen was large, and at its upper end presented a large patch, of a yellowish white colour, and of firm texture, a change of structure frequently observed in this organ. Kidneys nearly double their natural size, congested, of a deep slate colour; the cortical structure greatly enlarged, apparently by a copious whitish deposit, giving to the outer surface a somewhat mottled aspect; the right more advanced than the left. The liver and other abdominal organs sound.

ADHERENT PACENTA.

Dr. Mackay exhibited a placenta, presenting calcareous deposits and fibrous bands upon its uterine and fœtal surfaces, but particularly upon the former. It was adherent to the uterus, and in the act of detaching it, was found to tear with great readiness, so that more than ordinary care was necessary, in order to secure its complete separation and removal, which, happily, was effected, together with the membranes. Soon after the placenta was extracted, notwithstanding that the uterus contracted generally and firmly, hæmorrhage came on, and with short intervals continued to recur for the space of eight hours, during which the amount of blood lost was very great, and the consequent exhaustion proportionately alarming. From the cessation of the hæmorrhage, however, the patient has been recovering, and is now, on the tenth day after her confinement, quite convalescent.

She stated that during the latter half of her pregnancy, she suffered severely from pain and soreness over the fundus uteri, which rendered exertion of any kind, particularly walking, exceedingly distressing, and while she was in bed obliged her to lie in one posture. At her previous confinement, which was her first, the placenta was likewise adherent, and hæmorrhage coming on, as it did on the late occasion, soon after the birth of the infant, the surgeon proceeded to extract it, but unhappily he only succeeded in removing a part, and the remaining portion was not expelled until four days had elapsed, the patient meanwhile being in a state of almost constant syncope, from the vast loss by hæmorrhage, and other uterine discharges, which depressed her as much by their intolerable fœtor, as by their quantity.

The following are the points in this case which appear most instructive, and worthy of attention:—We have here an instance of the placenta being adherent in two successive pregnancies, without any cause which could have led to it being known. Those who have been much engaged in midwifery practice,

are aware that this occurs in some persons in several successive pregnancies; and, consequently, when a person, in whom it has been once observed, becomes pregnant again, it becomes the duty of her medical adviser, to use such precautions as are likely to prevent its recurrence, which, in some instances at least, it is probable may be done. For example, had the subject of the present observations not disregarded the pain she suffered over the fundus uteri, but, on the contrary, had she sought for advice regarding it, and been judiciously treated, it may be presumed that the morbid process would have been arrested, and its important consequences averted. Whenever there is pain and tenderness upon pressure over the situation of the placenta, as indicated by the stethoscope, with or without constitutional disturbance of a febrile character, an inflammatory or hyperæmic condition of that organ may be inferred, and demands appropriate treatment for its removal. In removing an adherent placenta, with other precautions, it is important that in detaching it, care should be taken not to lacerate its substance, so that by examining it after its removal, the operator may be able to ascertain beyond doubt, whether he has succeeded in removing the whole, or not. In the present instance, had the placenta and membranes not been so perfect as to preclude all question upon this point, the manner, severity, and obstinacy of the hæmorrhage which followed, would have justly excited suspicion that part had been left behind, as was the case on the occasion of the previous delivery. Not only would there thus have arisen great additional anxiety to the medical attendant, but likewise, in all probability, additional hazard to the patient, from injury being inflicted by further efforts to remove the portions of placenta supposed to have been left behind.

PEARLY DEPOSIT IN THE LUNGS.

Dr. Mackay also exhibited portions of diseased lungs of a man, aged 34, who, with the exception of a short dry cough, seemed to be in good health, and was able to continue his work, which was laborious, up to three weeks before his death. On one occasion, many years back, after a fall, he had had hæmoptysis. Three weeks before his death, was seized with a frequent distressing cough, which was followed by clear frothy expectoration, some dyspnœa, and pain in the chest; and these symptoms were accompanied by febrile disturbance. In a few days after he first applied for relief, he was so far recovered as to purpose returning to his work very shortly, but he relapsed upon the very day he intended resuming his employment. The symptoms were those already mentioned, and they gradually increased in severity until his death. When he relapsed his chest was examined by the stethoscope and percussion. By the latter, no marked difference was detected in the resonance of any corresponding part of the two sides of the chest, nor did it seem abnormal in any marked degree. By auscultation the respiratory murmur was found to be obscured by mucous and subcrepitant rales, which, varying in the degree of moisture and dryness, pervaded the entire of both lungs; the subcrepitant being most distinct towards their apices.

Post-mortem examination of the chest. No adhesion on either side between the layers of the pleura, nor was there any effusion into its cavities. Both lungs as seen *in situ*, occupy their respective cavities completely; anteriorly their colour is a pale blue, posteriorly a dark flesh colour. Upon the surface of both lungs small elevations may be seen and felt, which are caused by small firm bodies, imbedded in their parenchyma, immediately under the pleura. Similar bodies are found in the substance of both lungs, the right lung being more thickly studded with them than the left; and the apices of both lungs more than the lower portions of either. In the apex of the right lung a cavity large enough to contain a pea is observed. The bodies are homogeneous, of the consistence of fibrin, of a bluish pearl colour, and about the size of peas. They are remarkably uniform in all their characters in the different parts of the lungs.

ICTHYOSIS.

A case of icthyosis was presented by the Secretaries to the Society, occurring in a boy 17 years of age, of very short stature, but of square build, and in very good nutrition. The disease consisted in a black colour and warty state of the cutis of the limbs and trunk. The disease was developed to a different extent in different parts, on the outer aspect of the limbs, and particularly on the outer ankles and dorsum of the feet, and on the front of the lower part of the thighs. It existed as long pedunculated warts, or as thick closely set horny spiculæ, standing erect in some parts a quarter of an inch in length. On the inner aspect of the limbs the warty coating was less thick, or assumed the form of sharp spiculæ, not unlike thick bristles; it was somewhat more sparingly developed on the front of the trunk, and over the upper part of the back especially; between the scapulæ it was nearly absent, leaving a dense irregular cuticle, of a dusky tinge. It covered the penis more sparingly, and existed upon the glans, leaving a small bare space immediately around the orifice of the urethra; in the flexures of the joints, in the axilla, and in the opposed surfaces of the nates, the cuticle was also nearly bare, but in the bends of the elbows and of the knees, rigid and horny in texture. The soles of the feet, and the palms of the hands, the opposed surfaces of the fingers and toes, were also free from the disease, as was the entire neck and face; but the cuticle of the throat was harsh, and he stated that a little of the peculiar formation sometimes appeared beneath the chin. The hairy scalp was covered with a thin coating, of the same nature with the other parts of the body. The diseased formation had everywhere a deep brownish black colour; the hair was long but dry; hair existed on the pubes. There were no signs of beard, but a scanty development of fine hair on the upper lip. This state of the skin first showed itself when he was a fortnight old; none of his family were similarly affected. He has enjoyed good health, perspires on active exertion, and only suffers slight pain and soreness occasionally on the dorsum of the feet, after much walking. The nails were natural.

FUNGOID TUMOUR.

Mr. R. L. Baker exhibited the left hand of a female, aged 68 years, which was removed by amputation

below the elbow, on the 24th of May, for a peculiar-looking fungoid disease of seventeen years standing. It had a spontaneous origin, commencing in a small fixed point, attached to the inner side of the distal end of the metatarsal bone of the middle finger, not larger than a small shot, accompanied with sharp lancinating pains. It gradually increased in size for the first five years, when it had reached the size of a walnut, the pain having much increased in intensity. From this time it remained stationary for seven years, which circumstance the patient superstitiously referred to the efficacy of a charm, which had been applied by a professor of the magic art. At this time, twelve years from its commencement, it began to assume a more active character, and continued to increase rapidly to the time I saw her, a month ago. She states that two years since she was a patient of the General Hospital, and was advised by the attendant to have it removed, but would not then consent. The tumour now presents an enormous mass, of irregular somewhat rounded shape, measuring in its longest diameter seventeen inches round; its structure feels very hard and heavy; in its substance the middle and ring finger are imbedded, so that only the first phalanx is visible; its surface presents a lobulated aspect with a few ulcers, having a dark vascular appearance, from which, during the last six months there has been repeated hæmorrhages of considerable amount, at intervals of three or four days, from which loss, and the intensity of the pain, and constant want of rest, she is now very emaciated and debilitated. There is no inflammation of the absorbents, and but very slight enlargement of the axillary glands. Under these circumstances, I recommended the amputation, as the only means of affording relief to her extreme agonies, to which she readily consented. I performed the operation under the successful influence of chloroform, and up to the present time her general health seems much improved, and the stump presents a healthy granulating appearance.

The weight of the tumour and hand conjointly, is three pounds; the latter, however, is very small, from extreme emaciation. The tumour was fully the size of a fœtal head of full term; the form rather lobulated. It evidently implicated the middle finger alone, of which, the last phalanx only was visible; it had separated this finger from the first finger on one side, and from the ringfinger on the other, very widely, so that there was a distance of five inches between the tip of the middle and that of each of the other fingers respectively; it projected between them, and the integument of the metatarsal phalanx of the ring finger assisted to cover it. It lay entirely on the palmar aspect of the hand. In front, ulceration from the surface had opened a large irregular cavity into the tumour. The substance of the tumour was of a white colour, and contained several small cavities filled with dark coagulated blood; it was dense, but gave way to the finger, breaking up under firm pressure, into a white pulpy matter. On squeezing the tumour, a glairy fluid, much like synovia, issued from the cut surface in considerable abundance. The arm was much emaciated.

Foreign Department.

CLINICAL SURGERY.—THE WOUNDS OF JUNE, 1848.

(Translated from the *Annales de Thérapeutique*, by T. W. Crosse, Esq.)

The wounds we observe at the present time, are different to those of last February, and the atrocities which have passed before us during the four unfortunate days, the 23rd, 24th, 25th, and 26th of June, surpass all belief,—in a country, too, so civilized as France. One can only compare this desire for human blood to a sort of general frenzy, such as one sometimes witnesses in an establishment for the insane. The Caribs, those savages whom Columbus so severely chastised, were assuredly less dangerous, being less refined by the instruction, and corrupt example of civilization. That which relates to the spirit of those deeds to which we have alluded, can only be compared to the denaturalization one meets with, from time to time in our courts of assize, amongst bands of malefactors associated for robbery by means of assassination. Posted behind the windows of houses, the enemies of the Republic have basely assassinated the most experienced generals and superior officers, and at the same time have endeavoured unmercifully to exterminate the citizen defenders of order. They did not spare the worthy Archbishop of Paris; as a reply to the words of peace which he carried to the insurgents, he received a ball in the loins, which proved fatal. In that part of the city which the insurgents have invaded, the ground has been scattered with dead bodies, and rivers of blood have, so to speak, flown past our doors. One is ignorant of the exact number of deaths on both sides; it is estimated approximating at 10,000, and certainly the number is not exaggerated. The number of wounded received into the hospitals amounts to about 1,800, but there are also a great number who had been nursed in the town. One must admit, for the honour of the honest labourers, that if a considerable number of workmen, misled by the enemies of the Republic, have on this account imbued their country in blood, and dishonoured the name of France, a great many others, and indeed the majority, have taken arms for the order and defence of the Republic. Happily, justice and order have triumphed, and one may hope that the foolish attempts of these plunderers and pretenders will not be renewed, energetic measures being taken to crush henceforth similar attempts from their commencement.

At the Hôpital de la Charite, under M. Velpeau.

In the Cephalic Region, all the wounds are situated on the face, and more properly speaking, upon the hairy part, or cranium. The cause of this is, that the volleys of fire upon the head have generally proved fatal at once. The wounds without penetrating may cause death, owing to the proximity of the combatants, and the consequent concussion they produce. A crowd of generals, commanders, and officers, have sunk, merely from balls aimed at their heads by the

insurgents, placed behind the windows of the houses, from which they selected the chiefs of the troops, and cowardly massacred them. On the upper jaw only two serious wounds presented themselves, they are somewhat analogous to each other. In one case, that of a woman, the ball traversed the face from above downwards, and entered the mouth by passing along the palatine arch. In the other case the ball struck the bridge of the nose, and perforating the intermediate tissues, entered the mouth by fracturing the palatine arch. These two wounds resemble in a certain degree those which suicides form, from below upwards, when firing a pistol in the mouth. It is remarkable that these kinds of wounds of the upper jaw, when not accompanied by much concussion or hæmorrhage, generally recover. Sometimes they prove severe by the propagation of erysipelas down the air-passages, On the lower jaw there were two severe injuries; one (produced by a cannon ball or the bursting of an howitzer,) had carried away the whole body of the lower jaw, and a great part of the tissues in the front part of the neck, shattered the tongue, and left uncovered the larynx. This man was wounded at the same time by a ball in the lower part of the forearm, which carried away transversely the skin upon the dorsal surface, comprising the extensor muscles of the fingers, and grazing the bone, without causing fracture. M. Velpeau said he would have amputated this limb, if the wound in the neck had not been mortal. The other case was less severe: it was an extensive fracture of the body of the lower jaw, produced by a blow from a gun fired very near. The case presented a remarkable peculiarity. On his admission, the patient was suffocated, and fell asphyxiated; it was found that this was owing to retraction of the tongue, which, having lost its attachments to the jaw, was carried backwards and obstructed the larynx. It was seized, brought forward and fixed with a thread, and respiration went on very well afterwards. This fact of retraction of the tongue has not probably taken place in any of the people wounded in a similar manner. In the returns of those wounded in 1848, a case occurred to M. Blandin, where the mutilation of the body of the lower jaw was complete, and the tongue remained hanging outside the wound, but nothing is observed relative to retraction. After amputation of the body of the lower jaw, we have never seen retraction of the tongue. It remains therefore to be determined what condition is productive of this phenomenon.

Of Injuries to the Vertebral Column, there are two cases. In one, the ball had struck the lower part of the cervical vertebræ, or the commencement of the dorsal; the spinal cord was injured, and the patient soon died paralysed. In the other case, the missile had struck transversely the first lumbar or the last dorsal vertebra. The spinal cord being injured, the patient had paralysis of all the subjacent parts. This case very much resembled that of the Archbishop of Paris.

In the Thorax, the serious wounds which are at present in the hospital are few, many having died. Generally the balls struck the front of the chest and soon proved fatal. There was one case of simple perforation of the superior lobe of the lung, with the usual symptoms of hæmoptysis, emphysema, &c.

In the Abdomen there were two severe cases of wounds, A man received a ball in the right flank, which passed to the left, traversing in its course the parts contained between the diaphragm and the stomach. The right lobe of the liver was implicated. In the other case, an insurgent was wounded in the fore part of the abdomen, and the peritoneum was exposed. It is expected either that the peritoneum will become gangrenous, or that fatal inflammation will spread from this point throughout the serous cavity.

The greater number of cases are wounds of the limbs, especially of the thigh, leg, and foot. Many are attended with fracture of the bones, requiring more or less severe operations. One of the patients who had been wounded in the thigh, had had at the Tuilleries a ligature applied high up round the femoral artery, and the limb is gangrenous. Amputation was performed at some distance from the groin, but he quickly died. A little "garde mobile" had been thrown out of a second-floor window by one of the insurgents, but only met with some severe contusions, being protected by his lightness and his dress.

(*To be continued.*)

NOTES FROM A PRACTITIONER'S DAY BOOK.*

THE USE OF STOMACHICS IN DYSPEPSIA.

Your heavy feeder's safety lies in his dyspepsia: cure this, and you kill your patient. The man, who takes five times too much nourishment into his stomach, would die at once, if the digestive system would convert it into five times too much blood. He that habitually overfeeds, suffers from a dyspepsia, which prevents more blood than is necessary being elaborated, and is much more frequently the cause of a deficient supply. A certain quack medicine once obtained an extensive reputation for the cure of gout. The Duke of Portland, whom it had benefitted, bought the recipe for two thousand guineas, and made it public. Hence, it was long known as the Portland powder. All who suffered from gout or dyspepsia, fortified their stomachs for the pleasures of the table with this medicine, and agreed that they never felt better or enjoyed themselves more. Somebody, however, at length discovered that no one lived long after being cured by the Portland powder. All died in the course of two or three years, of apoplexy, or an attack of acute inflammation. The tonic action of the bitter ingredients of this medicine had enabled the digestive system to elaborate a larger supply of blood than was necessary, and the brittle vessels of the brain were burst by the distension to which they were subjected, whilst a predisposition to acute inflammation arose from a redundance of organizable material.

A CAUSE OF COUGH.

I was once suffering from an attack of acute pleurisy, with some pneumonia, confined apparently to a limited portion of the lung. For many days I was much

* Continued from page 215.

troubled with irritative cough. This, when moderately quiet, was always excited if I tried to speak in a laryngeal tone of voice. I could whisper for many successive minutes without experiencing any inconvenience, but the instant I attempted to utter a single syllable aloud, a cough was excited, and every effort at a whole sentence was interrupted by a succession of coughs between almost every word. I could not at the time account for this circumstance. The feeling of irritation which excited the cough appeared to reside in the larynx; but I had no reason to believe that there was any mischief in this part. The following is, I suppose, the true explanation:—When speaking in a laryngeal tone of voice, the chordæ vocales are approximated, and, by this means, the aperture through the air-passages in expiration is contracted. Its confinement, therefore, produces pressure on the inflamed pulmonary tissue, a sympathetic irritation is communicated to the larynx, and the cough excited.

INFLAMMATION AND ULCERATION OF THE ŒSOPHAGUS.

A man, aged 65, was ill with an acute ascites, dependent upon some abdominal disease, which a *post-mortem* examination proved to consist of a deposition of numerous malignant tubercles, which studded the greater portion of the sub-peritoneal areolar tissue, the liver, and some other parts. Five days before his death, he first complained of pain in the throat on every attempt at deglutition. The next morning incessant sickness began, the stomach rejecting whatever was introduced into it, together with large quantities of a dark bistre-coloured matter, which was evidently blood, acted on by the gastric fluid. Though he always succeeded on making the attempt to swallow, the effort was of a spasmodic character, and accompanied with considerable pain in the throat and along the sternum. This was generally of an aching character; but the juice of an orange, he told me, caused a smarting, cutting sensation. I examined the throat with the aid of a speculum lamp, and, as far as I could see, the mouth, the palate, the tonsils, and the pharynx were all in a healthy condition. On the fourth day, there was less of the black substance, but he vomited several clots of muco-purulent matter, which exactly resembled the sputa of bronchitis in its later stage. My patient had been gradually becoming weaker from the commencement of this attack, and he died from asthenia on the fifth day. Attempts had been made to support him by means of nutritious enemata; but the fluids could be injected only in very small quantity, and returned the instant the pipe was removed, circumstances which were sufficiently explained by the very contracted state of the rectum and colon which was found after death. Since the commencement of the œsophageal symptoms, those referred to the abdomen had remained in abeyance, and the ascites was greatly on the decrease.

The *post-mortem* examination presented several lesions, but those connected with the œsophagus alone seemed immediately concerned in the fatal result. The whole mucous membrane of this part was in an ulcerated condition, the ulcers appearing of very recent formation, having irregular edges, running into one another, without any appearance whatever of granulation. In some parts the whole thickness of the mucous membrane was destroyed; in others the ulceration was quite superficial. The veins were much congested, and the vessels had given way at intervals, for several points of extravasated blood were found in the sub-mucous areolar tissue. I discovered three or four minute tubercles in the substance of the mucous membrane, but was unable to determine whether they were of a malignant character. These lesions were confined to the œsophagus, for the mucous membrane of the stomach was perfectly healthy, and the pharynx presented no trace of disease.

A brother practitioner requested me to see, with him, a gentleman, who had been ill for several days, with symptoms of a common catarrh, caught, as it was supposed, by his getting wet on a fishing excursion, and remaining for some hours in his damp clothes. He was now becoming much debilitated; and there were symptoms threatening the approach of a typhoid state; whilst the urgency of the case was greatly increased by a difficulty of swallowing, which had recently supervened. I found the patient really more ill than I had expected. The whole mucous membrane of the mouth and pharynx, as far as could be seen, was in a state of superficial ulceration, being of a yellowish grey colour, bleeding readily, and secreting a sanio-purulent matter. This diseased condition terminated in front, exactly at the point where the two lips come in contact on the mouth being closed, so that the outer portion of each lip was unaffected. The conjunctiva of the lids and globe was in the same state, secreting a muco-purulent matter, which gummed the lids together during sleep; whilst a similar condition of the Schneiderian membrane was indicated, by the nasal passages being blocked up by sanio-purulent incrustations. The patient was now sitting in his arm-chair; his manner was hurried and tremulous; and his wife assured us that there had been a good deal of muttering delirium during the night. The pulse was feeble, and the skin cold and clammy. What was at first a mere difficulty of swallowing, now amounted to a complete inability. Wishing to witness the effort, I requested the patient to try some brandy and water; he took a small quantity of it into his mouth, and made a convulsive attempt to gulp it down; but, instead of entering the œsophagus, the whole of it returned by the nostrils. From the symptoms, I could have but little doubt that the mucous membrane of the œsophagus, at least in a great part of its extent, was in a similar condition to that of the mouth and the other parts which had been mentioned. I felt confident, however, that the difficulty in swallowing arose rather from a spasmodic affection of the muscles, than from any mechanical impediment. On this view of the case, we determined upon using active counter-irritation along the neck. On either side, behind the trachea and larynx, and from the angles of the lower jaw to the clavicles, we freely applied the glacial acetic acid, by means of a camel's-hair paint-brush; this produced for a few seconds its usual intolerable smarting, but the relief to the dysphagia came sooner than we could have anticipated, for the patient was able to

swallow immediately after the operation. From this time he had no impediment to deglutition, though the effort was still accompanied with pain. We now prescribed the sulphate of quinine, and allowed our patient as generous a diet as he could be induced to take, with a fair proportion of alcoholic stimuli. The vital powers, which had been fast sinking for want of nutrition, now revived, and we soon ceased to be alarmed about the result. The mouth was directed to be frequently washed with a lotion, composed of the Linimentum Æruginis, lime-water, and laudanum, until returning action, indicated by this application producing pain, warned us to its discontinuance. In about ten days all local symptoms had disappeared, though our patient still remained weak from the effects of his illness.

In his book, "On Diseases of the Stomach," the late Dr. Abercrombie relates the following instance of this, as he calls it, rare affection. "A gentleman, aged 26, came to town in June, 1826, to consult me about complaints in his head. On his journey he thought he had caught cold in crossing the Firth of Forth, and when I saw him he complained of his throat; and there was a glandular swelling on the right side of the neck. His voice was hoarse, with a peculiar husky sound. The fauces were of a bright red colour, without much swelling, but were covered in several places with aphthous crusts. He was at this time not confined, and there was not much fever; but, after a few days, he became more feverish, the other symptoms continuing as before. He was now confined to bed, and actively treated, and after eight or nine days he was much better, so as to be able to be out of bed; but there was still some soreness of the throat, with small aphthous crusts, and a husky sound of the voice. After a few days there was a recurrence of the fever, which now assumed a typhoid type, with considerable appearance of exhaustion. He had some dyspnœa, with much difficulty of swallowing. The attempts to swallow excited sometimes cough, and sometimes vomiting, and by both were brought up considerable quantities of a soft membranous substance. He became more and more exhausted, without any remarkable change in the symptoms, and died at about the end of three weeks from the first appearance of the disease.

"*Inspection.*—The whole of the pharynx was covered with a loose, soft, adventitious membrane, which also extended over the epiglottis; and portions of it were found lying in small irregular masses, within the larynx, at the upper part. A similar membrane was traced through the whole extent of the inner surface of the œsophagus, quite to the cardia. Near the cardia it lay slightly attached, forming a soft continuous mass, about the third of an inch in diameter, and with the œsophagus closely contracted around it. The other parts were healthy."

COLIN ARNECAPLE.

(To be continued.)

General Retrospect.

PHYSIOLOGY.

ABSORPTION OF INSOLUBLE SUBSTANCES.

Although numerous works have of late years been published on the physiology of absorption, this function is as yet far from being completely understood. The parts played by the veins and lymphatics respectively, is still but imperfectly known; and the conditions necessary for the operation of absorption are still undetermined. Professor Oesterlen has made a discovery which, if verified, will completely subvert received theories. Having fed cats and rabbits five or six days consecutively, with food in which charcoal, minutely powdered, had been mixed, he found that on examining the blood under the microscope, particles of charcoal, identical with those which had been ingested, were abundantly visible. The blood was taken from the mesenteric and portal veins. The fluid of the thoracic duct did not contain any, neither did the urine or bile. Charcoal is not the only insoluble substance which is capable of being absorbed. Oesterlen found that Prussian blue can likewise be detected.—*Henle and Pfeufer Zeitschrift.* No. 3, p. 111.

PATHOLOGY & PRACTICAL MEDICINE.

CREOSOTE IN ERYSIPELAS.

During a practice of many years Dr. Fahnestock of Pittsburgh, has been in the habit of using creosote in erysipelas of the face, (as well as of other parts of the body,) in both its simple and phlegmonous forms, confining his local treatment to this article alone; and such has been the success of this treatment, that he states he has yet to witness a case which has not yielded to it.

In every case of local erysipelas he immediately applies the purest creosote, with a camel's hair brush, over the whole of the affected surface, extending it some distance beyond the inflamed part, and at the same time administering a dose of calomel followed by a sufficient portion of jalap to insure free catharsis. This, in the majority of cases, is all he finds necessary. But when the mucous membrane of the mouth and fauces is also affected, he pencils those parts with a solution of the Nitras Argenti, say from half a drachm to a drachm in an ounce of distilled water.

In the phlegmonous form, it will be found necessary to repeat the application more frequently than in the simple, with the addition of a bread and water poultice, applied nearly cold, and well sprinkled with water strongly impregnated with the creosote, or a cloth, kept constantly wet with the solution, especially for the face.

The creosote when applied, should cause the parts to become white immediately; if this does not occur it is not pure. Thus you will perceive that success depends upon having the best quality of oil. It is worthy of remark, that the skin does not become in the least marked by the application, no matter how often it is applied.

Dr. Fahnestock was first induced to make a trial of this remedy, by a remark made by Dupuytren, in a small pamphlet which fell into his hands, in which he supposed it might be a good remedy in this disease.

The result of an extensive and exclusive use of this article in erysipelas, has induced him to place the most implicit confidence in it. He asks the profession to give it a fair trial, confident that whoever once tries it will abandon all other articles in its favour.—*American Journal of Medical Sciences*, July, 1848.

PATHOLOGY AND TREATMENT OF TETANUS.

The points of most importance in a paper on tetanus by Mr. Wilmot, are summed up in the following propositions :—

1. That tetanus depends on irritation, direct or indirect, of the excito-motory system, or true spinal cord, by which it becomes surcharged with motor influence; and that inflammation in or about the cord, or any appreciable lesion, is not an essential condition for the development of the disease.

2. That while we have ample evidence, physiological and practical, that opium is ill-calculated to fulfil the indication in tetanus,—namely, to diminish the excitability of the true spinal cord; until our views become improved, and the knowledge of an anti-tetanic agent ceases to be a desideratum, we are not justified in altogether discarding the drug.

3. That our grand object, in the treatment of tetanus, should be to support the patient's strength by the administration of stimulants and nourishment, with a view to compensate the vital powers for their great exhaustion, consequent upon the expenditure of force by the violent muscular contractions.

4. That as the removal of the exciting cause, once that the first evidence of irritation propagated to the spinal cord becomes manifest, does not in the least degree check the progress of tetanus, nor abate the violence of its symptoms, all operations in traumatic cases are not only unnecessary but injurious.—*Dublin Quarterly Journal of Medical Science*, August, 1848.

INDIAN HEMP IN FACIAL NEURALGIA.

Dr. Ruhbaum, of Potsdam, has made several trials of the Cannabis Indica, in cases of facial neuralgia, with the most satisfactory results. In more than thirty cases great benefit was experienced, and many were entirely cured. Very delicate persons were seized with a little giddiness, lassitude in the limbs, &c.; others were affected in an opposite manner, and evinced great excitement, mirth, and vivacity; but these respective symptoms disappeared after an hour or two, and left no unpleasant sensation behind them. The dose was from sixteen to twenty drops of the tincture, containing about one grain of the resinous extract.—*Medicinische Zeitung*, in *Lancet*.

ON PHOTURIA, OR LUMINOUS URINE.

Cases, however rare, have been cited, in which the urine, as it passed from the urethra, had a luminous appearance. The phenomenon has not been explained, wherefore the following case, with the observations of M. Fallot, will be read with interest :—

A man, aged 60, had for many years, at intervals, passed luminous urine; the luminous appearance was most distinct as the fluid dashed on the ground, but a few sparks were seen in the stream as it passed from the urethra. Examination discovered nothing particular in the fluid, which varied in its constituents according to circumstances.

M. Fallot thinks that these cases would be found to be more common if attention were directed to them, but that as the affection is not accompanied by any notable derangement of health, it passes unobserved. In the case referred to, the patient had never alluded to the circumstance until he was questioned concerning it, in consequence of its being accidentally witnessed by M. Fallot.—*Rev. Med. Chirur.*

SURGERY.

FRACTURE OF THE NECK OF THE FEMUR WITHIN THE CAPSULE : BONY UNION.

Dr. Condit reports a case of fracture of the neck of the femur, in a man, aged 80. The accident happened in May, and the patient died in November following. The following are the *post-mortem* appearances:—

The muscles and other structures around the cervix femoris were more pale than usual; the capsular ligament was entire, giving no appearance of laceration. The ligamentum teres was vascular; the acetabulum was normal in appearance. The neck of the femur was shortened, and the fracture was discovered to be wholly within it. The head of the bone had been broken across transversely, exactly where it joins the neck. The ridge, characteristic of the seat of fracture, had been thrown out, and the re-union was firm for more than three quarters of the circumference of the bone. The limb having been drawn up by the contraction of the muscles, a considerable angle was formed by the head and neck at their point of juncture, but they were as firmly united by osseous formation as if they never were separated. On the upper side, where the fractured edges were not in apposition, union was not yet complete, but ossification was going on upon all the broken surface, and had the patient lived a few months, would doubtless have been perfected. Could the state of the injured part have been by any means ascertained, and had not the condition of the ankle forbidden it, the patient, I think, might safely have walked; there was sufficient firmness at the fracture for the limb to have contributed its share of support to the trunk. From a fear lest some accident should befal the specimen in handling it, I left it with a mechanic to have the head protected by a covering wire. He placed it for safe keeping in a desk in his room, belonging to another man, who, removing the desk in his absence, threw out the bone, supposing it to be of no value; and though diligent search was made, it was not recovered. I had the preparation in my possession for two or three years, and during that time it was shown to many members of the profession, who expressed but one opinion, that it was a case in which a *complete fracture entirely within the capsule was re-united by ossification.*—*American Journal of Medical Science*, July, 1848.

NÆVUS TREATED BY SETON.

Dr. Bellingham reports two cases in which the plan of treatment by seton, as recommended by Marshall Hall, was perfectly successful. The first case, which we give below, sufficiently points out the advantages of the method:—

Mary Magrath, aged eleven months, was admitted with nævi on the face, one occupying the root of the nose and inner angle of the left eye, about the size of the section of a walnut, prominent and purple, and a smaller one was seated on the forehead. A needle, armed with silk, was passed through the base in four different places, and the threads loosely tied, so as to allow of motion. Two more threads were subsequently passed, previously dipped in a solution of nitrate of silver, and in less than two months the tumour had disappeared.—*Dublin Medical Press*, August 16.

QUEEN'S COLLEGE, BIRMINGHAM.

At the late annual meeting of the Governors and friends of Queen's College, Birmingham, at which the Rev. the Vice-Principal presided, the following report was read by Professor Knowles:—

On reviewing the transactions of the past year your Council are happy to have it in their power to congratulate the Governors and friends of the Queen's College upon the very satisfactory progress and prospects of the Institution; indeed, perhaps, in no year has the progress of the educational movement been more varied and important.

The aggregate number of matriculated Students is greater than in any former year. The number registered as studying at Queen's College within the period comprised between the 1st of October, 1847, and the present date, is eighty-three. The number registered as being in attendance on the Medical Classes of the Senior Department is fifty-seven. The number in attendance on the Classes of the Junior Department is twenty-five, and one preparing for Laws. Forty-seven Students have in the above period attended the Medical and Surgical Practice of the Queen's Hospital, and ten at the General Hospital. Of the Students in the Senior Department, twenty-four have been in residence within the walls of the College, fifteen have resided with Medical Practitioners in or near Birmingham, twelve have resided with their parents or guardians, five have been in lodgings, one at the General Hospital, and one at the Queen's Hospital. One is preparing for his Degrees in Law. The number of Students entered to the Junior Department and in residence with College Tutors has been fourteen, and the non-resident Students in the same department eleven.

Your Council have great reason to be satisfied with the reports made to them by the Professors and Tutors of the general good conduct and regularity of the Students. The Chaplain's register shows that the daily attendance at Divine Service has been good, and the attendance of the Students, both Senior and Junior, at the Theological Lectures, quite satisfactory.

The Council have the gratification to state that of seven belonging to the Junior Department who presented themselves in July last at the Matriculation Examination of the University of London, four were placed in the First Class, and one obtained honours in Chemistry.

Considerable additions have been made both to the Museums and Library during the past year, while to afford better and more extensive accommodation, the munificent donation of £1000, presented by your venerated benefactor, the Rev. Dr. Warneford, has been expended in the erection of a new Lecture Hall, Anatomical Room, Chemical Laboratory, and sixteen additional sets of rooms for Students' Chambers.

With regard to the addition to the Museums and Library already alluded to, the Council have the satisfaction to announce that they have been enabled to purchase the whole of the models of Dr. Felix Thibert, illustrative of the Diseases of the Uterus and its appendages, Diseases of the Skin, Diseases of the Eye, Syphilitic Diseases, Internal Pathology, and the Anatomical Lesions of the Diseases of the Bladder, Urethra, and Testes. Of the value of this Museum the following Report will afford the most satisfactory evidence:—

[Here follows a "Report made by the Royal Academy of France on the Preparations of Pathological Anatomy, modelled and published by Dr. Felix Thibert, (author of a new method,) by a Commission composed of MM. Andral, Professor of General Pathology to the Faculty of Medicine, Paris; Breschet, Member of the Academy of Sciences, and Professor of Anatomy to the same Faculty; and Cruveilhier, Professor of Anatomy to the same Faculty."]

To the Library the following valuable books of plates, in addition to other standard works, have been presented by the Vice-Principal:—Alibert's Nosology; Bedloo's Anatomy; Haller's Icones Anat., 11 vols.; Loder's Anatomy, fol., vol. iii.; Cheselden's Osteographia; Sir A. Cooper on Dislocations; and Fischer on the Nervous System.

The regulations of the College of Surgeons not permitting any Professor to hold more than one chair, your Council, with very great reluctance and regret, accepted Mr. Sands Cox's resignation of the Professorship of Anatomy; and upon the recommendation of the Professors, Mr. Langston Parker has been appointed to supply the vacancy.

The Professors having also recommended the Council to repeal the law relative to the appointment of Demonstrator of Anatomy, and that the Demonstrator be henceforth appointed in the same manner as the Professors, and that like them he receive the fees and pay the expenses of his class, and that Mr. Bolton continue to hold the office under this arrangement, your Council resolved that this recommendation be adopted, and that the laws be altered in conformity with it.

Your Council has the gratification of stating that Mr. James Smith Upfill, of Bromyard, has enrolled his name in the list of Governors, and presented a donation of £20 for the general purposes of the College. Your Council take this opportunity of making known the power which is given to the Corporation of Queen's College, by its charter, of holding, for the benefit of the College and Queen's Hospital, not only any amount of personal

property, but also, notwithstanding the statutes of mortmain, other real property to the annual value of £5000.

With regard to the Queen's Hospital, it continues to fulfil in all respects the purposes for which it was opened. It has, indeed, completely established the strongest claims upon the liberality of the public, by the sssistance and relief which it has already afforded to the sick and suffering poor of the town and mining districts. It appears from the last report of the Committee of Council, that 3000 home and out-patients and 1312 in-patients have been entered on the books during the last year, and 72 poor married women were attended in their confinements at their own homes. This return is exclusive of vaccination and minor casualties. Towards the support of the Charity the Medical and Surgical Officers have paid over the sum £499, fees received from students. Your Council, however, regret to be obliged to add, that the Hospital has still to contend with great pecuniary difficulties, but they cannot abandon the hope that its means will gradually become more proportionate to its merits and exigencies.

The Report then alludes to the decease of two of the students; and the valuable services of the Right Hon. the Lord Lyttelton, Principal of the College; of the Rev. Chancellor Law, Vice-Principal; of Mr. Sands Cox, Dean of the Faculty; and of the Professors, Tutors, and other officers of the Institution. It then proceeds:—

Your Committee must further repeat their convictions expressed in former years, that the several Professors, Demonstrator, Tutors, and Masters, have all laboured most zealously in their several vocations, and merit the warmest thanks of the College.

Some new regulations with regard to discipline have been adopted, and to prevent students incurring debt the following Report was presented on the 9th of May, by the Sub-Committee appointed for the purpose, and confirmed by the Council:—

1. By suggesting to each parent or guardian on placing a student at the College, to inform the authorities what sum it is contemplated by such parent or guardian to allow such student for expenses, beyond the necessary and direct payments of the College.

2. By periodically cautioning tradesmen, by a public notice in suitable terms, not to allow of the purchase of articles on credit without the express sanction of parents or guardians, or of some officer of the College to whom that duty shall be specially delegated.

3. By desiring also, through the medium of the same notice, that all tradesmen's bills for articles supplied to students shall be regularly delivered to the same officer, and forwarded by him to the parents and guardians at the end of every term.

4. By furnishing each student on entering the College, with a list of such tradesmen as are sanctioned by the College authorities.

5. By providing in the bye-laws, that all cases of extravagance which become known to the tutors, shall immediately be reported to the Council, and by the Council forwarded to parents or guardians.

6. That every student three times proved to the Council to have incurred debt beyond his means, shall be dismissed.

The Sub-Committee appointed to consider how far the educational plans of the College could be extended, so as to carry out fully the powers granted under the provisions of the Supplemental Charter, and under the warrant under the sign Manual,—namely, "To issue to such persons as may be desirous of becoming candidates for the respective degrees of Bachelor of Arts, Master of Arts, Bachelor of Laws, Doctor of Laws, to be conferred by the University of London, certificates to the effect that such candidates have completed the course of instruction which the Chancellor, the Vice-Chancellor, and Fellows of the said University by regulation in that behalf shall have determined," made their first Report on the 22nd February, and on the 3rd of June a further Report. (These Reports have already appeared in our pages.)

Your Council have the pleasure to announce that thirty sets of separate rooms for the reception of the Junior Department, are in a state of considerable forwardness, and rooms will be ready for occupation in October for the Department of Arts; and it will be one of the first duties of the Council to proceed to the election of a Senior Classical Tutor, a Senior Mathematical Tutor, and a Junior Classical Tutor.

Your Council are unable to present to you the names of the several successful candidates for Scholarships and Prizes, as the Warneford and Jephson Prizes are still under consideration; but an early report will be published.

Having thus shortly mentioned the most important occurrences of the year, the Council close their twenty-first annual Report, with an expression of a deep sense of thankfulness to the Giver of all good, for the success and prosperity which has attended the Institution, in a degree which its most sanguine friends could hardly have anticipated.

After the Report had been read, votes of thanks were passed to the Officers, to the Professors, Tutors, Demonstrator, Masters, &c. The meeting then proceeded to elect by ballot the Officers for the ensuing year, and was afterwards adjourned for the distribution of the prizes.

POISONING BY BELLADONNA.—CASE OF THOMAS GREAVES.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The interests of the medical profession, and of public justice and safety, require some remarks from me upon the communication of Mr. Law, in your last Journal. They shall be brief and as much as possible to the purpose, and on my part, final.

For the credit of a valuable public Institution, especially as regards its dispensing department, I purposely abstained in my former communication from precise allusions. Mr. Law has raised the veil, and exposed to the profession, what is (or at least has been,) the practice at the Sheffield General Infirmary, in sending out its medicines.

I trust, Mr. Editor, as public censor, you will exercise your privilege in suitably animadverting upon proceedings so dangerous to public safety; for we have too much reason to believe that this is not the only instance of the kind from which dangerous, if not

fatal effects have resulted. Mr. Law, as House-Apothecary of the Sheffield Infirmary, undertakes to prove, (*i. e.*, tries to prove,) that Thomas Greaves' death did not result from belladonna. This fact must be borne in mind. Now, he proceeds upon the imperfect evidence produced at the inquest. A witness of unimpeachable veracity, (not called at the inquest,) kindly visited the deceased several times during the seventeen hours of his sufferings, and gave clear testimony of the condition of the poor man; and from her statement, there were present every sign and symptom of poisoning from belladonna, in so far as a non-professional person could appreciate or describe those symptoms. For those symptoms permit me to refer your readers to my former communication. I may further state, that Thomas Greaves was in his usual infirm state of health up till the moment of his taking the poison. He went to the hospital, (a distance of about half a mile,) that day, remained there some time, and brought home with him some pills, a plaster, and a box containing five drachms of extract of belladonna. No written directions accompanied the medicine. The belladonna was supposed to be an electuary; and no doubt the quantity taken was as much as is usual in cases wherein an electuary is the form of medicine prescribed. Mrs. Taylor appeared, in her evidence, to be particularly solicitous to represent the quantity taken to be the smallest bit in the world. We can easily conceive that *she* had a bias in the case; and of course wished to free herself of all blame. Upon this point the case of Thomas Greaves turns. I have observed before, that the deceased was up till the time of taking the extract, as well as usual, and the alarming symptoms supervened almost immediately afterwards, and continued unabated till his death, a period of seventeen hours. Mr. Law remarks, that nausea, which characterizes poisoning by belladonna, was absent. We have undoubted evidence that it was present, and from the testimony even of Mrs. Taylor, that it amounted to vomiting after taking a dose of castor oil. The witness, to whose evidence I before alluded, also testifies to the presence of nausea during the night, when Mrs. Taylor was not present. I regard the appearance of the mucous coat of the stomach, as beautifully characteristic of the effects of the class of poisons to which belladonna belongs—the narcotico-acrid. There had evidently been some highly irritating influence exercised upon the inner part of that organ.

Without going into the minute pathological inquiry as regards the *post-mortem* appearances of poisoning by belladonna, or mystifying the subject by conflicting authorities, miraculous escapes, and various opinions as to the doses and effects of these deleterious drugs, allow me to appeal to the common sense of the profession, as to whether the death of Thomas Greaves, an infirm man of 75, was, or was not, under all the circumstances of the case, the result of a fatal dose of belladonna.

WILLIAM JACKSON.

ACTION FOR MEDICAL ATTENDANCE IN THE COUNTY COURTS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following case occurred in our County Court, at its last sitting, and I shall feel obliged by your giving it a place in your Journal, with any remarks that you may think proper.

The facts of the case are these:—In November last, my attendance was requested early in the morning, upon Mrs. Whitham, in consequence of symptoms threatening premature labour, and I remained at home during the day specially on her account: under treatment the symptoms disappeared. In December, my attendance was again requested under similar circumstances, and in consequence of these two attacks, I continued to visit Mrs. Whitham at intervals for some time. During this time, Mrs. Whitham's brother, who had formerly been an assistant with me, came down from London, with a view to join me in partnership. The agreement was not entered into, and he set himself up in this place to practise his profession, and, without any notice to me to discontinue my attendance, was engaged to attend, and did attend his sister in her confinement. I made an additional charge of two guineas to my bill for the loss of time, which was disputed, and the present action brought to recover. In reply to the following question by His Honor—"You have heard the circumstances of this case, do you consider the charge of £2. 2s. reasonable or unreasonable?" Mr. Lee replied that, "he considered Mr. Skevington's charge perfectly reasonable—in fact, not sufficient to remunerate him for his loss of time in the case. The defence set up was, that it was not the usual practice of the place to charge for attendance. Mr. Whitham, sen., the lady's father-in-law, was asked by His Honor "whether he should have objected to pay this claim if Mr. Skevington had attended his wife under similar circumstances, to which, after *considerable hesitation*, he replied, "I should.

In summing up, His Honour remarked, that, "he thought plaintiff was entitled to remuneration, though, as he did not attend Mrs. Whitham at her confinement, he thought not so much as claimed for; he should therefore allow him one guinea."

Now, Sir, I should like to have your opinion, with that of my brother practitioners, how far it is consistent for a lawyer, after admitting that I was entitled to remuneration, after hearing from a resident practitioner (and the other medical men would willingly have borne the same testimony, but were prevented attending,) that my charge was perfectly reasonable, to curtail that charge just one half. This may be law, but it is threadbare justice.

I am, Sir,

Your obedient Servant,

JOHN SKEVINGTON.

Ashbourn, Sept. 26, 1848.

[The decision of the Court is manifestly erroneous. The defence set up was "that it was not the usual practice of the place to charge for attendance," not that the charge made was unreasonable, and the judge should

either have directed a nonsuit, or awarded the whole amount claimed. The defence, however, necessarily broke down from the nature of the case; but unable, it would seem, to comprehend the clear and intelligible principles on which the merits of the case rested, the judge travelled out of his record, and took upon himself to estimate the value of time in a profession, with the labours and duties of which he could have but a very imperfect acquaintance. The consequence was, that, notwithstanding the evidence of a competent witness to the very point, he allowed himself to act upon a partial and ill-founded opinion of what is right between man and man, and ingeniously, as a lawyer, if not equitably, as a judge, thought to adjust the doubts of his own creation, by simply splitting the difference!]

Medical Intelligence.

GENERAL BOARD OF HEALTH.

The Queen has been pleased to constitute and appoint Anthony Ashley Cooper, commonly called Lord Ashley, and Edwin Chadwick, Esq., C.B., to be members of the General Board of Health.

THE CHOLERA.

Dr. Sutherland, of Liverpool, and Mr. Grainger, have been sent by Government to Hull, to investigate certain fatal cases, reported to be cases of cholera. They are to proceed thence to the Continent before they make their report. The following order in Council appeared in Friday night's *Gazette*:—

At the Council Chamber, Whitehall, the 28th day of September, 1848, by the Lords of her Majesty's Most Honourable Privy Council—Whereas by an act, passed in the last session of parliament, intituled "An Act to renew and amend an Act of the tenth year of her present Majesty, for the more speedy removal of certain nuisances, and the prevention of contagious and epidemic diseases," after reciting, that it is expedient that when any part of the United Kingdom shall appear to be threatened with or affected by any formidable epidemic, endemic, or contagious disease, measures of precaution should be taken with promptitude, according to the exigency of the case, it is enacted, that, in Great Britain, the Lords and others of her Majesty's Most Honourable Privy Council, or any three or more of them, (the Lord President of the Council, or one of her Majesty's Principal Secretaries of State, being one,) may, by order or orders, to be by them from time to time made, direct, that the provisions in the said act contained for the prevention of epidemic, endemic, and contagious diseases be put in force in Great Britain, or in such parts thereof, or in such places therein respectively, as in such order or orders respectively may be expressed, and may, from time to time, as to all or any of the parts or places to which any such order or orders may extend, and in like manner, revoke or renew any such order, subject to revocation and renewal as aforesaid, every such order shall be in force for six calendar months, or for such shorter period as in such order shall be expressed:

And whereas the United Kingdom appears to be threatened with a formidable epidemic disease, in consequence of the progressive advance of such a disease to the western portion of the Continent of Europe, and a case has arisen for putting in force the provisions of the said act:

Now, therefore, it is hereby ordered by the Lords and others of her Majesty's Most Honourable Privy Council, (of whom the Right Honourable Viscount Palmerston, one of her Majesty's Principal Secretaries of State, is one,) in pursuance and exercise of the powers so vested in them as aforesaid, that the provisions contained in the said herein-before-recited act, for the prevention of epidemic, endemic, and contagious diseases, be put in force throughout the whole of Great Britain immediately from and after the date of this order.

And it is further ordered, that this order shall continue in force for six calendar months, from and after the date hereof.

C. C. GREVILLE.

APPOINTMENTS.

Joseph Noble, M.D., of Dunwich Hall, and John Barclay, M.D., have been elected Physicians to the Leicester Infirmary; Dr. Noble in the room of Dr. Freer, resigned, and Dr. Barclay, in consequence of a resolution to increase the Medical Staff of the Institution to three physicians and three surgeons.

OBITUARY.

Died, August 20th, at Malta, W. C. Watt, M.D., Deputy Inspector of Hospitals and Fleets.

September 3rd, at Chester, John Edward O'Reilly, M.D., of Trinity College, Dublin.

September 4th, at Clifton, aged 82, Robert Lindoe, M.D.

September 10th, at Stonehouse, aged 60, Thomas Millar, Esq., Deputy Inspector of Hospitals and Fleets, and Surgeon of the Plymouth Division of Royal Marines.

September 13th, at Balgarvie House, Fife, David Dyce, Esq., Surgeon to the 48th Regiment.

September 16th, at Beckenham, aged 49, William Merrick, Esq., Surgeon.

September 17th, at Sleaforth, Lincolnshire, Thomas Jacobson, Esq., Surgeon.

September 18th, at Liverpool, aged 74, John Callan, Esq., Surgeon, R.N.

September 22nd, at Staines, aged 69, John Winstone, M.D., late of Charter House Square, London.

Lately, at Edinburgh, William Campbell, M.D., author of several works on Obstetric Medicine.

ERRATUM.

Page 532, column 1, line 19 from the bottom, for "1832 and 1833," read 1842 and 1843.

TO CORRESPONDENTS.

Communications have been received from Mr. T. W. Crosse; Mr. W. Jackson; Mr. Skevington; Dr. R. L. Williams; Dr. M. Duncan; Mr. J. W. Beaumont; Mr. G. Ross.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

RETROSPECTIVE ADDRESS.

Delivered at the Seventh Anniversary of the

READING PATHOLOGICAL SOCIETY,

June 21st, 1848.

By Charles Vines, Esq., Surgeon,

I.—Diseases of the Nervous System.—*Epilepsy—Cerebral Softening—Nervous Depression—Tetanus—Hydrophobia—Mania—Spinal Irritation.*

Mr. President and Gentlemen,—

In appearing before you this evening to fulfil the task imposed on me by your kindness at the last meeting, from which I was unfortunately absent, I must confess how little qualified I feel for the undertaking, but I should be ungrateful were I not to respond to your call,—ungenerous, were I to flinch from a duty which others have so willingly performed.

To give form and expression to the spontaneous efforts of one's own mind, is, perhaps, less difficult than to decypher and arrange the ideas of others; but this part of the work has been greatly facilitated through the labours of our esteemed secretary, Dr. Woodhouse, to whom we are very much indebted, not only for the industry and talent displayed in the arrangement of the minutes, but for the punctuality, zeal, and kindness of that gentlemen, in the performance of a duty involving so considerable a share of time and trouble. Trusting then that you will, pass over my imperfections, (for I fear I shall scarcely do justice to all the communications,) and stimulated by the bright example of my predecessors, whose annual addresses have afforded us so much pleasure, I cheerfully undertake to bring before you, in as concise and clear a manner as I can, the proceedings of our Society during the past year.

The Reading Pathological Society has now completed its first septenary, and I appeal to the members present if, during the seven years of our existence, much mental gratification, and I would fain add, profit, has not been derived from our periodical meetings and transactions.

We must each, I think, be sensible of some hint received,—of some knowledge gained from our fellow-labourers, in the same field. Besides acquiring a familiar acquaintance with the pathological specimens constantly presented to us, we arrive at the proximate cause of disease, and are enabled to wield our weapons, and apply our researches, with greater precision. Mr. Simon, of St. Thomas's Hospital, in his inaugural address, says,—"Eminently true is it of our profession, that the fears and solicitude with which we approach the treatment of disease are in exact proportion to our ignorance of its causes; as these escape us we are bewildered and alarmed; as we detect them we are reassured and encouraged."

I will proceed, now, to the history of the cases, morbid specimens, &c., taking them in the order followed by my predecessors.

I.— Diseases of the Nervous System.

Our reporter of last year had occasion to regret that there existed a paucity in the details of this class of diseases; this year the report of nervous diseases has been both numerous and interesting.

Epilepsy.—On the 28th of July, 1847, Mr. Walford made some remarks on a case of epilepsy. A man, suffering from severe attacks of that malady while under the care of Mr. Walford, was transferred to Mr. J. Workman, the district surgeon. The patient recovered so far as to be able to go to work in the hay-field, after which he was one day seized with violent convulsions, and died the next morning. On examination after death, the brain was found extensively diseased. The case was interesting, as showing the great amount of disease which may co-exist, with very slight impairment of the mental functions. Mr. J. Workman, who made the *post-mortem* examination, stated that the membranes of the brain were much thickened; there was a large abscess of the substance, and a quantity of recent blood had exuded from the ulcerated vessels.

Cerebral Softening.—Dr. Cowan remarked that the most constant symptom he found in similar cases, was an unceasing pain of the head; sometimes localized, at others diffused, with great tendency to coma. He mentioned an analogous case, in a young lady, of strumous habit, aged 25. About six months before death, she had pleuro pneumonia on the right side; three months after a similar attack in the left. After this she complained of distressing headache, particularly about the ears; delirium; difficulty of swallowing; great irritability of the vocal organs, with tendency to talk. The *autopsy* showed much venous congestion of the brain, with a small portion of fluid in the ventricles; softening of the internal structures, the optic thalami, septum lucidum, and fornix, with great congestion of the choroid plexus and velum interpositum; the lungs universally adherent, and milliary tubercles

studded throughout their substance. She died in a fortnight.

This case is an important one, and gives rise to an interesting physiological question,—was the lung disease dependent on vitiation of the cerebral organ? Experiment proves that pneumonia will follow an injury of the par vagum.

Nervous Depression with Delirium.—On the 25th of August, 1847, Mr. Harrinson read the following cases, which had recently occurred in his practice:—

Case 1.—A railway engineer, addicted to spirit drinking, was seized suddenly with convulsive fits, probably epilepsy; subsequently vomiting, extreme exhaustion, and delirium tremens. The treatment consisted in the administration of ammonia, potash, and opium; mustard cataplasms to the epigastrium; beef tea, and brandy and water to support the failing powers. He became comatose, and died somewhat suddenly on the third day.

Case 2.—A young man suffering from a severe attack of pleuro-pneumonia, was treated antiphlogistically for ten days, during which the chest-signs daily improved; he then commenced taking the hydriodate of potass. Five days afterwards, sudden prostration, rapid pulse and delirium came on, threatening speedily to annihilate the vital powers. Stimulating cataplasms and liniments were applied to the surface of the body; wine, brandy, and beef tea freely administered internally. The nervous equilibrium was thus restored, and the patient eventually recovered.

Case 3.—Mr. Harrinson was called during the night of August 7th, 1847, to Mr. B., who had been drinking brandy and water for nine days and nights consecutively, and taking no food. The symptoms were stupor, heat of head, vomiting, full pulse, dry and furred tongue, constipated bowels, urine free and clear. The treatment consisted of effervescing medicine, with ammonia and small doses of tincture of opium, beef tea, with a limited supply of brandy, cold affusion of water on the head, mustard and bran cataplasms to the stomach, and aperients. As the stomach continued irritable, enemas were exhibited. The patient continued in this state five or six days, but gradually losing strength. The matters vomited became like coffee grounds. The catheter was required, and the urine found to be highly albuminous. Low muttering delirium took place, and the extremities began to get cold; the head was still hot; face red; eyes ferretty; pulse full. Dr. Cowan, who now saw him, in conjunction with Mr. Harrinson, proposed cupping to a few ounces at the nape of the neck, and croton oil. The pulse fell, slight convulsions occurred, and the patient somewhat rapidly sank.

The recital of these interesting cases elicited the following remarks from Dr. Cowan, who, having visited the last case, said that delirium and depression from the use of ardent spirits, were happily, not often met with now in this neighbourhood; but in America, where they had opportunities of studying every phasis of its character, it is said by some writers to have a certain period or course, and that it generally terminates in seventy-two hours, or three or four days if left to itself;—that when opium does good it is within the first twenty-four hours; but that this drug was not now found so generally useful, or so much relied on as formerly.

Traumatic Tetanus.—Although the two following cases might, perhaps, have been more properly classed with the surgical or accidental cases, I have thought it better to place them here:—

On the 22nd of September, 1847, Mr. May read two interesting cases of traumatic tetanus, which had recently been treated by him in the Royal Berkshire Hospital. The first, that of F. P., was admitted with a wound from a hook below the axilla, by which the inner head of the triceps was lacerated. On the tenth day, symptoms of tetanus set in. The line of treatment pursued was anodyne, with æther, prussic acid, tobacco, and electricity, but without benefit, death resulting on the 6th day, which is the usual period, or within the tenth. The second case was that of J. H., who received an injury to the finger from an iron nipper. The finger was removed a few days after. Tetanus set in on the tenth day after the accident, and third after the removal of the finger. He died on the seventh day of the disease. On examination after death all the viscera, with the spinal cord, were found healthy.

Mr. May, in his remarks, said that these were cases of simple traumatic tetanus, as distinguished from the inflammatory form. The disease occurred about the usual period,—viz., the tenth day; and before the wounds were healed, which is generally the case, there was the præcardial pain, which is said to be pathognomonic of the disease, though denied by Dr. O'Beirne, of Dublin, who says there is a particular expression of countenance, which he considers peculiarly indicative of the malady. Dr. Parry, of Bath, states, that if the pulse remain below 100 up to the fourth day, the case will recover; but this opinion was not verified in the foregoing instances. Mr. May thinks Dr. Parry may not have distinguished the inflammatory form from the irritative. Æther and tobacco were used, without benefit. Electricity afforded no essential relief. This is not a new remedy, some gentleman wrote upon it hundred years ago; and Mr. Adams has recorded two cases which appeared to derive benefit from it. Opium has been largely used in this malady, but not with the same confidence as formerly. Dr. Budd speaks against it, says it stimulates the cord. Mr. Francis, and others of large experience, are not in favour of it. Hydrocyanic acid is said by Mr. Curling to be a stimulant of the spinal cord also. The mode of death was by syncope and exhaustion. There was none of that spasm of the glottis in this case, which is often said to be the cause of death, so as to suggest the opening of the trachea. On inspection after death there was ecchymosis of the muscles of the back, different from the usual effect of gravitation. There was some congestion of the vessels of the cord and membranes, but no inflammation nor softening of the cord itself, which justifies the notion that it was irritation, not inflammation. Mr. May was inclined to coincide in the general opinion that tetanus is a functional disease of the nervous system, particularly of the motor tract. In these cases there was no fever, delirium, or acute spinal

pain, which, probably, *would* have been the case, had there been inflammation of the cord or its membranes. As to the local treatment, Mr. May is favourable to amputation, where the operation can be performed without risk, which opinion is somewhat confirmed by the cases given by Dr. Wallace, of Dublin. The division of a nerve or nerves has been also recommended. Mercury is generally useless or injurious in the irritative form, but of great benefit in the inflammatory. Cold affusion has been used, but without any benefit. Warm baths are generally used, but were of no service here. Carbonate of iron has been recommended by Dr. Elliotson; his cases were, probably, idiopathic.

Professor Sewell, who was present on the occasion, said he had heard of cold affusion having been used by Dr. Jackson, in 300 cases, without benefit. In horses, where tetanus after injury is a frequent occurrence, he would recommend the excision of the nerve in every case. A drummer at the Cape was treated successfully, by division of the nerve. Professor Sewell once injected tepid water into the juglar vein of a horse labouring under tetanus: it produced perspiration, purging, and immediate recovery. He had not used medicated injections. He had used "*woorara poison*" in three cases. Artificial respiration should be kept up for four hours. Ætherization had no effect. In all horses the natural beat of the pulse was 32 in a minute; when at 40 he abstracted blood. Warmth was well supplied, or produced by a fresh sheep skin, and blanket clothing. He used setons along the spine, but *not* the cautery. The spinal marrow in tetanus was congested *not* inflamed. He had more confidence in the injection of warm water after the division of the nerves than anything else. In hydrophobia, he added, transfusion was our only chance. He should take away as much blood as possible, (believing it to be poisoned,) and then transfuse fresh blood from another animal. It was only necessary to transfuse half the quantity of that taken away. He believed that the carniverous species alone were liable to hydrophobia, and that it originated in dyspepsia. It was very important to bear in mind, that a dog might transmit the disease, without at that time showing it himself. In hydrophobia there was intense inflammation of the spinal cord, of the nerves wounded, and also, but in a less degree, of the brain itself. He kindly promised to present to the Society some drawings shewing the pathological states and differences of tetanus and hydrophobia.

On the 20th of October, 1847, Professor Sewell exhibited drawings of the spinal cord in tetanus and hydrophobia. In the latter instances, the cord, nerves, and membranes, were highly inflamed. In the former they were only congested. When the bite was in the hind extremities of an animal, the inflammation was most intense about the sacrum; when in the fore limbs, it was most violent in the anterior parts. One specimen shewed the violent inflammation of the interior of the column, and of the nerves proceeding from it, while the exterior was white. Another drawing exhibited a good deal of black deposit on the upper part of the column, in two coach horses, who were bitten by a dog in the same night, and who died within twenty-four hours of each other. A third drawing represented the interior of the heart, where there was a large clot of blood effused beneath the endocardium, which he invariably found in all cases of sudden and violent death, tetanus, hydrophobia, or from over-exertion. There was also a view of a portion of the spine of an infant, bitten by a puppy which was *not mad*, yet hydrophobia followed, of which the child died. He enumerated five instances of the disease produced by dogs, who presented *no* signs of madness, yet hydrophobia followed their bites. Rats, in a state of excitement, and cats, will produce hydrophobia by their bite.

A vote of thanks was unanimously accorded to Professor Sewell for his valuable drawings, with the hope that he would favour the Society with his presence as long as he remained in the neighbourhood, which he kindly promised to do.

Mania.—On the same evening Mr. May called the attention of the Society to the subject of mania, and among other interesting cases, related the following:—

A clergyman in the neighbourhood was seized with mania, whilst performing service in the church. He became perfectly deranged, at first believing himself to be the Saviour come to judge the world. Afterwards the mania degenerated into the lowest form, using the most obscene language. He died in ten days. About the third day of his illness, a sister, who resided in Hampshire, came to see him. She became affected with mania, and precisely the same symptoms were manifested. Mr. May considered the latter case hysterical, poured cold water on the head till an impression was made on the system, and then gave a drachm of laudanum. In two hours the patient fell into a sound sleep, which lasted several hours, and awoke quite recovered. There has been no return of the symptoms. On examination of the brother after death, the brain was found to be highly congested, but not inflamed.

We have cause for congratulation that the treatment of mental diseases has received far more attention than formerly, and in proportion have the results been more successful; that the strait waistcoat and other more severe means of restraint, are not now the remedies to be relied on, but a higher and more refined system of treatment, the moral and religious training of the mind.

Spinal Irritation.—On the 24th of November, 1847 Dr. Wells read an interesting and practical paper on spinal irritation. After alluding to the frequent occurrence of the complaint, he mentioned the presumed causes:—1st. An alteration in the capilliary circulation of some part of the cord. 2nd. Rheumatism, affecting the cord, locally or generally. Dr. Griffin's views were next examined, as to the source of irritation—the origin of the morbid process, which he believes to exist in the cord itself. Dr. Wells very much doubts whether spinal irritation be ever a primary idopathic affection, and says, may it not be rather presumed that it owes its origin invariably to an impression made upon the incident excitor nerves, coming from a viscus, the subject of a morbid irritability, and that all the anomalous effects are produced through the reflex functions of the spinal cord? Among the cases selected to elucidate this view of the subject, was one in which

the spinal irritation owed its commencement to indigestible food taken into the stomach,—others in which the derangement of the catamenial functions was supposed to have originated the spinal affection. The limits of the present address will not allow me to notice this excellent paper more in detail.

(To be continued.)

CASES OF OXALURIA.

By P. Martin Duncan, M.B., Physician to the Essex and Colchester Hospital.

The following cases, with several others of which I could not obtain notes, have come under my notice, during the last three months. With one or two exceptions, the disease was of long standing, but yielded readily to the treatment so ably recommended by Dr. Golding Bird.

Case I.

Sarah Watts, aged 23, single, subsists by washing, and is necessarily exposed to considerable variations of temperature. Before her illness she worked long and late, had no regular time for her meals, and but a scanty and not over nutritive diet. In April last her appetite failed her, she suffered from pain in the stomach after eating, and was rarely free from frontal headache, nausea, and a sensation of weight in the loins. These symptoms persisted until the 28th of July, when she came under my care.

She is a stout well-made woman, with regular uterine functions; has a sallow and depressed expression of countenance, and slightly jaundiced conjunctiva; tongue large, fissured, and red at the tip; mucous membrane of the lips rather colourless. Has little or no appetite; suffers greatly from gastralgic pains, and has a constant sensation of nausea. She sleeps badly; has severe frontal headache; is morose, desponding, and very irritable; bowels open daily; organs of respiration and circulation healthy; no increase in size of any of the abdominal viscera. Has a constant sensation of uneasiness and weight in the loins, and passes a considerable quantity of amber-coloured urine, of specific gravity, 1.016, which deposits, on standing, a slight cloud of mucus. The microscope distinguished numerous crystals of the oxalate of lime, numerous nucleated cells, and a quantity of amorphous urate of ammonia. The urine examined was passed in the middle of the day. Ordered her a light and mixed diet, to leave off work, and to take, every other night, Pil. Hydrarg., gr. v., formâ pilulæ. R. Acidi. Hydrochlor., Acidi Nitrici, utrq., m. ij; Infus. Quassiæ, oz. j. Misce fiat haust ter.

July 31st. Feels much better; pain in the head and loins less. Rept. medicamenta

August 7th. Greatly improved; no trace of the presence of the oxalate. Pergat.

14th. Feels nearly well. Omitt. Pil. Hydrarg., et capt. Pil. Rhei. Co., gr. x.

21st. Complains of gastralgia, otherwise looks well; has a good appetite; urine acid, of specific gravity 1.019; no oxalates. R. Argenti Oxidi, gr. ½; Extr. Hyoscy., gr. iij. Fiat pilula j., ter die capienda.

The next report finds her well.

Case II.

Sarah Clarke, aged 48, has suffered for five years from psoriasis in the face, and of late has lost flesh and appetite. She has been constantly under medical treatment, and has been but little benefitted. When I first saw her, she was taking senna and aloes during the day, and a diaphoretic at night. She has a good rotundity of figure, regular catamenia, and appears to have suffered a martyrdom from dyspepsia. She complains of severe frontal headache, flushes of heat in her face, dull aching pains in the loins, and total loss of appetite. Her tongue is foul, breath fœtid, and bowels constipated; sleeps badly, has horrid dreams, and generally feels a sense of impending evil. Has not energy to work, nor to keep her person over clean. Ordered her to bring me some of her urine, and in the mean time to take Mist. Gentian. Co., oz. j.; Magnes. Sulph., dr. j. Fiat haust. ter die sumend.

August 28th. Much the same; the bowels, however, are well open; tongue clean; eruption in face not so well. Urine passed in considerable quantities, pale, acid, of specific gravity, 1.024; contains a great number of octohedral crystals of the oxalate of lime, little epithelium, and a considerable quantity of urate of ammonia. Ordered a light diet. R. Acidi Hydrochlor., Acidi Nitrici, utrq. m. iij.; Infus. Quassiæ, oz. j. Fiat haust. ter die sumend.

September 11th. Has improved greatly during the last fortnight. Her general appearance is much improved, her spirits are better, and she says her desponding thoughts have left her. Pain in the loins and head gone; bowels regular; eruption in the face persists. Urine pale, acid, of specific gravity, 1.016, contained urates, but no oxalate of lime.

23rd. Discharged cured.

Case III.

Jane Taylor, aged 19, has been ill for some months, but never thoroughly well during the absence of the catamenia, a period of three years. Has been out at service, and having had the care of several heavy children has suffered accordingly. She is a tall slow-moving girl, silent and sulky, answering with manifest disinclination. Suffers constantly from frontal headache and intense pain in the stomach after eating. Pain in the loins and weakness in the legs are also prominent symptoms. Sleeps well but rises unrefreshed; her appetite is very great, and gives her no satisfaction; says she passes a large quantity of urine, being frequently obliged to get up of a night to do so. Bowels constipated; skin dry and harsh, and says she never perspires; pulse 108.

Before I saw her she had been treated for diabetes, and had taken considerable quantities of opium. She was still at service and had to undergo considerable fatigue. I continued the treatment until I obtained some of her urine. I found it acid, pale, containing a great quantity of fawn-coloured lithates, of specific gravity 1.026, and large crystals of oxalate of lime.

The urine examined was passed after breakfast, and two hours elapsed before the examination.

June 25th. I insisted upon her leaving her place for a time, ordered her a light mixed diet, slight cathartic, and treated her in the usual way.

July 10th. Was discharged well. The oxalate had disappeared, and the quantity of urates and the specific gravity had gradually fallen off. Her catamenia are still absent.

These three cases are of the kind most generally met with, yielding readily to treatment and affording another proof of the progress of scientific medicine. In these and all other cases of oxaluria I have found great mental prostration a constant symptom; it did, not however occur early in the progress of the disease, but succeeded upon a continuance of bodily lassitude and lumbar pain. The appetite was always variable,—sometimes good, at other times wanting, and more frequently ravenous and unsatisfactory. The lassitude and lumbar pain were constant and invariable symptoms, and should, especially when combined with any hypochondriacal symptoms, raise our suspicions of the presence of the oxalate of lime in the urine.

The only satisfactory method of detecting the presence of combinations of oxalic acid in the urine is by the use of the microscope; and as everybody has not a good defining achromatic instrument, it is as well to observe that a moderately-powerful chromatic microscope, such as were in fashion twenty years ago, will suffice to detect the peculiar octohedra. I have, when away from home, frequently been obliged to employ one of these usually inefficient instruments, but have found them answering my purpose. The urine destined for examination may be placed upon a slip of glass, or in a watch glass, and then heated, to dissolve any crystals of urate of ammonia; or the urine may be filtered through fine blotting paper, which retains the crystals of the oxalate. Distilled water is used to wash these off previously to their being submitted to examination. These are the methods recommended by Dr. Bird, and, I believe, by Dr. Venables.

(*To be continued.*)

SHORT NOTES ON THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

On Gleet.—A gleet signifies a discharge from the urethra, generally of a transparent or whitish colour, somewhat like serum, and it is not contagious. There are no particular characters by which a gleet can be distinguished from the chronic stages of gonorrhœa. The latter has apparently continued months, without producing in those who have been exposed to it any infection; whilst on the other hand, a mere lympid fluid has communicated gonorrhœa. In gleet, there may be a yellow, profuse, and very offensive discharge, without its being infectious.

The cause of gleet has been attributed to a laxity of the vessels of the urethra; but this opinion does not agree with a just notion of secretion; since gleet is not more likely to arise from this cause—that is, relaxation, than the secretion of the natural mucus of the urethra; and the vessels secreting this mucus are active, not passive.

Gleet has been described as the result of an increased mobility and sensibility of the parts; but if this were the case, the fluid should be as inordinate in quantity as the alteration is in quality. Venereal irritation may leave a præternatural irritability of the part; and it is curious to observe that a discharge which was once contagious, may become innoxious without any sensible change of its properties.

When gonorrhœa is attended with any induration of the urethra, the discharge is seldom cured till the induration is removed. The bichloride of mercury given for a few weeks will, in such a case, be found useful.

Urethral discharge from the metastasis of gout, where no morbid alteration existed in the part, having the same appearance as that in gonorrhœa and gleet, proves that the discharge arises from irritation. Some persons of gouty constitutions, have urethral discharge once or twice a year; and a regular fit of the gout always removes it. Priapism also often comes and goes under the same circumstances. Ague will sometimes carry off gleet, and as the former subsides the latter will probably return.

Some cases of gleet are attended with great uneasiness and spasm in the perineum. These symptoms are first to be subdued by leeches, purgatives, &c., and then the urethral discharge may be suppressed. In the treatment of gleet, the principal indication is to correct the irritable state of the urethra, which causes the disease; but there is no medicine which can specifically fulfil the indication.

Cold bathing, partial or general, cannot be depended on, and often does harm till the inflammatory symptoms have subsided; after which it will generally be found serviceable. Bark, zinc, iron, &c., are employed; but these are seldom of use in men. Balsams and turpentines in large doses will frequently succeed and frequently fail. The diacetate of lead with opium, has been given with no certain success. Alum will probably be of greater use. The tincture of cantharides will sometimes succeed where the terebinthinates have failed; thirty drops may be given three times a day, adding a drop to each dose till stranguary is brought on. Two or three drachms, or even six or seven drachms, of the tincture have been given in a day, without causing strangury; yet a single grain of the powder will sometimes produce the effect at once. [The lytta powder should always be given with great caution, as

* Continued from page 516.

it is very apt to produce severe gastric effects, which it may be very difficult to subdue.—Mr. Pearson seems to have been aware of this from what follows.]

Half a grain of the powder will be sufficient at first, and the dose should seldom exceed a grain. Blisters to the perineum sometimes do good; and so will, occasionally, hard riding, strong shocks of electricity, and the introductiou of a bougie. With regard to injections, all those kinds may be used which have been already recommended; but the misfortune is, that in giving up the injections the gleet will return, and continue till it wears itself out.

Affections of the Urinary Passages, or those Causes which interfere with the Natural Evacuation of the Urine.—These are of three kinds,—ischuria, dysuria, and enuresis. Ischuria signifies retention of urine, and may arise from causes in the bladder itself, or in the prostatic urethra.

When a patient labours under retention of urine, it may be ascertained by the length of time that has passed since any urine was voided, by intumescence of the hypogastric region, and by feeling a palpable fluctuation in the swelling; sometimes, however, the fluctuation is not very distinct, especially in corpulent persons. It may also be known by a round projecting body being felt on introducing the finger up the rectum. These symptoms are accompanied by painful and fruitless endeavours to pass the urine.

Cistitis.—When inflammation of the bladder is the cause, the distension of the viscus is always attended with most severe pain, and a considerable degree of symptomatic fever. If no relief be obtained in four or five days, mortification and death will ensue.

On being called to a case of this kind, the first thing to be done is to remove the inflammation, by taking blood from the arm; and a large quantity should be taken at once, so as to produce fainting, a result of the bleeding most likely to prove serviceable. It will also be proper to give purges and purgative glysters, so as to completely empty the bowels. Calomel is the best purge in such a case; warm bathing should be employed at the same time. After evacuating the system, opium will be found useful, given to the extent of a grain every hour till sleep is produced. This has caused such a relaxation of the vesical sphincter, and of the urethra, that the urine has flowed away involuntarily.

If there be time to use the above remedies, and no relief be obtained, it will be necessary to draw off the water with a catheter. During its introduction, no violence is to be used, as, by propelling the instrument with too much force, there is danger of injuring the urethra, making a false passage, or penetrating the walls of the rectum, which is by no means an uncommon accident.

An elastic-gum catheter is better than a metallic one, as it is not so apt to do violence to the parts; but it does not always succeed, from its want of firmness, even with a stilette. In every case it may be tried first, and if it does not succeed, a metallic one must be used.

It is of great consequence that the instrument be not introduced in a hurry, and that it have a proper degree of curvature; the common curve is far too great; but where there is enlargement of the prostate gland, the curve of course must be greater.

When there is much difficulty, it will be useful to withdraw the stilette a little as the instrument approaches the bladder, which will have the effect of elevating its point a little more, and thus enable it to pass over any projection of the prostate gland.

Sometimes the introduction of a fine bougie into the urethra, and suffering it to remain a minute or two, will remove the spasm, and relieve the bladder, where all attempts to introduce the catheter have failed.

But when inflammation of the bladder has caused the retention, and every effort to evacuate the urine by the above means has failed, the puncture of the bladder becomes indispensable.

Modes of Puncturing the Bladder.—The first mode is *by the urethra.* The patient having been placed in the same position as in lithotomy, a deep incision is to be made in the perineum, a little behind the bulb, and the fore-finger of the left hand being passed into the rectum to guide the instrument and guard the intestine, a trocar is to be pushed through the perineal opening into the bladder. The perforator is then to be withdrawn, and the canula suffered to remain till the cause of the retention is removed.

The second mode is above the symphisis pubis. The canula should be about two inches long, if it be shorter, there will be danger of the bladder slipping off; and if it be longer, there will be danger of its being bored through the coats of the bladder. The puncture should be made an inch or an inch and a half above the pubes; if higher, the bladder, in contracting, may probably slip from the canula, and if lower the instrument may make a passage through the bladder into the rectum. Mr. Sharpe directs that the canula should have two rings, through which tapes may be passed and secured around the pelvis. The orifice should be closed with a small peg of wood, instead of a cork, which often breaks and becomes troublesome; a piece of sponge also may be placed at the end of the canula, to absorb any urine which may flow through it.

If the bladder slip from the canula, or the canula from the bladder, it will be difficult to re-introduce it, in which case a common female catheter may be used, as it will be passed more readily.

The principal objection to this operation is, that in corpulent persons the bladder cannot easily be felt, there being a great depth of fat between it and the

integuments. When the patient is thin, and the bladder is felt high in the hypogastric region, the operation is safe and easy.

Instruments that remain in the bladder longer than eight or ten days become incrusted with calcareous matter, which is separated from the urine, they should therefore be removed every three or four days, for the purpose of cleansing them.

To prevent the difficulty of introducing the instrument again, some have recommended a double catheter, forgetting that the inner will require cleansing as well as the outer one.

The third method of puncturing the bladder is through the rectum. It was first practised in France by M. Fleurant, and in England afterwards by Dr. Hamilton, of Lynn Regis, and next to him by a Mr. Bentley, near Hull; since then it has been frequently performed in this country and generally with success.

The following is the mode of performing the operation:—The patient being placed as for lithotomy, two fingers are to be passed into the rectum, to the part where the distended bladder can be felt, and then a slightly curved canula, containing a trocar, with its point drawn a little within the distal orifice, is to be introduced by the left hand upon the fingers of the right, up to the point to be punctured, and when the end of the canula is felt pressing upon the tumour, the perforator is to be pushed forward into the bladder, and a sufficient length of the canula propelled with it.

After the bladder has been emptied, the canula should be kept in communication with the cavity of the bladder for forty-eight hours, to prevent the wound being healed by the first intention; but should the rectum be unable to bear the irritation of the canula, it must be withdrawn at once, as in all probability the urine continuing to flow through the wound, will prevent its being healed.

The urine generally continues to flow through the artificial passage till the urethra is made free, when it resumes its natural course, and the wound heals.

If there be preternatural enlargement of the prostate gland, or any excresence within the neck of the bladder, this method of puncture is impracticable; and when it can be performed, the puncture should be judiciously and carefully made, so as to avoid wounding the vesiculæ seminales and entrance of the ureters.

In females, the bladder has been generally punctured above the pubes, and the mode of performing the operation is exactly the same as in the male; during pregnancy, however, there is great danger of wounding the uterus, without great care, and in such a case it has been recommended to puncture the bladder through the vagina. [This method is now generally preferred.]

When the urine returns by the urethra, it is loaded with a yellow flocculent mucus, which is of no importance, and will go off in a few days. During the cystic inflammation, and the progress of the case, the greatest attention must be paid to diet.

Another cause of ischuria vesicalis is a loss of tone of the muscular coat of the bladder, so that it cannot contract upon and expel the urine. The bladder is a viscus of a compound character. Its body is elastic, dilating to receive the urine, and contracting to expel it; whilst the fibres around its neck form a sphincter muscle to give it a containing power. Now, whatever tends to diminish the expelling power of the bladder becomes the cause of retention of urine.

This loss of power may take place from various causes. The first and most common is, a disregard to the stimulus of the urine, when a call is felt to evacuate it; for if the urine be detained, the desire of voiding it is lost for a time; and if this disregard to the calls of nature become habitual, the bladder accommodates itself to hold a larger quantity than is natural, and loses proportionately its susceptibility.

The inconvenience of this dilatation might not be felt till the patient is advanced in years, or has fallen into some unusual irregularity, when the body of the bladder ceases to be able to expel the urine.

The common quantity, which the bladder in a natural state contains, is from one pint to a pint and a half; but from habit it may become so dilated as to contain considerably more than a gallon. The bladder is said to be capable of containing all the urine that is secreted in twenty-four hours, and the average has been stated at four pints three fluid ounces.

As the bladder becomes more and more distended the patient feels unable to void the urine; or the attempt is made with great pain; the bladder having lost its expelling power.

Even when the catheter is being used, the bladder does not always regain its power at once, but requires a repetition of its use for some time. In these cases the bladder dilates gently and gradually, and without much, if any pain, till a tumour is felt rising, as the distension continues, in the hypogastric region, and it sometimes reaches as high as the umbilicus.

Sometimes after the retention has been long neglected, there will be an involuntary discharge of urine, but without lessening the size of the tumour or giving any relief, the bladder not being at all reduced by it. The quantity of urine escaping is only equal to that which is secreted and distilled into an already-distended receptacle, which, in fact, now becomes an overflowing bladder.

In such a case the patient will often declare there is nothing the matter with his bladder and that he makes the usual quantity of water. [The impression of the patient sometimes is, that instead of making too little he makes too much.] But if with these symptoms a tumour is felt above the pubes, the catheter is to be at once introduced.

The first and almost only indication is to draw off

the urine; and as there may be no morbid alteration of structure either in the urethra or neck of the bladder it will be done with the greatest facility till the cure is effected. The bowels are to be kept open at the same time.

The principle by which the surgeon is to be guided with regard to the frequency of passing the catheter is, that the bladder must never be suffered to be abormally distended. The usual times recommended for drawing off the urine are night and morning; but in some cases it will be necessary to do so three times a day or oftener.

The principal objection to the frequent introduction of the catheter is the irritation produced in the urethra; and when the catheter produces this effect, it has been proposed to obviate it by suffering a gum-catheter to remain in the bladder properly secured, to prevent its displacement. When the patient is confined to his bed, this might easily be done, but few can walk about with it; and if they can do so, the advantage of horse exercise must necessarily be lost; when, however, there is no hope of restoring the expelling power of the bladder, the plan of wearing a catheter will be very useful.

During the first five days of drawing it off, the urine will probably flow through the catheter very slowly, and the first symptom of amendment will be the expulsion of the urine with greater force, and a perceptible action on the instrument; and sometimes also there will be considerable pain felt on the expulsion of the last drops of urine, from the bladder contracting upon the catheter.

The bladder may recover itself in a week or two; sometimes from eight to fourteen weeks are required. But when there is no amendment observed in four or five months, a cure can hardly be expected.

Sometimes there is an intermission of the complaint for a day or two, when it returns, and this variableness may occur to the patient several times during the cure.

The diet should be temperate and nutritious, and if the person has been accustomed to wine it should not be absolutely forbidden. Exercise on horseback may be taken with advantage; cold bathing, or the local application of cold, may be used. Blisters may be applied to the sacrum, and friction with a strong solution of camphor upon the groins and region of the bladder may be also of service.

Bark and preparations of iron may be administered when the system is weak, but it is uncertain whether they in any degree accelerate the cure. Electricity will not be found of great use, and it occasionally produces a bloody discharge. These remedies, however, are not to be so much relied upon as the catheter, which must be continued till the bladder can empty itself by its own natural efforts.

Temporary retention of urine, where there has been no previous habit of retaining the urine, will be sometimes speedily relieved by applying cold water to the penis and perineum, to the legs and feet, and by endeavouring to void the urine in a cold situation. Towards the end of the cure bougies may be advantageously used, which do good probably by stimulating the neck of the bladder.

Retention may also be occasioned by common paralysis of the bladder, the sphincter remaining in a natural state. This is an uncommon cause of retention, though the symptoms are nearly the same as in the preceding kind. There is usually a slight degree of uneasiness about the neck of the bladder, and the propelling power is below the natural standard, from a defect of nervous energy.

The catheter must be introduced as recommended in the former case; and as the urine will not always flow through it, from the muscular coat of the bladder not possessing any contractile power, it is necessary to press upon the abdomen to evacuate the fluid.

Friction, with camphor and blisters, might be of service, though the grounds of hope are less evident in this species of the disease than in the former. The patient may remain ten minutes in a bath heated to 110° with benefit; bark, and the cautious use of the powder of cantharides, three times a day, have been also found benefical. By these means the power of the bladder will probably be in some degree restored.

(To be continued.)

ON THE EFFICACY OF THE SULPHATE OF BEBEERINE IN STRUMOUS OPHTHALMIA.

By Henry Llewellyn Williams, M.D., Edin., M.R.C.S.E., Surgeon to the Beverley Dispensary, Fellow of the Botanical Society of Edinburgh, &c.&c.

Scrofulous affections are most certainly on the increase; nor is this so much to be wondered at, when we take into consideration the existence of many things likely to favour and promote such complaints,—such as an enlarged population, without a proportionate increased means of support, and the close unhealthy houses in which the children of the poor are huddled together in a state of abject filth. It is not, however, the object of this paper to enter upon a discussion of the cause of affections of this nature being more frequent than they formerly were; suffice it to say, such is the case.

Of scrofulous affections, none are more frequent and troublesome to contend with than strumous ophthalmia, occurring generally between the periods of infancy and puberty. In our large towns it is so common an affection, that of ten cases of inflammation of the eye, eight will be of this kind. It is known by several different names: thus it has been termed pustular, from the appearance of a number of minute pustules upon the surface of the organ; it has also by Dr. Mackenzie been called phlyctenular ophthalmia, as he believed it to affect the conjunctiva not so much as a mucous

membrane as a continuation of the skin. It is a disease, as its name implies, intimately connected with the scrofulous constitution, the external marks of which every medical man is acquainted with. The fair complexion, the thin integument, the distinctness with which the ramifications of the cutaneous veins are seen, the short and thickened upper lip, the red or sandy hair, are some of the most prominent features of this state of constitution.

Scrofulous ophthalmia is most prevalent from the time of weaning to about the age of eight. There is usually only *slight* redness of the conjunctiva, sometimes confined to that lining the lids, occasionally extending to the covering of the globe. There is always great intolerance of light; little prominences or pustules form on the surface of the conjunctiva generally; a few vessels collected into little bundles are seen proceeding from the same point of the circumference,—more frequently from the angles of the eye than from any other point,—towards the cornea, and at their termination, the small elevations which have obtained the name of pustules, are discernible. They are more frequent at the junction between the sclerotic and the cornea, or near that line. These pustules may become absorbed, and leave behind a temporary white speck; often they break, and form ulcers. When these ulcers are situated beyond the cornea, they are of little consequence, but when on the cornea, they call for more attention, as danger may result in two ways,—either by penetration of the cornea, permitting the escape of the aqueous humour and prolapsus iridis; or after cicatrization has taken place, a permanent white spot may remain, which will interfere more or less with the patient's vision, according to its size. I may be permitted to take this opportunity of cautioning practitioners against the indiscriminate use of acetate of lead, as a collyrium in this affection, for I have seen more cases than one where the ulcer has become the seat of a white deposit of sulphate of lead, from the employment of this wash, and which, of course, results in permanent opacity. The great intolerance of light is a very prominent symptom of this disease, and sometimes it is really the only symptom that manifests itself; the child will skulk all day in dark corners, so great is its dread of the approach of light. If brought to the window, he holds down his head, and presses his hands or arms before his eyes. Children affected with this disease carry it legibly written in their physiognomy. The child's brow is knit and contracted, and those muscles of the face are instinctively called into action, which tend to exclude the light without quite shutting out the perception of objects. When it is attempted to open the eye, it is accompanied by profuse lachrymation. The tears pass partly over the skin, which they sometimes inflame and excoriate; frequently pustules arise, and produce a discharge, which, forming a crust on the cheek, often extends to the forehead and temples. This *crustea lactea* is very characteristic of the scrofulous habit.

The treatment hitherto found of the greatest benefit, after the free evacuation of the alimentary canal, has been counter-irritation, combined with tonics. Leeches in a very acute attack may be sometimes necessary; but generally by reducing the system, when it will not bear reduction, they have tended rather to retard than promote recovery.

Dr. Mackenzie has strongly recommended the use of quinine as the best tonic, in which opinion he is supported by Mr. Lawrence, who says he has frequently seen it act "quite like a charm;" in these cases no one will therefore question the utility of tonics. It is my purpose in this communication to draw the attention of the profession to the superiority of the sulphate of bebeerine* to the sulphate of quinine, not only on account of the moderate price of this drug as compared with quinine, which is in itself a strong recommendation, especially in dispensary practice, but also, because, according to the testimony of Dr. Douglas Maclagan and others, it is better adapted to some constitutions and affections than quinine, not being so liable to excite the circulation or affect the nervous system. The following case, one out of many that I have had under my care, will illustrate its beneficial effects:—

STRUMOUS OPHTHALMIA TREATED BY THE SULPHATE OF BEBEERINE; CURE.

J. L., eight years of age, was seen on the 17th of July, the child presented all the characteristic features of the strumous diathesis. He was much emaciated. His mother informed me he had a similar attack two years previously, since which time there has been some intolerance of light. The conjunctiva lining the lids was very vascular; the margin of the cornea of the right eye presented a number of minute phlyctenulæ. He was ordered a purge with calomel and rhubarb, a blister behind the ear, and warm water to the eye.

20th. The appearance of the eye much the same; the other becoming affected. To repeat the purge, and take two grains of sulphate of bebeerine night and morning. Strict attention to his diet insisted on.

23rd. Blister behind the left ear, as the corresponding eye presented two or three well-marked ulcers on the cornea. To continue the bebeerine.

27th. A lotion was ordered with two grains of sulphate of alum to the ounce, which was alternated with the sulphate of zinc. He continued to take the bebeerine upwards of three weeks; after that time, he was discharged cured, the ulcers being healed, and the intolerance of light quite abated.

* For an account of the medicinal properties of bebeerine, see Dr. Douglas Maclagan's papers on the subject, in the "Edinburgh Medical and Surgical Journal," April, 1845; also "Monthly Journal of Medical Science," August, 1843.

CASES FROM PRIVATE PRACTICE.*

By JOHN RICHARD WARDELL, M.D., Edin.

Late President of the Royal Physical and Hunterian Medical Societies, Assistant Pathologist in the Royal Infirmary, Edinburgh, &c. &c.

CASE IX.—EXHUMATION IN SUSPECTED POISONING.

Post-mortem examination. Body much emaciated, and muscles feel soft and flabby to the touch. Considerable livid blueness over abdomen, which is most intense

* Continued from page 546.

over the hypochondria, and extends up to the thorax more on the left than on the right side. Slight congested appearance, from gravitation, on posterior aspect of thorax. Between the right trochanter and superior anterior spinous process of the ilium, is a large soft tumour, about the size of an orange, and on the anterior part of this tumour is a dark roseate irregular eschar, measuring three inches from above downwards, and two and a half in breadth. On opening this tumour, four ounces of rusty-streaked pus escaped. At the flexure of the right ankle is a cracked irregular eschar, of about the size of a shilling; there is also an excoriation on the left hip of equal dimensions. Corresponding with the prominent part of the sacrum is a ragged sloughing ulcer, somewhat less than a half-crown piece. *Head:*—On reflecting back the scalp, a little above the supra-orbital region, is observed a congested patch, evidently the result of contusion, measuring an inch and a half in diameter. Removing the calvarium, the surface of the brain looks natural; cutting into the encephaloid mass, and exposing the centurm ovale, no bloody puncta are manifest, nor upon subsections of the organ can any anormal characteristics be discovered. Feels of ordinary consistency and the cortical substance extends as far into the medullary matter as is generally observed in healthy subjects. No serum in the ventricles. On carefully examining the base of the skull, the right posterior tubercle of the sella turcica is much more acuminated than ordinary, and on placing the finger upon it, its apex feels sharper than natural. *Thorax*:—Removing the sternum, the lungs are not quite so prominent as natural, and their colour is anormally pinkish; little or no decomposition has commenced. Left lung adherent throughout to the pleura costalis by organized bands of lymph; on its posterior aspect is to be noticed some degree of congestion, and especially inferiorally. On the serous covering corresponding with this, is a transparent gelatinous exudation, which is easily broken down beneath the fingers. Several sections made in the organ show morbid redness, the colour in some parts, particularly in congested portions, is of a light vermillion hue. Crepitation, though less distinct in some parts, is nowhere entirely lost, and the organ lightly floats in water. Right lung also attached to the pleural lining of the thorax by morbid adhesions, but not so extensively as the left lung. On being removed, physical characters pretty nearly resemble those described of the left, but congestion not so marked and bright; redness not quite so distinct; is generally crepitant. No tubercular deposit seen in any part of either organ. *Heart:*—This organ is in every respect healthy, all its valves seeming competent to their functions. Pericardium contained four drachms of serous fluid. On excising a portion of the œsophagus from the middle of its course, the mucous membrane presents its wonted characteristics. No vascularity of any importance. *Abdomen*:—Liver normal in all its appearances; spleen small, but parenchymatous structure unaltered. Stomach externally manifests its wonted characteristics; in the cavity are contained two ounces of matter of semi-liquid consistence; vascularity of the mucous membrane not more than is often seen in the organ, where no disease of it has existed. In a few places adherent to its rugæ are a few small black depositions, which seem of a vegetable nature; beneath these spots, on being lightly scraped off by means of a scalpel, not the least degree of vascularity can be detected, and they seem to have excited no action whatever on the surface; they are insipid to the taste. On the lining membrane of the duodenum are a few slightly-developed arborescent patches; no ulceration nor excoriation; jejunum natural. Towards the lower extremity of the ileum, for ten or a dozen inches, there was considerable arboriform vascularity; mucous covering tolerably firm to the touch. On one part of the caput cæcum coli is some injection, but no ulceration. The arch of the colon presents no morbid appearance; signoid flexure much congested and vascular. Throughout the internal surface of the rectum is discoverable much ramified injection, extending about nine inches, and here and there are to be seen small but well defined ulcers. Kidneys in every respect healthy. The uterus is particularly small, and on a longitudinal section being made, its substance is somewhat cartilaginous.

Tests used to the Contents of the Stomach.—1. Solution of ammoniaco-nitrate of silver gives a milky colour.—2. Solution of ammoniaco-sulphate of copper throws down a cloudy white.—3. Lime-water gives no precipitate.—4. The hydriodate of potash exerts no sensible effect.

The manner in which the above tests were used was by adding a portion of the contents of the organ to distilled water in small test tubes. The small black patches were carefully tested by the above, but remained unchanged.

Remarks.—Casual circumstances sometimes so occur as to create surmises, and give a colouring to opinions that would otherwise have been deemed most improable, or never been entertained; and so it was relative to the case calling forth these brief observations:—A person, residing in a lonely part of the country, chanced in the course of a few years, to lose three inmates of his house, all dying suddenly. First, a former wife, next a housekeeper, and, lastly, his daughter, who was at the time of her decease, and had been for several years previousiy, insane. No medical man had attended her, although it was proved she had been in a failing state for some time before she died. Through an irregularity no inquest was held prior to her interment, and certain (when investigated,) satisfactory circumstances rendered it necessary that her funeral should take place at an earlier period than was customary. A fortnight subsequently a report became prevalent in the district that she had not died from natural causes; information consequently being given to the Coroner, he, in discharge of his duty, issued a warrant for the exhumation and examination of the body, and that gentleman employed me to make the *post-mortem* inspection; and as there appeared, on a review, to be some points of interest associated with the case, both pathologically and medico-legally, I have thus been induced to insert it here.

Great are the responsibilities in being summoned to officiate in an instance like the present; and highly important was it that a correct opinion might be formed of the case, because reputation, nay, more, the most weighty dependencies, were based upon a right decision. The Coroner, very judiciously, ordered a careful examination of the body before entering into a detail of evidential enquiry, and thus the medical opinion as to the cause of death was more likely to be unaffected by preconception and prejudice. It has, in an earlier paper of this series, been observed, that the medical man when engaged to give his opinion in medico-legal cases, has nothing whatever to do with the statements deposed by witnesses; he is employed to give his professional opinion as to the extent of injury, or the cause of death, and in this decision it is highly desirable that his mind be unbiassed by any preconcerted notions from vague reports, or hearsay suppositions. In all country districts, prejudices are deep-rooted; and there is much repulsive feeling towards *post-mortem* examinations, even amongst those who assume to be of the educated and better classes. In this case it would have been absurd to merely exhume the body without a dissection, and the Coroner very properly insisted upon definite depositions being made relative to the morbid appearances to be discovered in the viscera.

On reference to the foregoing details of the inspection, it is mentioned that the body was in a state of considerable emaciation; and that above the right trochanter was a large abscess, which, from the consideration that similar collections had formed spontaneously in other parts of the body under the integuments, was evidently of a scrofulous character.* On exposing the brain, the vessels proper to its structure, and the membranes covering it, were not at all engorged; there was none of that venoid appearance which is observed where narcotism has preceded death, and which I have before described under the avowed poisoning by laudanum. There were no bloody puncta on making repeated sections of its substance; no anormal quantity of serosity infiltrated into its ventricular cavities. It has been stated, I may here observe, by certain morbid anatomists, of the insane, that enlargement of the clinoid processes, producing pressure at the base of the brain, has caused insanity;† and certainly in this case the posterior processes were decidedly more acuminated than ordinary; but whether it would be right to subscribe to the asserted opinion, is very dubious, until more irrefragable data confirmatory of its truth have been amassed. From the morbid characters presented by the lungs, it is impossible to dispute the existence of inflammatory action at the time of death, as the parenchymatous structure bore the obvious traces of pneumonia in its first stage; yet such was not of itself sufficient to cause (although, in a patient so debilitated it might have expedited,) death. On the serous surface of the left lung, were recent fibrous depositions, and the natural crepitancy was diminished, which remarks also apply to the right lung, but in a less degree. The congestion noticed at the base of these organs, was more the result of gravita-

* During the time of my official connection with the Edinburgh hospitals, some cases came under my notice in a certain degree analagous to the one in question,—that is where scrofula and insanity are combined One man had several scrofulous abscesses in different parts of the body, but especially in the subcutaneous cellular tissue forming what surgeons denominate, *cold abscesses*. He was of phthisical tendency, and gradually lost his reason. On inspection there was discovered a greenish yellow deposition of pus at the base of the brain, and the surrounding parts of the organ were decidedly softened, more especially the medullary part. Previous to the examination of the brain of this girl, I rather suspected a similar condition, which, however, as the report shews, was not the case.

† When recently at the Mary-le-Bone Infirmary, where a number of insane patients at all times form a portion of the inmates of that establishment, and where pathological investigations are diligently pursued, the resident physician, Dr. Allen, informed me that in a very considerable number of *post-mortems* which they had on the bodies of the insane, in a very large majority of the inspections, physical causes were decidedly obvious. The morbid conditions most frequently found, were præternatural vascularity, softening, much serosity, induration, thickening of the membranes, atrophy, anormal developments, and osseous prominences. Esquirol and some other writers have asserted, that instances not unfrequently occur, where no lesion exists. In such cases would not microscopical examination often shew positive structural change, when not at all suspected? My friend Dr. Bennett, now Professor of the Institutes of Medicine in the Edinburgh University, has for years paid considerable attention to disease of the nervous centres, and I recollect some instances in which that gentleman detected organic change in the ultimate structure of the brain, when the symptoms were accountable by no other appearances, and when, indeed, others gave it in opinion that the encephalic mass was healthy. Dr. Bennett used to say, what the telescope is to the astronomer the microscope is to the scientific physician, and most undoubtedly our notions respecting the ultimate cause of numerous abscesses, by its use, have become wonderfully more correct. Morgagni, Esquirol, Pinel, Calmeil, Lallemand, Georget, Bouillaud, Prichard, Conolly, and others, have been amongst the chief investigators of the lesions common to this disease, and the labours of these writers have tended considerably to elucidate a subject once so ill-understood. Dr. Allen said that he did not find the diminution of the cortical substance, as spoken of by many authorities, who, in accordance with physiological reasonings, wish to shew that loss of grey matter would be followed by loss of sense. Whether the grey matter be the grand seat of reason or not, is still doubtful; and this case and certain others that have come under my own notice, do not bear out that theory. Violent attacks of fever sometimes leave the mind affected; hence that irascibility which follows febrile diseases, which is, doubtless dependent upon physical causes, as vascularity, or perhaps change in the granules or tubercle. I yesterday saw in consultation, a young lady, who had long suffered from disease of the cerebro-spinal system; she attributed her illness to previous attacks of typhus fever, which she had had to the fourth time. From a detailed history of her case, and a general review of existent symptoms, I fully concurred with the gentleman under whose care she now is, that there was softening, at least such condition was exceedingly probable. Three or four years ago I attended a smith, whose occupation had been to weld iron in a large manufactory, where the immense fires exposed the mechanics to a very high temperature. The great heat, by præternaturally stimulating the brain, produced total blindness, and gradual fatuity.

tion than from obstructed circulation. In all cases we should distinguish between diseased congestion and that state which is produced by the gravitating of the fluid, and which is always most distinct when the patient has been lying on the back. Those at all conversant with morbid appearances, can readily distinguish between the two. The heart, œsophagus, (the mucous membrane of which organ it is always desirable to carefully examine in cases of this description, as irritant agents invariably produce greater or less excoriation,) liver, spleen, stomach, jejunum, and kidneys, were found natural. In the course of the ileum, at the caput cæcum coli, and sigmoid flexure, a præternatural state of vascularity existed; and the rectum was not only in the same state at several places on its mucous membrane, but there were also distinct points of ulceration. Now, these appearances might, *primâ facie*, have been considered as the result of some irritant agent applied to the digestive surface; but when it is reflected that the patient for some weeks was reported to have had a bowel complaint, and this of a dysenteric character,—that the morbid conditions were not of a recent, but of a chronic, nature,—and, above all, that the stomach was found healthy, it became highly probable that such were the result of spontaneous disease, and not from irritant poisons. Whenever irritants have been swallowed, the mucous membrane of the œsophagus and the stomach are sure to be affected, and there most especially the lesions are discoverable. There is diffused inflammatory redness; the mucous membrane acquires a reticulated vascularity, with softening, gangrene, and irritable obstruction of one or more of the tissues. In the lower bowels the same description of lesions is discernible, though in a less degree than what takes place in the higher portions of the canal. Chronic vascularity of the mucous surface differs in certain respects, and by these we may decide between that which is recent and that which has for some time existed. In the one there is diffused redness as well as tortuosity of the vascular branches, resulting of course from capillary distension; but in the chronic form the inter-arborescent spaces have acquired their former colour, dependent upon the capillaries proper to such parts, having contracted to their former calibre. The smaller vessels of a part more readily resume their former condition than the larger, because it is with the capillaries that the resolution or salutary change first commences. When for some time there has existed obstruction in these minute vessels, the smaller branches of the arterial and venous systems which arise from them are obstructed also; hence their calibre is increased, and thus results that state of preternatural distension which we term vascularity, and as the capillaries soon resume their natural condition, these branches remain in a state of tonic fulness when the inflammatory blood has disappeared. It is on this theory that the nitrate of silver, and some other remedies have their beneficial effects; they stimulate the tunics of the vessels, which from impaction of their contents had lost their natural contractile functions, and thus by astringing these vessels a cure is effected. Reasoning from these considerations, taking into account the above-mentioned facts,—viz., the existence of a dysenteric affection,—the considerable emaciation,—the inflammation of the lungs,—that the patient was insane, and consequently masking symptoms that might otherwise have been more prominently manifested,—that the stomach shewed none of those traces common in irritant, nor the brain the characters so frequent in narcotic, poisoning, I gave it as my opinion that the patient had sunk under natural causes.

The statements of the various witnesses examined at the inquest fully confirmed the conclusion advanced in the medical evidence. The deceased had always partaken of the same food as her parents; for some time she had gradually lost flesh, had become more wan and emaciated in appearance, but as she was so totally devoid of reason, any indisposition could only be judged of by her looks. Some days before her death they considered her not so well,—the diarrhœa was in particular mentioned, and they had consulted a practitioner a month previous to her death, respecting this affection, but that gentleman did not see her, and ordered them to give her a few drops of laudanum, under which remedy little or no benefit accrued. The day previous to her death she had an urgent thirst, which might have been anticipated where active inflammation was going on. The mother, on taking her breakfast to her in bed, saw that she was then very ill, she became rapidly more enfeebled, and soon expired. The jurors, on a deliberate review of all the circumstances, and the facts detailed in medical evidence, without any hesitation returned a verdict of death from natural causes. Had an inquest taken place previous to her interment, which ought to have been the case, but from some mistake or irregularity was omitted, no *post-mortem* examination would have been required, and the friends, who for a time were much distressed at the painful imputation, would thus have been saved a considerable amount of mental suffering.

(To be continued.)

ON TURNING,

AS AN ALTERNATIVE FOR CRANIOTOMY AND THE LONG FORCEPS.

By Robert Collins, M.D., Dublin.

To Professor Simpson, &c., &c., &c., Edinburgh.

My Dear Sir,—

I beg to thank you for forwarding me the proof sheet of your "Memoir on Turning, as an alternative for Craniotomy and the Long Forceps, in Deformity of the Brim of the Pelvis." You are so good as to state in the letter which accompanied the first part

of your memoir, that, "If it contains any errors of statement I shall feel greatly obliged by your pointing them out that I may correct them."

It gives me pleasure to comply with your request, and I shall feel obliged by your publishing my letter as an appendix to your memoir.

The first statement I shall notice, is the *partial*, and, *consequently*, *erroneous* calculations you have given from my work; withholding the *total mortality*, as well as the *cause* of the fatal result, in *every case* of protracted labour met with, out of the vast number of sixteen thousand six hundred and fifty-four births, minutely recorded by me. Surely this is a great omission on your part; and thus, as you so justly condemn in others at page 9,* "you have drawn your deductions, not from the *whole* of the practice, but from *parts* only; you have not reckoned upon the certain results of the *general* collection of facts, but depended upon the fallacious results of isolated and individual instances." Again, you well remark, "the medical mind has ever been too apt to recollect and found upon those facts only which are in favour of any preconceived opinion or opinions it may chance to have adopted; and the causes of failure are too often forgotten amid the more agreeable remembrance of the cases of success," "It is on this account that the numerical method of reasoning and investigation, by obliging us to count up *all* our cases and *all* our results, whether good or bad,—whether instances of recovery or instances of death,—is no doubt destined to revolutionize, in a great degree, our modes of inquiry, particularly in surgery and midwifery, by imparting infinitely more precision and certainty to our present deductions and precepts where they are true, and shewing us in language that cannot be misunderstood, the erroneousness of our doctrine where they are not true."

In these sentiments I candidly agree; and the new era which my "Practical Treatise" has established in reporting the results of obstetrical practice throughout Europe, affords me extreme satisfaction. No report that is not *minute* can now command the attention of the profession; and where *all cases* and *all results* are faithfully recorded, mere extracts taken from such registries, can have no weight with those who are competent to judge for themselves.

The various errors you have fallen into by founding your doctrines upon *partial* data, and thus totally obliterating what is really most instructive in the *general* results, should not, I think, have occurred with the ample details I had furnished, and unquestionably not without printing what has been recorded as diametrically opposed to your conclusions. You extract from my work, that during the seven years I had charge of the Dublin Lying-in Hospital 16,414 woman were delivered in it; and of those 164 died, or 1 in every 100; and this you have followed up by a table, which you think proves that the deaths are increased in proportion to the duration of the labour, viz., where the duration of labour was within 1 hour, one woman in 322 died; from 2 to 3 hours, one in 231; from 4 to 6 hours, one in 134; from 7 to 12, one in 80; from 13 to 24, one in 26; from 25 to 36, one in 17; above 36 hours one in 6.

Why were these *obscure* calculations given, and the following highly important general results, and *cause* of death, in ALL CASES where the patient was more than TWENTY HOURS in labour withheld?

It is clearly stated by me that there were *forty-two* in number out of 16,414; or in the proportion of 1 in 391; and of the forty-two women who died, where the labour was above 20 hours, *one-third* of the children were born alive,—of the forty-two, *three* died of typhus fever; *nine* of puerperal fever; *one* of stricture of the intestine, with effusion into the thorax; *three* where the placenta was retained; *two* of convulsions; *one* of abdominal inflammation previous to labour; *nine* of rupture of the uterus; *one* of inflammation of the intestines, with pus in the uterine sinuses; *three* of anomalous disease; *one* of diffuse cellular inflammation; *six* of inflammation &c., subsequent to difficult labour; *one* of ulceration and sloughing of the vagina; *one* of disease of the lungs and hæmorrhage; and *one* of abdominal abscess.

Where we see from the simple statement given, that only forty-two died who were even above *twenty* hours in labour, and at the same time *look to the cause of death*; the fallacy of *extracts* in support of fancied realities is apparent.

Why, I would again ask, is my table not given which shews the *cause* of death in all cases in the hospital, and proves that 97 of the 164 deaths arose from causes *not* the *results* of childbirth? Considerably above ONE-THIRD of the entire mortality during my Mastership, occurred from *puerperal fever* during the first three years. That this very intractable disease is not the result of *protracted* labour, as you erroneously state, is notorious to those who have had opportunities of observing it, and is fully proved in my report, the total number of cases being eighty-eight; 71 of which were delivered within 12 hours, and 80 within 24 hours. If we were *only* to deduct the deaths from this fatal disease, which may be considered accidental, the *entire* mortality for seven years would then be less than *one* in *one hundred and fifty-six*. And why is it not stated that for the *four* last years of my residence in the hospital *after puerperal fever disappeared*, during which period the very great number TEN THOUSAND SEVEN HUNDRED and EIGHTY-FIVE deliveries occurred, *fifty-eight* only died, or in the proportion of *one* in ONE HUNDRED and EIGHTY-SIX?

The annals of medicine afford no even distant approach to this favourable, and I will add happy result, in an equal number of a similar class of females.

It is clear to me, even overlooking the friendship you have at all times proffered to me, common justice demands a full acknowledgement of this *vitally* important practical test, particularly when you venture to condemn the practice of one who has had so much greater experience than yourself. When you have had similar opportunities of acquiring practical knowledge, and are enabled by a *different* mode of treatment, to publish *happier* results for the benefit of your professional brethren and the public, your opinions will then deservedly be entitled to that just respect, which the promulgation of improvements, founded upon practical experience, must ever command. I must, however, with the greatest respect, both for yourself and your professional talents, protest against the authenticity of purely theoretical opinions, given with so much confidence by a junior member of the profession, who has not yet had time nor opportunity to mature his judgment.

The evil deeds which your theoretical doctrine of turning is calculated to give rise to, among junior practitioners, strongly suggested to me what I have stated, and which, be assured, is done in good part.

* *Provincial Journal*, February 9th, 1848, p. 58.

Your proposal is to substitute delivery of the child by turning, instead of lessening the child's head, in the most laborious labours, where there is extreme difficulty in the birth, owing to *deformity* in the brim of the pelvis. (I do not remark upon the long forceps, as I have no pretensions to do do so from practical knowledge.)

This is unquestionably a dangerous doctrine, more especially when we consider the great facilities which now exist for throwing the patient into a state of insensibility, which deprives her of the power of either expressing or feeling, the grievous injuries she may sustain from the most barbarous efforts of the unskilled practitioner, the after-consequences of which must, in a great proportion of cases, be calamitous.

That a degree of force totally inconsistent with sound practical knowledge, must be used, (after the very hazardous operation of turning is effected,) to get the child through a deformed pelvis, where in very many instances, even after the head is lessened, great difficulty is experienced, is obvious; and where such disproportion between the child and the pelvis exists, it is equally obvious the child cannot pass alive. Need I state to any physician of practical experience, the awful mortality which must inevitably occur to the mothers, when delivery is effected by such measures, compared with what I have so fully recorded of the practice you propose to alter.

Of 16,654 births in the hospital, delivery was effected in 79 by lessening the head, on account of *extreme* difficulty in the labour; or where the child was *dead*, and interference desirable, owing to the state of the mother; in six of the 79, delivery with the forceps was attempted, but no force consistent with safety could accomplish it. *Fifteen* only of the 79 women died, and in *none* of the 15 was death caused by any injury sustained in the actual delivery. The proportion of such deliveries, as I have fully stated, is greatly increased in hospital, by the same patient returning *two*, *three*, or even *more* times, in whom, from deformity or other circumstances, such mode of delivery is unavoidable. Another cause which *greatly* increases the proportion, is the *frequent* admission of patients after having been *two*, *three*, or *four* days in labour, and as the record of the cases shews, most of whom had been grossly mismanaged. Of 106 cases where the children were *still-born*, and the labour severe, nearly *one-half* were of this description.

It is a remarkable fact, that of the examples given by me, at page 487 of my "Practical Treatise," of *repeated* delivery of the same patient by the crotchet, but *one* woman died, thus satisfactorily proving, that where *death* succeeds this operation, the fatal result is not dependent on the mode of delivery, but upon the circumstances demanding such interference.

No theoretical reasoning, nor any other argument, without the *test* of *practical experience*, could for one instant cause me to listen to a statement to the effect, that if the children *had been turned* in the seventy-nine most trying and critical cases I met with, the results would have been more favourable; nay, I shudder at the thought.

What *test* could we have to place in opposition to what I call the *astounding practical fact*, that out of ALL the PROTRACTED, LABORIOUS, and TRULY DIFFICULT labours, where *delivery* was *effected* by the crotchet, in the unprecedented number reported, of sixteen thousand six hundred and fifty-four births, only *fifteen* proved fatal? Why is this simple and *overwhelming truth* not stated by you, simultaneously with the theoretical data you have given to support the statement you have made, that where the labour exceeded forty-eight hours, one patient in *three* died? Why did you not likewise state that only *eleven* patients died who were above forty-eight hours in labour out of the 16,414? Was it not imperative upon you to do so, as from your PROPORTIONAL extracts you have left your readers in total *ignorance*; for instead of the deaths being the *marvellously* small number of fifteen out of 16,654 births, your observations are of so truly dismal and feeling a character, that those who had not the clear statement I had given on the subject, which you had before you in my work, must unquestionably conclude the mortality from PROTRACTED labours, in which the crotchet was used, *frightful* indeed. I have little doubt, however, most practical physicians will agree with me, that the simple truths here stated remove the visionary gloom cast over your words.

I have still further given accurately the CAUSE of death in each of the fifteen women who died, from which it appears that out of the fifteen, *five* died from the effects of labour *previous* to *admission*, and are therefore not justly to be reckoned in the hospital practice; *five* from causes not the result of *protracted* labour, and two from the effects of *hæmorrhage*, where *the hand had been passed into the uterus*; so that it is *thereby demonstrated*, that in the *total* number of the most trying and hazardously-protracted labours met with in the *vast* number of 16,654 births, we have, I fearlessly designate it, the INCREDIBLE MORTALITY of THREE patients, and this under the treatment which you fancy you could improve, but in support of which improvement you have so little practical experience of your own to submit to the profession.

I have stated in my introductory observations on tedious and difficult labours, that there is no subject connected with the practice of midwifery so difficult to acquire a sound knowledge of, as the treatment of tedious and difficult labours; it is one of the most vital importance, and, in the most marked manner, distinguishes the experienced, from the inexperienced, practitioner. This information can only be obtained by diligent and persevering attendance at the patients' bedside; all other sources are comparatively worthless, and when not conjoined with practical experience, dangerous. I think it necessary to repeat the above declaration, as from the opinions you express, your readers might hastily conclude that I had no knowledge whatever of the danger of protracted labour, whereas there is no subject has caused me greater anxiety, or occupied my thoughts more.

My statements have invariably been made strictly in condemnation of *rash* and *hasty* measures, in order to prove, that where the patient is properly treated during the progress of labour, the *mortality* from the effects of *protracted labour* is strikingly small; and I do not think it possible to submit facts more unquestionable for the satisfaction of my professional brethren than I have done. Even supposing the entire fifteen women who died after delivery with the crotchet, to have died from the effects of protracted labour, this would only amount to the *one-eleventh* part of the mortality from *other* causes; but as I have shown that only *three* of the number can fairly be so attributed, the proportional mortality is reduced to one in fifty-four.

The strong observations I had before made upon this deeply interesting subject, and published in the *Dublin Journal of Medical Science* for March, 1837, and some of the succeeding numbers, to which I would specially

refer, were made, as you are well aware, to counteract the *hasty*, and if generally acted upon, *mischevious*, *measures*, urged at that time by the late Professor Hamilton, for the *artificial dilatation* of the mouth of the womb within twelve or fourteen hours, and the *actual delivery* of the patient within twenty-four hours from the commencement of labour.

I now apprehend, if possible, greater danger, should your theoretical proposal be acted upon, and as it holds out the very strong inducement, of at once relieving the practitioner from the fatigue of a protracted and anxious attendance, the thoughtless or careless might possibly be unable to resist this great temptation, if not *forewarned* of the fatal consequences to both mother and child.

Of the fifteen cases of protracted labour we have recorded, which proved fatal, *fourteen* were delivered of *first* children, all *males*, which clearly points out the greater size of the *male*, and greater ossification of its head, as one of the chief difficulties to be encountered. How can any practitioner pretend to know, in the *early* stage of a *first* labour, (except where the diminution is extreme, which is rarely to be met with,) whether the pelvis be of such a size as to permit the head to pass, or whether the ossification of the head be such as to yield to the force of uterine action?

We totally disbelieve in the *accuracy* of the minute measurements given by some writers, of the brim and outlet of the pelvis in the living subject; and even were we certain of its capacity, a child of 7lbs. or 8lbs. weight would pass with *facility*, where one of 10lbs., 12lbs., or 13lbs., could, by *no possibility*, be delivered without diminution.

To turn a child in the *early* stage of a *first* labour, where we can have no knowledge as to the practicability or impracticability of the natural effort to accomplish the delivery, is in my opinion wholly unjustifiable. Our registry *proves* that the mortality is merely confined to *first* pregnancies, where there has been no previous knowledge of the capabilities of the pelvis, and where, under ordinary circumstances, the rigidity of the soft parts, renders turning hazardous to both mother and child; but where deformity of the pelvis exists, or where the child is extremely large, as is invariably the case in very protracted labours, the results must be disastrous. I venture to prognosticate, that out of 79 such *trying* cases as we have reported, the mortality, instead of 15, would be much nearer to one-half of the total number of mothers; and a living child would be a rare event. Over and above the sad evils resulting from its adoption in *really laborious labours*, we shall have innumerable bad consequences from the turning of the child, in order to *expedite* the labour, *where no deformity or disproportion whatever exists*. In truth I see no limit to such mischievous proceedings, where chloroform is used, and the attendant is not conscious of the real dangers of turning the child.

Perhaps you are not aware of the *fact*, that in hospital, when puerperal fever prevails, the introduction of the hand into the uterus for *any* purpose, is usually followed by the most fatal results,—so much so that few escape. This should be carefully recollected, and when a tendency to puerperal peritonitis exists out of hospital, the risk is very great.

I shall now notice your statement that "the infantile mortality attendant upon parturition increases in a ratio progressive with the increased duration of the labour."

In reply to this theory, I shall only state the simple truth which you have *omitted*, that of 1045 cases of still-born children accurately noted; *eight hundred* and *forty-four* were delivered within *twelve hours*, and *nine hundred* and *thirty-two* within *twenty-four* hours; and I have added, that the death of the child *subsequent* to birth, except in *very few* instances comparatively speaking, was not a consequence of injury arising from *protracted* labour; for of the 284, which was the *total* number of deaths, previous to the mother leaving the hospital, the labour in 246 did not exceed *twelve hours*. These unquestionable facts extinguish all speculative theories. I have also stated, when we consider the class of patients admitted into the Institution, where *extreme* poverty is the only passport demanded,—and the *very great number* admitted after having been *one*, *two*, *three*, or *more* days in labour, most of whom are grossly mismanaged,—besides the numerous cases sent in actually *almost dead*, as the reported cases witness, the success of the treatment pursued will be still *more* apparent.

That your opinions should totally disagree with mine, on the advantages to be derived from the use of the stethoscope, as a means of ascertaining the life or death of the child, in *trying cases of protracted labour*, is what I had no doubt of; and when you state the mighty boon which auscultation offers us in such cases to be, the delivery of the infant with the *long forceps* so as to *preserve* its life, few will wonder at our disagreement! Had I not made a better use of this invaluable assistant in the 79 cases we met with, the mortality would not have stopped at fifteen, nor twice that number.

I could not picture to my mind a greater outrage in practice, than the attempt to drag a child through a deformed pelvis, or an extraordinary large child through an ordinary pelvis, with the long forceps, *more* especially as I have proved that the most trying cases are met with in *first* labours, where no relaxation of the soft parts can take place so long as the head remains at the brim of the pelvis; also, that in most laborious labours the pelvis measures little more than *three* inches from the pubes to sacrum; in others less than this; and that when we consider the blades of the smallest sized long forceps used in Britain, even when *completely closed*, measure from $3\frac{5}{8}$ inches to $3\frac{1}{2}$, it is clear that were the bones of the pelvis denuded of their *soft parts*, there would not be space to admit of their application. Your observations upon my recommendation of the use of the forceps in prolapsus of the umbilical cord, when *the child is so situated as the head can be reached with safety*, are strongly misapplied, as in the one case there is ample space to use the instrument without injury to either mother or child, whereas in the other I have already shown this to be impracticable, without exposing the patient to unjustifiable danger. It is to be supposed, if you had not some experience of the mischievous effects of the long forceps under such circumstances, you would not now be so anxious to abolish the use of them; but as we say in Ireland, you have leaped "out of the frying pan into the fire."

As you so fairly state that I am the only writer who furnished the profession with data showing the duration of labour, either in natural or operative cases, and that my "Practical Treatise on Midwifery" is a work, the great value and candour of the facts contained in which it would be difficult to overpraise, I would solicit from you, in return for the information which cost me so much labour to supply to my professional brethren, that henceforth, and upon all occasions, either in your lectures as a University Professor, or in your writings,

you would plainly state the *total* number of cases under each head you refer to, and at the same time give the *No. of the case* which is *affixed* to each, in order to enable the profession to judge for themselves of the correctness of reference.

I would also *claim* from you, as a reward for my industry, that when you refer to the mortality of the patients under my care, and recommend a *different* mode of treatment, you would honourably state, that Dr. Collins' practice, which you propose to improve, is much the most successful on record, as you know of no report of 10,785 cases, with a mortality nearly so small as *one* in *one hundred and eighty-six*. This is only an act of *simple justice*, and I should not object to your *then* adding, if Dr. Collins had adopted *my* treatment, *none* of the patients would have died.

I feel called upon to seek the declaration of this *important truth* from you *in future*, as in your essay lately published on "The Use and Effects of Chloroform in Obstetric Practice," you set forth, in the most feeling manner, the "*sufferings*" of the patients, and the number that "*perished*" from prolonged labour under my care; whereas, if you had fairly stated the facts I had so clearly adduced, your theoretical calculations must have proved visionary. I would not now allude to this essay had its circulation been confined to our professional brethren, (to which I have no doubt *all* medical men agree with me in thinking it should have been strictly limited,) but finding it has been introduced into the domestic circles, where I cannot consent to correct the statements it contains, I am induced to request you to blend with your popular writings a more equitable portion of merit to me, as I believe you would not intentionally "pluck the laurel off my brow," or withhold what I hope you will agree with me in thinking I may from you legitimately claim.

I am, dear Sir,
Very faithfully yours,
ROBERT COLLINS.

Merrion Square, Dublin,
Oct. 6th, 1848.

P.S. Since the above letter was forwarded for publication, Professor Simpson has been so good as to send me a Report on "Anæsthetic Midwifery," which he has just published in the *Edinburgh Monthly Journal of Medical Science*, detailing the results of cases that occurred in his private practice, and also under his care in the Edinburgh Lying-in Hospital, from January, 1847, to October, 1848, being a period of one year and nine months. From this Report it appears that in Dr. Simpson's private practice about 150 patients were delivered in a state of anæsthesia, and that there were 20 or 30 other cases of labour in which anæsthesia was not employed. The total number of those cases we may calculate as 170, four of which died, or in the large proportion of 1 in 41. In reference to this result, I can aver that we know of no such mortality in Ireland. I have been more than a quarter of a century engaged in the profession, with a reasonable share of practice in the highest ranks of society, and during the whole of that time I have not met with a greater number of deaths in my midwifery practice, than Dr. Simpson has reported in the twenty-one months; and I have now nearly ready for publication, the entire results of the late Doctor Joseph Clarke's private practice in this metropolis, extending over a period of nearly fifty years, and exhibiting an accurate and unprecedented record of three thousand eight hundred and forty-seven cases, which fully corroborates my statement. The information I have to publish will, I entertain no doubt, prove of extreme interest to the profession, as hitherto we have been left in total ignorance of the accurate results of extensive private practice in the higher ranks of society.

The following account of the results of anæsthesia in the practice of the Edinburgh Lying-in Hospital, has been furnished to Dr. Simpson, by his resident assistants, Dr. Duncan and Mr. Norris:—

The use of anæsthesia in labour became general in the hospital shortly after the discovery of chloroform, since which, 95 women in all have been delivered in the house under its influence; among these, 63 were natural, and seven were morbid labours. Of the 95 cases, three mothers died, or in the frightful proportion of one in 31; of these three cases, one died of convulsions, one from sloughing of the maternal passages, subsequent to the long forceps, and one from rupture of the uterus, where the child had been turned. Fifty cases were delivered in the hospital without chloroform, but as the result to the mother and child is not given, they are not to be included. When we compare the above mortality with what I have reported of the Dublin Lying-in Hospital, under similar circumstances,—namely, one death in 186 cases, I am satisfied my professional brethren will admit the justice of the acknowledgment I have demanded from Dr. Simpson, on all future occasions, when he thinks fit to criticise my practice, and, on points of such vital importance, to introduce my work as his authority.

The fatal results in the Edinburgh Lying-in Hospital, as now furnished by Dr. Simpson, closely approach the unprecedented mortality of the same Institution in 1821 and 1822, of one in 21,* which unfortunately is the only record in existence of the mortality in this public charity.

Had the deaths been one in 31 during my Mastership of the Dublin Lying-in Hospital, I should have had the melancholy duty of reporting the appaling number of 529 deaths instead of 164.

* *Dublin Medical Journal*, 1837 and 1838.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by PETER HINCKES BIRD, Resident Medical Officer.

CASE IX.

DISLOCATION OF THE WRIST.

Elizabeth Smith, aged 13, admitted as out-patient on the 23rd of December, 1846, under the care of Professor Cox. It is stated that she had just slipped down while crossing a slide; she fell on the palm of the left hand, the fingers being extended.

On admission there was found a considerable swelling, produced by the radius and ulna, on the fore-part of the wrist, and a similar projection on the back part of the wrist, with a hollow above it; the hand was bent back,

and the motion of the wrist impaired; the styloid process of the radius had not its proper relation with the trapezium, but was thrown on the scaphoid and trapezium. A careful examination was made, but no fracture could be detected.

Reduction was easily effected by extension, a bandage was afterwards lightly applied round the wrist, and the fore-arm supported by two pasteboard splints before and behind, extending as far as the extremities of the metacarpal bones. Ordered to keep the wrist damp with Lotio Plumbi.

24th. Doing well; there is some slight pain on motion, and swelling of the joint; there is no deformity.

27th. Discharged.

It was the opinion of Dupuytren, "that there was not a single unequivocal instance on record of a dislocation of the *radio-carpal* articulation; and that he invariably found these pretended accidents always turned out to be fractures of the radius, near the articulation." He quotes the following lines from a memoir "On Fractures of the Fore-arm," by Ponteau:—"Ces fractures sont le plus souvent prises pour des entorses, pour des luxations incomplètes, on pour un écartement ou du cubitus, ou du radius à leur jonction vers le poignet." Desault also, in noticing fractures of the lower end of the radius, adverts to their having been sometimes mistaken for dislocations. "At the present time," says Dupuytren, "there can be no doubt about the frequency of fractures of the lower end of the radius, and about the impossibility, or at all events, the extreme rarity of dislocations."*

In this case there was not the slightest evidence of a fracture, for the patient, within a few days after the accident, could perform all the motions of the joint, and make use of her arm, which would not have been the case had fracture been present.

Swelling of the flexor tendons opposite the wrist-joint, from sprain, assumes the appearance of dislocation, but they may be easily distinguished; in the former the swelling comes on gradually, whereas in the latter, it is seen immediately after the accident. Besides, in dislocation, the relative situations of the styloid processes of the radius and ulna with the carpal bones is altered, but not in sprain.

Fractures near the wrist-joint may, as above stated, be confounded with luxation, but they may be distinguished by simply moving the hand; if there be dislocation without fracture, the styloid processes of the radius and ulna will not change their situation by its motion. In fracture the processes will follow each movement of the hand.

Case X.

Fracture of the lower end of the radius.

Elizabeth Sewell, aged 61, housewife, admitted as out-patient, on the 4th of May, 1847, under the care of Professor Cox. She states that a few minutes ago she fell down, and putting out her hand to save herself, she felt something give way at her wrist, and immediately lost the use of her arm.

When admitted there was considerable distortion of the fore-arm; the movements of pronation and supination were lost. On taking hold of the patient's hand, and rotating the radius, a distinct crepitus was felt, about one inch and a half above the wrist; there was also considerable pain on supinating and pronating the hand, the upper fragment of bone remaining motionless; there was no fracture of the ulna; there was a slight wound on the outer side, at the lower third of the arm, but it did not communicate with the broken bone.

A long splint, well padded with cotton-wool, was placed on the outer side of the fore-arm, reaching from the elbow to the ends of the fingers; and another splint, also well padded, from the bend of the elbow to below the wrist; and the arm was placed midway between pronation and supination, the hand being allowed to drop. The wound was dressed with simple dressing.

7th. The wound is nearly healed; the arm is in good position; and she complains of pain.

10th. Wound quite healed; is free from pain.

20th. Doing well; the bone is in good position; there is no deformity.

June 1st. Splints removed, and a starch bandage applied.

12th. Discharged cured.

Fractures of the radius are perhaps of more frequent occurrence than those of any other bone in the body, except the clavicle; this is accounted for by its articulation with the carpus, thus receiving all the force communicated to the hand in falling. It generally gives way in the middle-third, but sometimes near the wrist. A fracture of the upper end of the radius rarely, if ever, happens in this manner, but when occurring, is produced by direct violence. In a paper on "Fracture of the Lower Extremity of the Radius," by Professor Ferger, of Copenhagen, is given a tabular view of 149 cases of fracture, which came under his notice, of which number it appears that thirty-one were fractures of the radius alone, and only one of the ulna alone; and from this table he infers that the radius is more frequently fractured than any other bone, and more than twice as often as the fibula. It appears that the accident is rather more frequent in men than in women; and age predisposes to this lesion. In treating of the symptoms of fracture of the radius low down, the author associates great importance with the deformity, as a diagnostic sign by which the injury may be distinguished from sprain. The straight line extending along the radius and metacarpal bone of the fore-finger, appears to be broken in two places,—1st, closely over the styloid process of the radius; 2nd, between the carpus and metacarpus. This line is hereby divided into three parts, of which the superior and inferior portions are parallel, and the centre and shortest one forms an angle with the other two, like the letter Z. Of these two angles, the upper one is always present in this fracture, and remains unchanged by any position of the arm.

Fracture of the lower extremity of the ulna, extravasation into the articulation, and luxation of the radius from the ulna, constitute some of the complications of fracture of the radius low down. The fracture is generally oblique, beginning on the palmar side of the lower end of the radius, a little above the articulation, and proceeding upwards towards its dorsal aspect, where it terminates from an inch to an inch and a half above the joint.

* Clin. Chir., tom iv.

Professor Ferger describes the plan of treatment he has found most successful. He states, that as the deviation occurs in a curve, with its centre upon the fracture, it is desirable to counteract the deformity by extension, acting in a direction according to the tangent of that curve. This end he thinks is best attained by acting through the medium of the hand and capsular ligament, which is attached to the lower end of the radius. The hand is first to be brought into a state of strong flexion, and the fore-arm is then placed on an oblique plane, with the carpus highest, the hand being permitted to hang freely down the perpendicular end of the plane; the tendons of the extensor muscles are thus brought into a position which enables them to assist in keeping the reduced fragments of the bone in proper relation. In the treatment of these fractures, it is also a grand point to preserve the interosseous space perfect; for if this indication is neglected, the radius and ulna may grow together, and the motions of supination and pronation be for ever lost. In the above case this was prevented by placing a pad of lint over the interosseous space.

In 1842 there were treated, at the London Hospital, 840 fractures, of which 153 were of the fore-arm; in 1843, there were 899 fractures, and 156 of the fore-arm; in 1845, 952 fractures, 200 of which were of the fore-arm; and in 1846, 954 fractures, with 176 of the fore-arm.

The frequency of this fracture must be acknowledged, and also the repeated failures attending its treatment, (it is said that Velpeau cures but thirty cases out of fifty,) thus causing a partial, if not a total, loss of the use of the hand and fingers to a great number of our fellow-creatures.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 18, 1848.

We have received from the Central Board of Health the official document which has been recently issued by the Board on the subject of Cholera. It is not our intention to offer any extended criticism upon this document, but we cannot but express the conviction, founded partly on personal experience of the epidemic of 1831-2, and partly on a careful consideration of the facts then and since recorded with regard to the progress of the present and former visitations, that the opinions therein expressed on the subject of contagion are somewhat hastily put forth. In the very doubtful state in which this question at present rests, the safe error would have been on the side of precautionary measures, while the recommendation to receive cholera patients indiscriminately into general hospitals, appears to us most injudicious. The following directions form the most important part of the document and should not be lost sight of:—

"*Nature of the Attack.*—It seems to be a well established fact, and one that cannot be too strongly impressed upon the minds of the people generally, as upon this fact depends the best hope of successfully contending with the disease, that in nearly all cases of Cholera, there are two stages of the disease, the *first* being merely Diarrhœa, or simple looseness of the bowels; the *second* being the stage of Collapse, or Blue Cholera, marked by cramps, failure of the circulation, lividity of the skin, cold, clammy perspiration, and all the other well-known symptoms of the disease. In the first stage of the disease medical treatment is frequently successful, in the second stage too often of no avail.

"The first stage, *Diarrhœa, or mere looseness of the bowels,* may be of only a few hours' duration, or may continue from one to several days. It is most important to bear in mind that this Diarrhœa *may be entirely without pain;* indeed, it most frequently is without pain, or merely accompanied with trifling griping or uneasiness. This absence of pain, or the little accompanying uneasiness, has too often thrown the patient off his guard, who has thus neglected the warning of his danger, and has allowed the time for cure to pass by.

"It may be safely asserted that, during the prevalence of an epidemic of Cholera, Diarrhœa, or looseness of bowels, which is free from pain, is more dangerous, more likely to be the first stage of the disease, than Diarrhœa accompanied with griping or pain. Let it then be clearly understood, that *when the epidemic is prevalent, mere looseness of the bowels, with or without pain, may be the commencement or first stage of Cholera—that the disease is generally curable in this stage, and that not a moment should be lost in applying for relief.*

"To afford this immediate relief, the Commissioners of Health recommend that every existing Medical Institution, whether Hospital or Dispensary, should be open, day and night, during the prevalence of Cholera, to all applicants, without distinction, where all who apply should obtain, without *a moment's delay*, advice and medicine; and from which all the poor, who may be unable to leave their dwellings, may be visited with promptitude, and supplied with medicine at home, or transferred, if requisite, to Hospital."

It is further recommended by the Board, that "the visiting physician, instead of writing a prescription at the residence of the patient, should be provided with a small portable pocket-medicine-box, containing the medicines most generally required, made up in such a form as to render their administration as speedy and as simple as possible. Such portable medicine-boxes

can be procured at a very small cost, or may be made up on an emergency, of pasteboard, or thin board, or tin, in the form of a book about 7 inches long, 4 inches broad, and 1 inch deep, with one of the sides to fold back, or open on hinges."

The following list is given as an example of what should be provided in the pocket-medicine-boxes:—

Carbonate of Ammonia, in waxed papers, each paper containing 40 grains, with the following printed directions on the outside:—"Dissolve this Powder in half a pint of water, give two table-spoonfuls every hour."

Compound Powder of Chalk with Opium, in packets each containing 6 papers, each paper containing 10 grains of the Powder, with printed directions:—"One Powder every half-hour, until the looseness ceases."

Pills of Powdered Opium, each containing one quarter of a grain of Opium, and two grains of Powdered Ginger, made up with Oil of Peppermint. The Pills to be in boxes, each box containing 6 Pills, with a printed label:—"Opium Pills, one every half-hour, until the looseness ceases."

Pills of Mercury and Opium, each containing one quarter of a grain of Calomel, two grains of Hydrargyrum cum Creta, and a quarter of a grain of Opium, made up with *Oil of Caraway*, in Boxes, each containing 6 Pills, with a printed label:—"Mercury and Opium Pills, one every half-hour."

Some one or two ounce phials, with *cork* stoppers,—containing—1. Tincture of Opium (Laudanum); 2. Hoffman's Liquor; 3. Tincture of Rhatany; 4. Creasote. Along with the box should be carried a small jar of strong brown mustard.

Proceedings of Societies.

NORWICH PATHOLOGICAL SOCIETY.

August 17th, 1848.

President—Mr. Crowfoot, of Beccles.

ENLARGED PROSTATE, WITH DISEASED BLADDER AND KIDNEYS.

Mr. J. G. Johnson related the history of this case, which had been under his notice for many years, during which period he had, at one time or another, extracted upwards of eighty prostactic calculi. At this time the bladder was not affected, but the prostate gland was much enlarged. The patient had also an hydrocele on one side, and a large hernia on the other. The bladder subsequently became affected, and he eventually died comatose. On examination no calculi were found in the bladder; ureters enlarged; right kidney full of calculous matter, whilst the left kidney was contracted, its parenchymatous structure quite deficient, and the ureter impervious; bladder contracted and small; prostate gland very much enlarged, (almost as big as the fist.)

RUPTURE OF THE BRONCHUS.

Mr. A. Dalrymple stated, that the subject from whom this specimen had been taken, was a man upwards of 70 years of age, who had been thrown out of a cart, and admitted into the Norwich hospital with compound fractures of both femurs, extending into the knee-joint, as well as other severe injuries, from which he soon died; upon a *post-mortem* examination, the liver was found occupying two-thirds of the cavity of the right pleura, in consequence of the lung having collapsed, owing to a rupture of the right bronchus.

A discussion arose as to whether this rupture was the result of the man's having fallen backwards from the cart, or was caused by the ends of the broken ribs. There was, however, no emphysema, and no wound in the pleura, to be detected.

ANEURISM OF THE CAROTID ARTERY.

The Secretary read a communication, received from Mr. Hunter, of Lynn Regis, together with the specimen referring to the case, which was as follows:—

A person, aged 60, of spare habit of body and nervous temperament, complained on the 21st of January, 1843, of suffering from what was then thought to be inflammatory sore-throat, and was considered convalescent on the 3rd of February following. At that period there was great debility of the system, which she attributed to past mercurial treatment. She returned in May, 1843, complaining of soreness of the throat, and difficult deglutition. On examination, the site of the tonsil appeared occupied by general intumescence, which extended to the arch of the soft palate, was of a livid colour, and covered with aphthous specks. The tonsil itself appeared lost in the general swelling, and communicated a decided pulsation to the fingers on compression. The patient had consulted another medical man, who ordered her a gargle, and recommended her having the part lanced. Having carefully examined, and being satisfied as to its aneurismal character, an operation was advised, to which the patient agreed to submit. The common carotid was accordingly secured in the usual place, just above the omo-hyoid muscle, on the 3rd of August. She did not lose more than a teaspoonful of blood. Some little difficulty was experienced in passing the aneurism-needle, from thickening of the connecting membrane. She bore the operation remarkably well, but required a small quantity of brandy before being removed to her bed. The integument was then brought together by suture, and the wound coated with a solution of fine glue, or oiled silk, over which a small compress of lint was placed, so as to keep up a moderate pressure, and strips of adhesive plaster, completed the dressing. At nine, p.m., she was tranquil, the sight not more than usually clouded; pulse 78; in all respects going on favourably.

August 4th, nine, a.m. Has passed a good night, with several hours sleep; pulse soft and full, under 80.

Seven and a half, p.m. Complains somewhat of dorsal pain, extending across the body; some uneasiness

of the throat; pulse under 80; general surface comfortably warm; tongue moist, whitish, and chalky. R. Magn. Pil. Hydrarg., gr. v., hora somni sumenda. Mist. Magn. Sulph. cum Ol. Menthæ, ad alvum solvendum.

Matters appeared to progress favourably till the afternoon of the 7th, when, desirous of re-adjusting her body-linen, she was unadvisedly allowed for some minutes to sit on the side of the bed. She was said to have fainted. I was called to her immediately, being at the time in an adjoining apartment. I found her with dilated pupils, a pulseless wrist, and life extinct. This occurred about half-past four, p.m., Monday, August 7th, four full days subsequent to the operation.

Some doubts after her death having been expressed as to the case being one of aneurism, permission was obtained to examine the parts connected with the operation.

On Tuesday, August 8th, a *post-mortem* was made, and it was ascertained that the parts connected with the operation held out every prospect of a successful issue, and placed beyond a doubt the correctness of the diagnosis. The incision in the sterno-mastoid measured about two inches and three quarters; but slight adhesions were noticed connecting the lips of the outward wound. When detached, the aneurismal tumour was about the size of a pigeon's egg, the walls were lined with concentric laminæ of fibrin, and the centre filled with coagulum; the ligature had been justly and duly applied; the artery was everywhere adherent to its sheaths, laterally and posteriorly by its natural tissue, and anteriorly, where it had been exposed for passing the aneurismal needle, by recent adhesions. On opening the vessel above and below the ligature, a conoid plug of coagulated blood, apparently coated with lymph, filled the arterial calibre. The internal and middle tunics had been clearly divided by the ligature, and the freed circular edges were found puckered and retracted. The pneumo-gastric nerve, and the interal jugular vein, in connection with the carotid, were undisturbed, and free of morbid appearance; indeed, from the state of the parts themselves, there was good reason to have hoped for her recovery. As the head, thorax, and abdomen, were not examined, the absolute cause of death can only be conjectured; the greater probabilities are, that it was occasioned by a rupture of a diseased vessel in one of the larger cavities, or in the head, or it may have been induced by the semi-erect position too long maintained before the brain had accustomed itself to the altered circulation.

It has been remarked, that many of the subjects of aneurism have at some former period of life undergone mercurial treatment for some form or other of venereal disease, but whether this be merely an accidental coincidence, or the sequence of venereal action, mercurially treated, has not, I believe, as yet, been satisfactorily determined. The pneumo-gastric nerve, and the glosso-pharyngeal, had apparently suffered from compression, when passing the aneurismal sac, which possibly was one cause of the dysphagia and sense of impending suffocation at times experienced.

Mr. Hunter also sent another specimen of aneurism of the aorta. The subject of this case had also been previously mercurialized for some venereal disorder.

ATRESIA ANI.

Mr. T. W. Crosse exhibited a specimen taken from an infant, who was born with an imperfect anus. An opening was made into the rectum, and the meconium allowed to escape. The child lived for six weeks, the motions passing partly by the urethra, and upon a *post-mortem* examination, the rectum was found to terminate in the urethra by an opening just below the uvula vesicæ.

Mr. Thurgur produced a specimen of enlarged thyroid gland, which had caused death by compression of the trachea.

Mr. C. Broughton exhibited a specimen of diseased lung, taken from a patient who died at the Norfolk Lunatic Asylum. During life she had suffered from the symptoms of chronic bronchitis; but after death a large deposition of tubercular matter was discovered at the base of the right lung. A question arose as to whether this deposit was simply tuberculous matter, or tuberculous matter surrounded by hepatized lung.

A specimen of foul ulcer of the back of the hand, supposed by Mr. Currie, of Bungay, to be of a malignant character, was exhibited, and in consequence of his having thought that he detected an enlarged gland on the inner side of the upper arm, just above the elbow, he had amputated above that joint, a proceeding which was not thought to have been necessary by many of the members present.

Foreign Department.

CLINICAL SURGERY.—THE WOUNDS OF JUNE, 1848.*

(Translated from the *Annales de Thérapeutique*, by T. W. Crosse, Esq.)

At the Hôpital St. Louis, under M. Jobert.

The number of wounded is considerable. The number admitted on the 1st of July is about 400. More than one hundered others who were admitted at the same time sank almost immediately from the seriousness of their wounds.

We are struck on entering this hospital, with the absence of all military appearance; there is no sentinel either in the court, the hall, or before the gates. The wounded insurgents lie indiscriminately by the side of the soldiers of the National Guard, and apparently, no measure has been taken, as at La Charité, to prevent their escape. They are all treated alike, with the same care and kindness. Those wounded with muskets, of which there are a great number, are only met with among the combatants on the side of the insurgents. Among these same wounds, one only was very serious; it had produced an enormous mutilation of the lower jaw, the reaction of which proceeding towards the larynx caused death. The others are principally

* Continued from page 553.

situated on the extremities and accompanied with much injury to the soft parts; upon the whole they are simple and in a fair way towards recovery. Many wounded women also have been received into the hospital. Those who were wounded in the chest or belly have died, but there are eight remaining in the wards. One has had her leg amputated. Among these female insurgents there is one whom we must specially mention. She is a young woman whose whole body is horribly mutilated by the explosion of a large quantity of powder. This unhappy person was devoted to the manufacture of this material, and it was while drying it rapidly in a pan too highly heated, that the accident occurred. They covered her body with cerated linen and bladders half full of ice. Many operations have been performed. One patient, whose thigh was amputated by M. Jobert, is since dead; and so are some four or five others, who had either their thighs or legs amputated by M. Gosselin. All these amputations were high up, and it was found after death in many, that the bone of the stump was vertically split to a great extent and the marrow itself affected. Of two amputations at the shoulder joint one has died. There are a great many who were wounded, by volleys of fire, in the thigh and leg, attended with extensive fractures of the bone, and which, not having been amputated at once are now in a somewhat perilous condition. There are two cases in whom the arm has been amputated, and they are doing well, but the difference is great between the danger of amputating the lower and upper extremity. Lastly, there are a great number of patients who have been wounded by spent balls." These make little round openings, very superficial and small, as if they had been formed by the rapid passage of a pencil dipped in some strong acid They are not very severe.

In detailing particular cases, we have but little to remark; the wounds resemble more or less those already described. The following, however, are of especial interest:—We meet with no wound about the cranium, for all injuries of this description generally prove fatal on the field of battle, or very soon after their admission. On the face we find two cases which call for our attention. The first refers to a young officer, who was struck by a ball in the external angle of the right orbit, and the missile passing from without inwards struck the eye, and consequently deprived him of this organ. This mutilation did not retard the brave officer in his course, and it is probable that he will be able to wear an artificial eye. The second case is that of a young insurgent, who was wounded in the left cheek, and the superior maxillary bone fractured. The wound opens into the mouth so as to admit the introduction of five fingers in the form of a cone. The edges of this great wound are gangrenous and swollen, and the recovery will doubtless be protracted and attended with much deformity. It is probable that some Taliacotian operation will be necessary to fill up the large chasm which exists.

There is no case of injury to the vertebral column, for the same reason as that referred to when speaking of injuries to the cranium; nor any of injury to the neck. There are a great number of cases, more or less severe, of penetrating wounds of the chest. In one, the ball passed quite through the upper lobe of the lung; in others, there was only one opening, and the ball is concealed. All these patients have been bled at various times, and kept on strict diet; they are going on very well, and we may count on the recovery of a greater part of them. Without doubt this result may be attributed to the frequent venesections; but we would ask, whether the situation of the injury at the apex of the lung, is not more favourable to recovery than one at the base would be. Modern writers on medicine state pneumonia at the apex of the lung to be the more severe, but their arguments are not exactly applicable to wounds from fire-arms.

There is only one case of injury to the abdomen worthy of remark. A young man received a ball in the right iliac fossa, at a little distance from the inner side of the crest, which passed out at the buttock, through the bone on the opposite side. The cæcum, if not the peritoneum, was wounded; there has not, however, been at present any escape of fæces or peritonitis.

There has been a great variety of wounds in the upper extremities, but nothing remarkable. In the lower extremity the number of lesions are very numerous and various. We would speak, first, of penetrating wounds of the knee-joint, with, or without, the passing out of the ball, and either with, or without, comminuted fracture of the condyles of the femur or of the head of the tibia. M. Jobert treats all these cases as simple wounds, without seeking to extract the splinters, or submitting the limb to cold fomentations. It i difficult to say at this moment what will be the result of these wounds; it is probable that many will require amputation, unless their condition becomes so complicated as to deprive them of the benefit of an operation. We would mention, next, a case where the bullet is buried in the front of the tibia: it occurred to a young man who had previously had necrosis of the same limb; the ball is "nested," penetrating very deep, and rests as in a cyst. Larrey has mentioned an analogous case, where the ball was encased in a bony cyst, formed in the medullary canal of the tibia, the ball shaking about in the cyst like a little bell.

Treatment.—We would say a few words on the treatment of the wounded, adopted by M. Jobert. In all cases where there is manifest aponeurotic tension, he makes deep lateral incisions, parallel with one another, on each side of the wound. These cuts, already commended by Larrey, are about four or five centimetres in length, and penetrate to the first aponeurosis. M. Jobert thinks this treatment prevents or dissipates the strangulation of the limb. This practice not being generally adopted, it may be asked whether it answers the ends he attributes to it, for what is the cause of the tension and strangulation? It is, without doubt, inflammatory congestion. Now, as M. Jobert prescribes for these patients abundant bloodletting, and the application of numerous leeches, we might attribute to these means the same end that he gives to the incision. Dupuytren has, it is true, adopted this treatment in

cases of whitlow, but it is not followed at this time Local and general abstraction of blood is adopted much by M. Jobert. In wounds of the chest, frequent venesection is practised; one patient was bled seven times in a few days; and the best results may be attributed to this treatment. Local bleedings are effected by the application of about forty or fifty leeches at a time around the wounds of the limb. We may remark here, that in military hospitals, on account of its cheapness, they use the cupping glass instead of leeches.)

With respect to the dressing of the wounds, M. Jobert uses cold emollient poultices, moistened with the water of the marsh mallow. This practice is excellent, for it softens the wounds, and hastens the separation of the sloughs. Some surgeons prefer the incessant fomentations of fresh water, or of abundant irrigations. Of internal remedies, M. Jobert employs only one, and that is opium, which he gives in the form of a pill, with the view of soothing pain, and procuring sleep. This theory, however, is contradicted by experience; opium, like brandy, is an excitant, and does not sooth the pains of inflammation; and it is a delusion on the part of M. Velpeau himself, who applies it locally to wounds, with the intention of lessening the suffering. Believing in this false idea regarding opium, we fail to assure ourselves of the real virtues of other medicines.

At the Hotel Dieu, under M. Blandin.

About 120 wounded have been admitted into his wards. In inspecting them we are struck with the great severity of the wounds. Lesions of the trunk are frequently met with, owing no doubt to the great fury with which the combat was carried on. Many of the wounded died soon after their admission, and many more in all probability will die. Another point we would wish to notice is the great success of the amputations. M. Blandin has operated ten times. These operations are,—one of the thigh; two at the knee-joint, one of whom is dead, and the other will die; four of the arm, one of whom is dead; and three of the leg. So that out of ten amputations there have been only three deaths. Up to the present time the mortality averages about one in three. In all the hospitals the ravages of death among those who have submitted to amputation are frightful, owing in part to the severity of the injuries, and the time which elapse before they came under treatment.

Of the *head*, there have been many severe wounds, but they all died very soon. Of the *face*, we shall mention only one, and that is of an individual who was struck by a ball in the right eye without wounding the eyelids; the eye is destroyed and reduced to a moveable stump. The ball has not been found. M. Blandin supposes that it has escaped with the contents of the eye without the patient's perceiving it. There are, however, cases on record, of balls buried in the depths of the orbit behind the globe, where they have remained undiscovered for years.

There is one case where a ball had traversed the soft parts of the *neck*, from the sterno-mastoid muscle to the level of the larynx, passing out behind near the vertebræ without wounding any vessels or nerves. All the tissues passed over are much swollen, but upon the whole it is likely that the patient will quite recover.

In the *chest*, there are many cases of perforation quite through, at different heights. Some present only one opening, the ball being lost in the thorax. One received a ball from above downwards, which fractured the left clavicle and entered the thorax, where it remains. In another the ball perforated the anterior mediastinum, and is likewise lost. There are some who have been wounded from behind at the base of the lung on one side, and the bullets passing out at the apex of the opposite lung, so that the two lungs have been traversed diagonally. Others have received the same sort of diagonal wound, only in the opposite direction. There is one thing that has struck us among so many perforating wounds of the chest, and that is the absence of pulmonary hernia, and of general emphysema. There are many cases of penetrating wounds of the abdomen, in some of which the ball has not been found.

Of injury to the limbs we shall only mention one case, and it is one where the crural artery was wounded near its upper part by a ball. It has caused an aneurism of large size, extending downwards to the middle of the thigh, and upwards to the iliac fossa, the principal development being upon the internal and anterior aspect of the thigh. The aneurismal bruit can be heard; the wound is almost cicatrized; and there is no external hæmorrhage. Ice has been applied, and it is probable that the external iliac artery will have to be tied.

Treatment.—Simple dressings, (like those used by M. Velpeau.) No poultices nor irrigations. Blood-lettings; dieting and purgatives constitute the principal remedies adopted by M. Blandin.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS.

DEATHS FROM CHLOROFORM.

After a brief discussion on the *questio vexata* of the connection between the spleen and intermittent fever, the subject of chloroform was again brought forward, but under less favourable auspices than heretofore. Two instances of death from this agent were recorded, one which occurred at Boulogne, the other in Paris. The former case was that of a young female, who required the simple operation of opening a sinus. Twenty drops only of chloroform were used, and the handkerchief was held to the mouth for a few inspirations only, when the patient cried out that she was stifled; her lips became blanched, and death occurred in spite of every attempt to prevent the catastrophe. After death the heart was found empty, the veins of the cerebrum and base containing bubbles of air, as was also the case with the internal saphena and crural veins, the vena cava and pulmonary veins. The lungs were partially engorged.

The second case was that of a man, in whom amputation at the hip-joint was attempted, for comminuted fracture from a gun-shot wound. During the

operation sudden pallor, with stertor, ensued, and the man sank apparently from syncope.

The first of these cases gave rise to a brief discussion. The narrator, M. Gorré, attributed death—1, to the deleterious action of chloroform on the brain; 2, to the spontaneous generation of air in the blood, which was probably the result of some unknown action of the chloroform upon that fluid. During the discussion many diverse opinions were elicited. M. Velpeau regarded the case as one of those unfortunate accidents which occasionally occur during operations, and one quite independent of the anæsthetic agents; and the same opinion was held by M. Baillarger. MM. Gibert and Piorry considered the fatal event to have been due to introduction of air into the blood by rupture of the pulmonary tissue.

M. Mialhe produced a memoir entitled, "New Researches on the Pathology of Diabetes," the principal feature of which consisted in the narration of a case cured by the alkaline treatment. The patient took five drachms of bicarbonate of soda, one drachm of calcined magnesia, and two bottles of Vichy water, during the day.

NOTES FROM A PRACTITIONER'S DAY BOOK.*

PAINS IN BONE.

Under ordinary circumstances, bone appears to have very little feeling: it may be sawn, broken, or struck, without these injuries exciting any sensation beyond the vibration which is communicated to the soft parts. When, however, its organized softer tissue is in a condition of heightened vascularity, bone becomes exceedingly sensitive. We have all experienced the deep-seated, heavy, aching pain, which is consequent on protracted exertion. The common expression "my bones ache," rightly indicates the seat of the sensation. This probably arises from an increased determination of blood to the osseous structures. The "growing pains" of young people are consequent on the increased vascularity attending the increased nutrition. The deep-seated aching pains which occur in the limbs during the cold stage of fever, are produced by a determination of the blood from the surface towards the centre, causing a congestion of the osseous textures.

When, however, bone is in a state of inflammation, it becomes exceedingly sensitive. The swollen vascular fibrous tissue is compressed in the interstices of the unyielding osseous structure; and this circumstance, as in other inflamed parts which are confined, gives rise to the most intense suffering. This pain is of an aching character; dull and heavy, when less intense; acute and throbbing, when more so. It is not constant, but sometimes absent and sometimes severe; without any apparent reason to account for these variations. The following may, however, be considered as causes by which it is affected. Coldness of the general or local surface, by increasing the vascular congestion of the deeper parts, augments the pain, which, on the other hand, is diminished by warmth that causes an opposite effect. All causes, however, which accelerate the circulation, whether heat, mental emotion, or muscular exertion, by increasing the quantity of blood passing through the inflamed part, augments the pain. It is also periodic, showing a disposition to return at particular times, and is more especially severe during the night, circumstances for which it is difficult to account.

THE FUNCTION OF PROTECTION AND REPAIR.

There is a process, very nearly allied to the functions of nutrition and development, which is instituted by nature for the purpose of repairing the effects of injury to the parts of the living body. This function has been absurdly denominated inflammation, and considered as a diseased action of the part, has usually been treated of by the surgeon rather than the physiologist. We cannot, however, regard the function in its natural state, as a disease; but it must, where its actions are excessive, become disease. As the excessive actions of development constitute disease, and the excessive actions of nutrition constitute disease, so the excessive actions of repair constitute disease. The term inflammation should be confined to the excessive actions of the function of repair; for they alone are characterized by its symptoms of redness, pain, heat, and swelling.

In the lowest tribes of the animal kingdom, the function of repair is found in its highest condition. It unites the parts of the halved polype; it develops a head for the decapitated trunk, and a body and limbs, for the head which has been deprived of them; thus converting the divided animal into two distinct individuals. In the insect tribe, it will re-develope a lost antenna, or an amputated limb; whilst in the higher classes of vertebrata, its power is usually confined to the union of incompletely divided parts, and to the perfect regeneration only of some of the less complicated tissues.

FRACTURE OF THE STERNAL END OF THE CLAVICLE.

The clavicle may be, though it very rarely is, fractured at its sternal end. The symptoms which attend this accident are similar to those which attend a dislocation of this extremity of the bone. A young man fell upon his right shoulder and received an injury of this kind; he could move the arm but little, the shoulder was depressed and inclined forwards, the sternal end of the clavicle projected, laying upon the sternum. I, at first, considered this as a case of dislocation, but on a more complete examination, my opinion began to waver, for the extremity felt too sharp for the head of the bone, and it did not cross the median line which I should not have expected from the position of the shoulder. Drawing the shoulder backwards and outwards I fixed my finger on the projecting extremity of the bone. As this receded to its proper situation, I found the head of the clavicle lying in its normal place behind. A gentleman who saw the case with me, at first sight considered it a dislocation, but he afterwards concurred in the opinion that it was a fracture.

Similar difficulties attend the treatment of both

* Continued from page 555.

accidents. It is very easy to reduce the bone to its natural position, but very difficult to retain it there. I found this best effected by combining both the usual modes of treating fractures of the clavicle. The shoulders were drawn backwards by the figure-of-eight bandage, crossing over the back outwards, by a pad in the axilla, and the lower end of the humerus being kept approximated to the side and upwards, by the elbow being well supported in a sling.

DISLOCATION OF THE THUMB.

It is difficult to account for the facility with which a dislocation may sometimes be reduced, which had previously resisted great and powerfully directed efforts. A man came to me from the country, and, holding up his hand, said that the thumb was put out. The dislocation was apparent enough. I grasped the thumb in my hand, and, making slight extension, pressed the head of the first phalanx in a proper direction, and in a second it was in its place. His friend immediately exclaimed, "Surely it cannot be all right; a surgeon in the country has been trying at it this morning with all his might for more than an hour, and he could not succeed." I have no reason to presume that the former efforts had been mis-directed.

INFLAMMATION ONLY OF ONE KIND.

There is probably but one kind of inflammation, and that a local one, arising from a local cause, whilst its modifications and extent depend upon the nature and diffusion of its exciting cause. Where inflammation is extensive, it is so, because the operation of its exciting cause is extensive; where progressive, because the operation of its exciting cause is progressive. If in scarlatina the whole of the mucous membranes and cutaneous coverings are inflamed, it is because the poison, which constitutes this disease, acts locally upon all these paris. When in the care of an envenomed wound, the inflammation extends rapidly into the surrounding texture, it is not because of any peculiarity of the inflammation, but because the action of the poison is progressive, the re-action of the protective function is also progressive.

COLIN ARNECAPLE.

(*To be continued.*)

General Retrospect.

ANATOMY.

NOTE ON ONE OF THE ANOMALIES OF THE RIGHT SUBCLAVIAN ARTERY, WITH ABSENCE OF THE RECURRENT NERVE OF THE RIGHT SIDE.

By Dr. Demarquay, Paris.

Anatomists and surgeons have remarked with great care, all the anomalies of origin and of distribution which the right subclavian artery can present. It is not my object here to record them. I desire only to draw attention to a curious fact which accompanies one of these anomalies; and to speak of the absence of the right recurrent nerve, when the subclavian artery of the same side arises from the left part of the aortic arch, in place of arising from the brachio-cephalic trunk as usual. When the right subclavian artery arises from the left part of the aortic arch, it directs its course to the right side, either by passing in front of the trachea, as Professor Blandin has observed, or behind it, or behind the œsophagus, to restore itself to its normal position. In these various circumstances, he (Professor Blandin,) was curious to know what became of the nerve. Is it alike reflected on the artery, or did this anomaly of origin bring with it a modification in the nerve? This it was which I verified for the first time, in 1843, in a preparation which may be seen in the museum of the school.

In this case the subclavian artery passed from left to right, and after having taken its origin from the left part of the arch of the aorta, passed between the œsophagus and the vertebral column, and thus reached the space between the scaleni. In this case, which has been recorded in Professor Cruveilhier's "Treatise on Anatomy," there was absence of the inferior laryngeal nerve. Since then I have had occasion to examine another subject in which the same arterial peculiarity existed, and where there was alike absence of the recurrent nerve. In these two anomalies, this is the character of the pneumogastric:—it occupies the normal position; from its internal part are given off a great number of nervous filaments, which are distributed to the larynx, to the inferior part of the pharynx, to the trachea, and to the œsophagus. All these nervous filaments, destined to replace the inferior laryngeal nerve, pass under the common carotid artery; some before this vessel, to distribute themselves to the parts which they are destined to innervate. These small nerves which supply the trachea and œsophagus with nervous energy, are on the whole alike in volume to those which normally furnish the recurrent. As for their length and direction, they are a little different, being longer and directed more transversely. The nerves which furnish usually the recurrent to the larynx, come, as in the case which occupies us, from the pneumogastric; this latter affords to the level of the larynx, a branch so volminous, that it might be considered a veritable recurrent nerve; and which arrived at the inferior part of the larynx, is in every respect disposed of in the same way as the termination of inferior laryngeal nerve, a termination so well studied by Professor Blandin. The cardiac nerves furnished ordinarily by the recurrent, are given off by the pneumogastric.

Dr. Demarquay then observes, that in a functional point of view this anomaly is of no moment, justly remarking that in certain operations, as in tying the common carotid, it might occasion great embarrassment to the surgeon, and then concludes as follows:—

Such, then, are four cases where the abnormal origin of the right subclavian brings with it an important modification of the nervous vagus. Are these, then accidental cases, or are they the sign of a phenomenon, always persistive when the subclavian (right) artery arises from the left part of the aortic arch;—and does this induce absence of the recurrent nerve? This I would not venture to say: further observations must prove it.—*Gazette Médicale*, Sept. 9me, 1848.

MALPOSITION OF THE ABDOMINAL VISCERA.

In a case of sudden death, Mr. Robbs found the liver occupying the whole of the left hypochondriac, epigastric, and part of the right hypochondriac regions; the organ was double its natural size. The stomach and spleen were in the right hypochondriac region; the cardiac extremity of the stomach was on the right, and the pyloric extremity on the left. The cæcum and appendix vermiformis were in the left iliac region.—*Medical Gazette*, July 21.

SURGERY.

OPERATION FOR HARE-LIP.

M. Guersant, who has had extensive opportunities of judging of the most favourable period for operating in hare-lip, gives the preference to the period recommended by Dubois, during the first fortnight after birth. He advises against undertaking the operation when the child is about a year old, or during the process of dentition. It may again be performed with much greater hope of success when the child has attained the age of five or six years. Dieffenbach latterly gave a similar preference to the early operation.—*Gaz. des Hôp.*, in *Monthly Journal.*

NEW INSTRUMENT FOR TRACHEOTOMY.

Dr. Marshall Hall has devised an instrument for the performance of this operation, of which the following is a description:—

The instrument consists, first, of a cylinder of steel, of a proper diameter, with its lower edge extremely sharp, as in a gun-punch; it may be either circular or oval. Within this cylinder a piston moves, which may be removed altogether; whilst another cylinder, of which one side overlaps the other, (as in Charrière's speculum,) admits of being compressed, and introduced in its place. This latter cylinder is pushed forward, so as to project beyond the cutting edge of the former, expands, and makes gentle pressure, so as to prevent hæmorrhage; the steel cylinder is then removed. Finally, two-thirds of the inner cylinder allows of being removed, at a part to which a silver disc or shield is attached.

The instrument being placed over the trachea, a portion is detached, and forced into the cylinder as the piston is drawn upwards, and the operation is performed without loss of blood; the silver cylinder being then introduced, it is shortened, and the disc attached.—*Lancet*, September 9th.

[Dr. Hall alludes to Mr. Hilton's trocar as a clumsy instrument, but we think in so doing scarcely does it justice. Complexity is evidently on the side of Dr. Hall's invention.]

NEW METHOD OF TREATMENT IN FISSURE OF THE ANUS.

M. Maisonneuve, believing this affection to depend on spasm of the sphincter ani, has adopted the following operation, (first proposed by M. Recamier,) in order to destroy the spasm by forcible distension:—Introducing two fingers into the rectum, the anus is stretched by drawing the fingers in opposite directions, and the operator is thus enabled to introduce his whole hand into the rectum; he then closes his hand, and draws his fist through the anus. Among a great number of cases the author has not witnessed any bad effects, or a single relapse.

For the complete destruction of the tendency to spasm, the hand must be retained in the rectum for a considerable time; in such cases permanent relaxation of the sphincter is a bad effect to be apprehended from the operation.—*Monthly Journal.*

CURE OF HYDROCELE BY COMPRESSION.

M. Rossi relates the case of a man labouring under hydrocele, who consulted him after he had been punctured several times. A perfect cure was obtained by compression of the tunica vaginalis, by means of a sheet of lead applied on each side of the scrotum precaution being taken not to interfere with the cord or testicle.—*Annali Universali.*

VERTICAL DISLOCATION OF THE PATELLA.

M. Debrou relates the twelfth instance of this rare accident. It happened to a man of 60, who got his leg entangled in a cart wheel; when raised he could not stand upright. His appearance was as follows:—The knee was flexed to within a third of a right angle; extension incomplete, and painful; the anterior aspect of the joint very prominent, on account of the new situation of the patella, which, moreover, was immoveable. M. Debrou reduced it in the following manner:—One assistant holding the thigh, another held the leg and raised the heel, so as to extend it upon the thigh, which was flexed upon the pelvis. M. Debrou standing on the exterior of the leg, supporting the posterior aspect of the joint with the left arm, forcibly pushed the patella inwards with the palm of the right hand; the bone, after a continued effort, slipped into its place.

In speaking of the entire number of these cases, M. Debrou observed that seven were vertical external, (the anterior surface of the patella turned inwards,) and five vertical internal, (the anterior surface turned outwards.) In these twelve cases, reduction has been difficult or impossible in five cases; in four only was the reduction easy. Amongst the difficult cases, three had been produced by external violence acting directly on the patella. In the medium cases, two were owing to external causes, and four to muscular effort. In reducing the dislocation, the choice lies between the method of Valentin and that of Coze; or the manner advised by Mr. Herbert Mayo, and re-introduced by Malgaigne. These methods rest upon theories directly opposed to each other, for the first is based upon the slackening of the muscles connected with the patella, and the other upon their tension. The obstacles to the vertical reduction are:—1. The tension of the tendons inserted into the patella,—viz., the tendon of the quadriceps above, and the ligamentum patellæ below. 2. The sinking of the border of the patella into the superior condyloid depression. 3. The tension of the partly-torn capsular ligament. M. Debrou examines these causes in succession, and without denying the force of the second, believes that its operation is exaggerated, and the tension of the lacerated capsule has

the chief influence in rendering the reduction difficult.—*Lancet.*

TOXICOLOGY.

EVIDENCES OF POISONING BY PRUSSIC ACID.

Dr. W. Wright, of M'Gill College, British America, deduces the following inferences upon the different points connected with the above subject:—

I. *As to the State of the Eyes.*—1. That there is no constant state of the eyes. 2. That the eye-balls are generally prominent, glistening, and bright; pupils dilated, and more or less insensible.

II. *State of the Countenance.*—1. The countenance may retain its natural appearance. 2. It may be pale and calm, as in sleep. 3. It may be livid, turgid, and distorted, with foam issuing from the mouth. 4. That this state is analogous to that observed in epilepsy, while the immediately preceding resembles asphyxia from carbonic acid.

III. *State of the Respiration.*—1. Respiration is variously affected, and may be (*a*) noiseless and tranquil, as in sleep; (*b*) one or two gasps or inspirations; (*c*) noisy and stertorous; (*d*) convulsive and catching; (*e*) slow and laborious. 2. That restoratives cause deep inspirations. 3. That, owing to the above discrepancies, we cannot predict with certainty, that any specific change will be induced in the respiration by prussic acid.

IV. *State of the Pulse.*—1. That our knowledge of the effects of a fatal dose of prussic acid on the pulse is very imperfect, all that can be said is that it renders the pulse imperceptible.

V. *Consciousness.*—1. After a fatal dose, consciousness, reason, and intelligence, are retained for an interval of variable duration. 2. That this interval is usually short, and is succeeded by complete insensibility. 3. That the absence of delirium and mental hallucination are negative characteristics.

VI. *Acts of Volition.*—1. That a person after taking a fatal dose of prussic acid may retain, for a period, command over the voluntary muscles, sufficient to perform various and complicated actions. 2. That the duration of this period cannot be fixed. 3. That the powers of speech may not be immediately annihilated by a fatal dose, and it is not unlikely that they may be enjoyed as long as power and command over the voluntary muscles, generally, are maintained. 4. That, as in one instance, a rational answer was spoken by the victim, to a question three minutes after he had swallowed the fatal dose, so, *a fortiori*, the period, during which consciousness, volition, and motion are exertible, might be, possibly, of three minutes duration. 5. That, with this knowledge, we should be prepared to make allowances for the fulfilment of different intricate performances, in the interval of consciousness and muscular control, which follows the taking of poison. 6. Convulsions occurred in none of the cases cited above, it is, therefore, erroneous to connect them exclusively with those of slow death, or with those where subjects enjoyed more or less muscular control prior to death.

VII. *Of Sensation.*—That, with loss of consciousness, there is also loss of sensation. 2. Prior to the occurrence of which, it is not unlikely that the feelings are not of a disagreeable nature. 3. That prussic acid produces some particular effects on the special senses, as great bitterness of taste, and loud ringing in the ears. 4. That should restoratives be successful, sensation returns, accompanied with feelings more or less perverted, and varying from those of slight uneasiness to those of great agony. 5. That the property which prussic acid possesses of obliterating sensation, classes it among the anæsthetic agents.

VIII. *Of Motion.*—1. That the most important varieties of involuntary motion, observable after fatal doses of prussic acid have been swallowed, are—first, tonic spasm or tetanic rigidity; and, secondly, clonic spasms or convulsions, (epilepsy.) 2. That probably the tonic result from a major dose and greater susceptibility; and the clonic from a minor dose and less susceptibility. 3. That both, more especially from a maximum dose, may be absent. 4. That death is least rapid in cases of convulsions. 5. That convulsions may be succeeded by rigidity. 6. That rigidity may occur without convulsions, and that it usually appears on the departure of convulsions. 7. That the absence of convulsions is denoted by placidity of the countenance, non-clenching of the hands, natural posture, want of derangement of the clothes, and other marks of struggling. 8. The results from experiments on animals as regards convulsions, are not to be expected in the human subject, in whom convulsions are not constant but occasional symptoms.

IX. *Of the Odour.*—1. That the odour is not always present in the breath in cases of poisoning by prussic acid. 2. That if present, it may be questionable from—first, its weakness, which may be due to many causes; secondly, its being masked by other odours; and thirdly, from discords in the opinions of those testing it.

X. *Of the Shriek.*—1. That in man the absence of the shriek is the rule, its presence the exception. 2. It is not improbable that loud gasping inspirations have been mistaken for it. 3. That when it does occur, it is most likely a simple expression of terror, wherefore it might be present only in homicidal or accidental cases. 4. That it would be likely to occur in cases of epilepsy and convulsions.

XI. *The evacuation of the Rectum and Bladder* is an accidental, rather than an essential symptom.—*British American Journal*, August, 1848.

CHLOROFORM IN CHOLERA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR

The singular success which has attended the internal use of chloroform in two cases of spasmodic cholera, occurring in my practice, under the care of my assistant, Mr. Brady, induces me to request you will give publicity to the fact, by inserting it in your Journal. The two cases to which I allude have been already published by Mr. Brady, in the *Medical Times* of August 12th, and September 16th. One of these I saw immediately after, and during the exhibition of, the chloroform;

he other occurred during my temporary absence from ome. In the case I saw, the cramps of the extremities nd abdominal muscles were so severe, that the individual could not lie still to undergo the necessary riction and applications; and the entire absence of ulse, together with the collapsed condition of the atient, forbad for the moment the smallest hope of ecovery. The almost immediate effect of the chloroform was to allay the cramps, to restore the circulation, nd, as a consequence, to diffuse general warmth; and vithout a figure, I may truly assert, the patient was escued from the very jaws of death. I have no wish o claim for the chloroform more than it deserves; but think, with a disease confessedly without its antidote, nd now at our very doors, it cannot be too extensively nown, that in at least two cases in my own practice, nd in three others recorded since the publication of Mr. Brady's case, the internal exhibition of chloroform ossesses the valuable property of allaying the cramps nd vomiting, in spasmodic cholera, and of diffusing eneral warmth, by restoring the circulation, which is lmost a sure precursor of recovery. The *modus perandi* of the remedy is fully and ably treated by Mr. Brady, in his published cases, and to him is due he merit of having first observed its invaluable properties in so formidable a disease.

If you deem the above observations of sufficient nterest, I shall be obliged by an early insertion in our Journal.

I am, Sir, Your obedient servant,

THOMAS HEWLETT.

Harrow, October 10, 1848.

THE TAXIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In corroboration of the opinion of Mr. Hunt, that 'the taxis carefully and patiently applied will generally succeed in reducing a strangulated hernia," I beg to state that in an extensive general practice of forty years, during thirty-three of which I filled the situation of Senior Surgeon to the Bridgwater Infirmary, I have never had occasion to perform the operation but once, and then in a case of congenital hernia. I believe I have met with the average number of cases, and have frequently been called into consultation with others when the operation was considered necessary. The taxis has been so successful that I have rarely had recourse to bleeding, and never to the tobacco glyster. I have often employed the warm bath advantageously, and particularly in one case which I despaired of reducing, and went home (a distance of three miles,) for my instruments, leaving my patient in a warm bath, under the care of my assistant. I was detained by an accident which occurred immediately on my return before my own house, for more than an hour, and when I reached my patient, I found him still in the bath, (full two hours having elapsed since he was placed in it,) nearly parboiled, but not very faint, and on removing him, the hernia was returned with very little trouble.

I remain, Sir, Yours truly,

JONATHAN TOOGOOD.

Medical Intelligence.

THE CHOLERA.

The cholera has, within the last few days, made its appearance in this country in several districts. Cases are stated to have occurred at Hull, Sunderland, Edinburgh, Woolwich, and in several parts of the metropolis. It is questionable, however, whether many of the cases which have been reported are genuine instances of the disease.

On the Continent, in Egypt, and in Asia Minor, there is reason to hope that it is generally on the decline. It still, however, rages with intensity in some parts of Syria.

MEDICAL REFORM.

The new Council of the National Institute of Medicine, Surgery, and Midwifery, held their first meeting on Wednesday, September 13th. It was very numerously attended, and much satisfaction was expressed at the prospect afforded of an early settlement of the question of Medical Reform, by the general agreement come to at the recent conferences at the College of Physicians, by the delegates from the various medical corporations of Great Britain and Ireland and the National Institute. A report, containing copies of the important documents recently issued by the Conference Committee, has just been published by the Council, which will doubtless be read with much interest by all classes of medical men.

BURIAL CLUBS.

Mr. Tidd Pratt, in a letter to the *Times* says:—"That, by the late Friendly Society Act, 9 and 10 Victoria, chap. 27, sec. 1, it is expressly provided, 'That no person under the age of six shall be allowed to become a member of a Friendly Society for money payable on death, and that no insurance shall be effected on the life of any child under six years of age.' Any Society, therefore, which effects such an insurance after the 3rd of July, 1846, is acting illegally, and the officers are liable to be indicted; in addition to which the money payable on the death of such child is not recoverable."—*Medical Times.*

APPOINTMENT.

The Queen has been pleased to appoint Thomas Southwood Smith, M.D., to be the Medical Member of the General Board of Health.

UNIVERSITY COLLEGE, LONDON.

Dr. Charles J. B. Williams, has announced his intention of resigning the Professorship of Medicine at this Institution, at the close of the present Course of Lectures.

UNIVERSITY OF CAMBRIDGE.

The Degree of Bachelor of Medicine has been conferred on Henry Goode, Esq., of Pembroke College.

ROYAL COLLEGE OF PHYSICIANS.

The following gentlemen were admitted Licentiates of the Royal College of Physicians, on Saturday, September 30th:—William John Fitton, Upper Harley Street; Charles Bland Radcliffe, Queen Square, Bloomsbury; William Addison, Great Malvern; Alfred Swaine Taylor, F.R.S., Lecturer on Medical Jurisprudence, &c., in Guy's Hospital.

William Slyman, of Newtown, Montgomeryshire, was admitted an Extra-Licentiate of the College on the same day.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, October 6th:—J. A. Tapson; J. Laity; J. G. Lymes; J. O. Fletcher; C. E. B. Danson; T. Whitehead; W. Cox; W. Pattison; R. Barnwell.

Messrs. J. Hunter and T. E. Mouldsworth passed their examinations for Naval Surgeons.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, September 14th:—J. Wilmshurst, Reading; Walter Garslang, Clitheroe; James Parker, Aughton, Lancashire; James Thomas Jackson, Ulverstone; William Prowse, Bristol; John Jones Merriman, Kensington; William England, Dudley.

Thursday, September 21st:—Edwin James Hebers, London; Francis David Mudd, Gedding, Suffolk.

Thursday, September 28th:—Richard Thomason, Shiffnall; Henry Hooper; Henry Davies, Holloway; Charles Miles, Charterhouse.

Thursday, October 5th:—William Strong Browne, Camberwell; Matthew Lynch, Liverpool; William Tindall Robertson, Green Hill, Lincolnshire.

OBITUARY.

Died, September 2nd, at Nevis, in the West Indies, W. T. Nicholson, M.D.

September 16th, at Beckenham, aged 49, William Merrick, Esq., Surgeon.

September 27th, at Chichester, aged 27, Edward Miller, Esq., Surgeon, late of Shanklin, Isle of Wight.

October 2nd, at Rye, aged 46, Francis Henry Wilson, Esq., Surgeon.

October 7th, aged 34, Richard Hicks, Esq., Surgeon, Argyle Square, King's Cross.

October 8th, in Great Surrey Street, Blackfriars, aged 84, Robert Mayhew Thompson, Esq., late Surgeon to the 14th Light Dragoons.

BOOKS RECEIVED.

On the Signification of Fact in Medicine, &c. By William Seller, M.D., F.R.C.P.E., one of the Extraordinary Physicians to the Royal Infirmary of Edinburgh, &c. (From the *Edin. Med. and Surg. Journal*, No. 177.) 8vo. pp. 20.

St. Luke's Hospital for Lunatics. Statistical Tables for 1847.

State of an Institution near York, called the Retreat, for Persons afflicted with Disorders of the Mind. Fifty Second Report. York: 1848. pp. 32.

On the Seat of Headache in the Sympathetic Nerve, &c. By William Seller, M.D., F.R.C.P.E., Extraordinary Physician to the Royal Infirmary of Edinburgh, &c. (From the *Monthly Journal of Medical Science*, September, 1848.) 8vo. pp. 12.

Hints on the Probable Approach of Cholera. By T. M. Greenhow, F.R.C.S.E., Senior Surgeon to the Newcastle Infirmary. Newcastle: Charnley. 1848. 8vo. pp. 14.

Observations on Hospital Gangrene, &c. By John Boggie, M.D., Surgeon to Her Majesty's Forces. Edinburgh: Sutherland and Knox. London: Highley. 1848. 8vo. pp. 151.

Anæsthetic Midwifery; Report on its Early History and Progress. By J. Y. Simpson, M.D., Professor of Midwifery in the University of Edinburgh. Edinburgh: Sutherland and Knox. 1848. 8vo. pp. 51.

The Periodoscope: with its Application to Obstetric Calculations, and the Periodicities of the Sex. By W. Tyler Smith, M.B., Lond., Obstetric Lecturer in the Hunterian School of Medicine. London: Churchill. 1848. 8vo. pp. 47.

Lectures on the Diseases of Infancy and Childhood. By Charles West, M.D, Fellow of the Royal College of Physicians, Senior Physician to the Royal Infirmary for Children, &c. &c. London: Longman and Co. 1848. 8vo. pp. 488.

A Treatise on the Advantages and Necessity of Frequent Bathing. Wolverhampton: Price and Williams. London: Simpkin and Marshall. 1848. 8vo. pp. 40.

Guy's Hospital Reports, Second Series, Vol. VI. Part I. October, 1848. London: Highley. 8vo. pp. 200. Plates.

The Students' Clinical Memorandum Book, or Medical Practitioners' Remembrancer and Vade-mecum. London: Highley. Oblong-8vo.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

VOLUME OF TRANSACTIONS: NOTICE TO MEMBERS.

The First Part of the Sixteenth Volume of the Transactions of the Provincial Medical and Surgical Association is now ready for distribution to the Members. Gentlemen who have not yet paid their subscriptions for the current year, or who are otherwise in arrear, are requested to bear in mind that the "Transactions" can only be sent to those Members whose subscriptions are paid up.

ROBERT J. N. STREETEN, Secretary.

TO CORRESPONDENTS.

Communications have been received from Dr. Oke; Mr. Cowan; Dr. Collins; Mr. E. T. Roe; Mr. Bartrum; Mr. Hewlett; Dr. Toogood; Mr. H. Stubbs.

Dr. Wardell's request shall be attended to.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

RETROSPECTIVE ADDRESS.

Delivered at the Seventh Anniversary of the

READING PATHOLOGICAL SOCIETY,

JUNE 21st, 1848.

By CHARLES VINES, Esq., Surgeon,

II.—DISEASES OF THE RESPIRATORY ORGANS.—*Croup.*

III.—DISEASES OF THE CIRCULATING SYSTEM.—*Angina—Hydropericardium—Steatosis of the Heart—Fibrinous Concretion of the Heart.—*

IV.—DISEASES OF THE DIGESTIVE SYSTEM.—*Tumour of the Liver—Certain Morbid Conditions of the Epigastric Region—Congenital Contraction of the Intestines—Sub-peritoneal Abscess—Enlarged Spleen—Cirrhosis of the Liver.*

V.—DISEASES OF THE REPRODUCTIVE SYSTEM.—*Miscarriage—Morbid Placenta with Dead Fœtus—Abortion—Large Ovarian Cyst—Puerperal Metritis.*

VI.—DISEASES OF THE URINARY SYSTEM.—*Albuminuria—Absence of Kidney—Calculi.*

VII.—FEVER.—*Typhus.*

VIII.—MALIGNANT DISEASES.—*Tumour in the Posterior Mediastinum—Scirrhus of Œsophagus—Scirrhus of Liver.*

IX.—SURGICAL DISEASES.—*Pistol-shot Wound—Hernia—Dislocation of Spine—Fractured Vertebra—Cicatrix from Burn.*

II.—DISEASES OF THE RESPIRATORY SYSTEM.

From the nervous we pass on to the diseases of the respiratory system. On the 19th January, 1848, Mr. May presented the larynx and trachea of a boy, aged four and a half, who died with symptoms of croup. The rima glottidis was extremely small; mucous and sub-mucous tissues engorged and vascular; a slight ulceration within the glottis, and the opening blocked up with a small firm muco-purulent mass. The inflammation did not extend below the larynx; duration of the disease, two days. The treatment consisted of caustics, local bleeding, tartarized antimony, calomel and hot fomentations. Tracheotomy was considered, but not performed, in accordance with the prevailing medical opinion in this country. Mr. May remarked, that though in croup the inflammation generally involved the trachea and bronchi, more or less, it might be limited to the opening of the glottis, and that this case shewed the necessity of a most accurate diagnosis. In future cases, unless there existed positive evidence that the trachea and bronchi were involved, he would take the chance of laryngotomy. It was clear that an opening in the wind-pipe would have given a probability of preserving life, while the local disease was submitted to the curative influence of remedies. It was also obvious that an opening through the cricothyroid membrane would have been as efficient as one made through the trachea.

III.—DISEASES OF THE CIRCULATING SYSTEM.

Angina.—The first case in this class of diseases was related by Dr. Wells, on the same evening. P. H., a porter, aged 65, was admitted at the Dispensary December 29th, 1847. He stated that three months ago, while driving a chaise, he was seized with a violent pain across the chest. The pain was so severe, as to oblige him to go home and remain in bed for some days. Subsequently he got about again, but the pain did not leave the chest, was aggravated at intervals, and accompanied with dyspnœa. For the relief of this condition, he applied at the Dispensary. His pulse was very irregular and intermittent, with a fluttering action of the heart, but the first and second sounds perfectly distinct and normal. There was no œdema of the lower limbs; his chief complaint was the paroxysms of severe pain across the sternum, and the dyspnœa. He expired suddenly on the evening of January 7th, after an attack of pain and dyspnœa more violent than usual.

The *post-mortem* appearances were as follows:—Left lung entirely bound down by old adhesions of the pleura. In the right pleural cavity was a large quantity of serum; the pericardial sac also contained a sero-sanguinolent fluid; patches of thickened membrane upon the external convexity of the heart; the cavities somewhat dilated; valves quite healthy; coronary arteries both ossified, the left being converted into a bony tube. There were several cartilaginous deposits in the aorta. In one of these was an aneurism, passing through the internal coat. Dr. Wells added that this was not a true case of angina; in angina the intermissions are perfect, whereas in this case they were incomplete.

Hydropericardium.—On February 16th, Dr. Cowan related the case of a woman, which was taken into the Royal Berkshire Hospital as one of emergency, suffering from great dyspnœa, respirations 30 in a minute,

extreme faintness, feeble pulse, leading to the supposition that there was great impediment to the heart's action, which was regular, though depressed. Temperature low; great prostration; irritable stomach and bowels; slight œdema. The diagnosis was, that there was pericardial effusion, which prevented the free action of the heart. There was no bronchial sound, no cough, no bellows or friction-sound over the heart; but there was greater dulness over a larger surface than the natural limits of the precordial region; the effused fluid being serous. She had been exposed to wet, and had had rheumatism. Her condition was so depressed that active measures could not be employed, and her stomach and bowels so irritable, that mercury in any shape could not be tolerated, vomiting and serous diarrhœa immediately following. The hot-air bath, and dry cupping over the chest, were the chief remedies, and wine, with other nourishment, was ordered. Blisters and sinapisms had not the slightest effect, the heat of the surface being so depressed; they never act when the temperature of the skin is very low. Morphine was given at night, with great benefit, and she gradually, though unexpectedly, recovered.

Steatosis of the Heart.—On the 22nd March, 1848, Mr. Harrinson exhibited a specimen of steatosis, or fatty degeneration of the heart. The history of the case is as follows:—On the evening of the 28th of February, Mr. P., after having been engaged in his business all day, suddenly fell down on the floor, and expired. Mr. Harrinson saw him a few minutes afterwards. His face was extremely pallid; no frothy fluid was issuing from his mouth; he was 67 years of age, tall, moderately stout, but pale and flabby; he had always enjoyed good health till within the last two days, when he complained of an oppression and pain in the precordial region.

Post-mortem examination thirty-three hours after death.—Thoracic and abdominal parietes loaded with fat; lungs healthy; the heart was soft and flaccid, of a dirty, pale, yellow colour, and appeared one mass of fat; a fatty transformation or infiltration of the muscular substance so soft, that it could be moulded like putty; the ventricular walls thin, and the left cavity dilated; the investing pericardium was raised in various places, by air vesicles and fatty fluid, which streamed down the scalpel; valves and endocardium healthy; coronary arteries normal; auricles and large vessels gorged with blood.

Mr. Harrinson made some remarks on the two varietes of the disease, and referred for a full account of this affection to an excellent paper by Mr. R. Smith, published in the *Dublin Journal*, July, 1836; and to Hasse's "Pathological Anatomy," by Dr. Swain, in one of the Volumes of the "Sydenham Society."

Fibrinous Concretion of the Heart.—On the 19th of April, 1848, Mr. Harrinson presented a specimen of diseased heart, taken from a patient, who, having previously enjoyed pretty good health, began to complain of debility, lassitude, and obscure chest symptoms. Suddenly he was attacked with extreme difficulty of breathing; the skin greatly congested; blue from head to foot; surface cold; pulse scarcely to be felt; heart beating rapidly, and rather forcibly; orthopnœa; cough; expectoration of viscid mucus mixed with blood;—*not* hæmoptysis. Crepitation was heard at various points, and percussion was dull. He gradually sank.

Autopsy sixteen hours after death. General surface still dingy; about a pint of straw-coloured fluid in each pleural cavity; the lungs gorged with black fluid blood; the heart filled the pericardial bag; right auricle enormously distended with blood, the ventricle comparatively empty; left cavities distended with black blood and fibrinous deposit. The auricle was hypertrophied, and almost filled with a mass of vegetation, nearly closing the auriculo-ventricular opening, only a small orifice remaining posteriorly. The vegetations were made up of large granules, intimately adherent with each other, and connected with the auricular surface of the valves, forming a solid vascular nucleus. The ventricular surface of the valves was perfectly free. Liver large and gorged.

On examining the fungus, it appeared to be more a fibrinous deposit than any vegetation from the valves, for the serous membrane of the valves elsewhere did not exhibit any trace of inflammation, and it was probably deposited there on some unknown nucleus.

IV.—Diseases of the Digestive System.

From the diseases of the circulatory we come to those of the digestive system:—

Hepatic Tumour.—On the 25th of August, 1847, Mr. Harrinson presented a tumour taken from Mrs. N., aged 40, who had been married 20 years,—no children. He read the details of her case, which were those chiefly of chronic hepatic and dyspeptic disease. On inspection after death, there was found disease of the heart and liver, effusion into the pleuræ and peritoneum, disease of the ovaries; and this tumour, the size of a small melon, was found on the superior and posterior surface of the liver, (of the right lobe,) intimately connected with it, but easily detached. It appeared to have a large vessel connecting it with the hepatic ducts, and seemed to be filled with mucus and inspissated bile. On opening it in the presence of the Society, it appeared to contain some laminæ of lymph or mucus, and the lining membrane presented some spiculæ of bone. The question arose, what was the tumour? Some thought it a biliary cyst, or supplemental gall-bladder, or analagous to those cysts which form on the kidney. Mr. Harrinson was of opinion that it was an aneurism of one of the hepatic ducts.

Morbid Conditions of the Epigastrium.—On the 20th of October, 1847, Mr. Walford read a paper on certain morbid conditions of the epigastric region, in which he ably upheld the views of Dr. Wilson Philip, on the importance of a due and perfect discharge of the functions of the liver, in the healthy economy of the system, and the value of their early correction, in those disposed to phthisical disease.

In confirmation of these opinions, Mr. Walford referred to cases which had occurred in his own practice, in which he believed that the development of that treacherous malady phthisis, had been prevented by a due regulation of the digestive functions. There can

be no doubt that prophylactic measures are of the highest importance, in the treatment of cases predisposed, either to consumption, scrofula, or any of the disorders of an hereditary or specific type. The prevention of phthisis would indeed confer a boon on mankind; but anxious as we are for the accomplishment of this object, the fatal prevalence of the disease seems at present to bid defiance to the very best efforts of the healing art.

Congenital Contraction of the Intestines.—On the 22nd of December, 1847, Mr. Harrinson presented the intestines of a newly-born infant. The case was similar to one presented at a former meeting, published in Dr. Wells' Retrospective Address, and taken from the second child of the same mother. The infant, shortly after birth, began to suffer from vomiting and constipation, which the usual remedies failed to relieve. The rectum was found to be pervious only to the extent of three or four inches. The child died on the tenth day. On examination after death, the upper portion of the intestines was found distended with air and meconium. The greater part of the ileum was a mere cord; the cæcum was filled with a hard substance; the colon and rectum were cords with a small bead of black matter here and there. The last portion of the rectum was empty. The other organs were quite healthy.

Sub-peritoneal Abscess.—On the 19th of January, 1848, in conjunction with Mr. Waldron, (joint attendant on the case,) Mr. May presented a portion of liver in illustration of acute circumscribed sub-peritoneal abscess, which had occurred in a lady aged 61. She had rigors, pain in the right hypochondrium, with vomiting, restlessness, dyspnœa, pyrexia, and prostration. A tumour of considerable size was felt in the part affected. She was extremely corpulent and of hepatic aspect. The symptoms were relieved by local bleeding, mercury, opiates, hydrocyanic acid, and hot soothing applications to the part, and she seemed to be progressing favourably until the day before her death, when the pulse became rapid and feeble, the restlessness increased, and she sank rapidly, the mode of death being asthenia and syncope.

A *post-mortem* examination disclosed a considerable quantity of sero-purulent fluid in the cavity of the abdomen, which had escaped during life from the cysts of an abscess formed in the convex and right portion of the liver. The abscess was entirely sub-peritoneal. The surface of the liver was black, and apparently disorganized at the site of the abscess, but was healthy in all other respects. The gall-bladder contained several calculi. Heart and lungs healthy, with the exception of a little congestion in the right base.

Enlarged Spleen.—On the 19th of January, 1848, Mr. Walford exhibited an enormous spleen, taken from W. O., aged 64, who died December 28th, 1847. He had been ill six weeks with erysipelas, and for some days before death had bronchitis of the right lung.

Post-mortem examination twenty-four hours after death.—Old pleuritic adesions; the air-tubes of the right lung filled with muco-purulent matter and frothy fluid; left lung sound; heart small, but sound. The spleen was found enormously enlarged, extending to the pubes, and over to the right of the mesial line; it was hepatized, and its weight not less than five pounds; the liver also was much enlarged, its weight not less than seven pounds, and its structure softer than normal; gall-bladder healthy; stomach and alimentary canal not examined; left kidney healthy; in the right was impacted a large calculus.

The cause of the enlargement of the liver and spleen is not clear, probably hereditary. He never had ague, nor had he been in a hot climate. Two years ago he considered himself perfectly well. He suffered severely at times with symptoms of renal calculi, the attacks were followed by the excretion of lithic acid.

On the morning of the day on which he died, he had taken from a chemist some aperient pills, which, acting powerfully, induced faintness, and was the cause of Mr. Walford being sent for, who found him dying.

During life his gait and mode of speaking clearly showed impeded action of the diaphragm. His walk was slow and cautious.

Cirrhosis of the Liver.—On the 19th April, 1848, Mr. Harrinson related a case of cirrhosis of the liver, and made some highly valuable and interesting remarks on that disease.

In January, 1848, Mr. Harrinson commenced attending a publican, aged 55, who for many years had been addicted to drinking. He had been remarkably strong and healthy, but latterly subject to cough, with expectoration; his countenance sallow and cachectic; he was liable to fits of hysterical convulsions,—and it was on one of these occasions that Mr. Harrinson first attended him. An attack of influenza succeeded, and a train of symptoms next followed, in which hepatic derangement, ascites, and anasarca of the lower limbs were prominent. Dr. Cowan attended the case in conjunction with Mr. Harrinson, and the remedies employed were mercurials, elaterium, opium, blisters to the abdomen, with a nourishing and supporting diet. His strength, however, gradually failed, petechia and purpura took place, the legs ulcerated, and, at the end of two months, the patient died.

Post-mortem examination 29 hours after death:—Head not examined. Right lung healthy, but compressed to the spine with bloody fluid, amounting to many pints; the left lung remarkably spongy and voluminous, though gorged with fluid; heart healthy; the pericardium contained bloody fluid. The abdominal parietes were lined, and viscera bound down by, thickened peritoneum, red, shining like velvet; the gall-bladder was small, and contained a little bile; the liver smaller than natural, and on incision presented a yellowish white appearance; little nodules appeared elevated from the cut surface, the nodules were yellowish, the interstices greyish; the right kidney smaller, whiter, and firmer, than natural; the left larger than natural, congested; spleen small and softish.

Mr. Harrinson alluded to the lengthened period (twenty days,) this patient had taken mercury without producing the usual effect on the gums, attributable primarily to the portal contamination; secondarily, to the congested state of the intestines.

Mr. Harrinson also made some interesting remarks on the pathology of cirrhosis, and described minutely its insidious and fatal effects on the system at large.

V.—Diseases of the Reproductive System.

Miscarriage, followed by Convulsions.—On the 20th of October, 1847, Dr. Cowan related the case of a lady, who, after suffering from miscarriage, induced by a fright, was affected with violent epilepsy, hemiplegia on the right side, and loss of speech. She was partially conscious, with a staring eye, and most violent action of the carotids. During the fits the paralysed side moved. On examination after death, the longitudinal sinus was found distended with coagulated blood, and all the small veins leading into it were filled as if with injection, as was also the right lateral sinus; the left lateral sinus was empty; there was also disease of the anterior parts of the brain. The case was most like phlebitis of the veins of the brain, if such condition could occur. As no examination of the other parts of the body was allowed, it was impossible to say what was the state of the uterus, liver, or lungs.

Your reporter said that he had now a case where erysipelas of the head and face followed upon abortion. The concomitant symptoms were a rapid pulse, and fœtid vaginal discharge. The remedies were directed to relieve the puerperal condition, and the patient speedily convalesced.

Mr. May strongly advocated the practice of injecting the uterus and vagina with warm water in puerperal cases. When there is a quick pulse, tender abdomen, and fœtid vaginal discharge, he always resorts to this plan of practice.

Morbid Placenta, with Dead Fœtus.—On the 24th of November, 1847, Mr. Harrinson presented a specimen of a morbid placenta, with dead fœtus. A lady, aged 23, married in May. Symptoms of pregnancy went on till after quickening, when all signs of it began to decline. At the end of six months a thick gelatinous red discharge took place, which continued for a fortnight, after which pains came on, and the present specimen was expelled. The whole mass of the placenta was diseased. Mr. Harrinson had no doubt that the disease of the placenta was the cause of the death of the fœtus. Cases of this description are often involved in much doubt and obscurity, syphilis, mercury, scrofula, and debility, having each in turn been assigned as the morbific cause.

Large Ovarian Cyst.—On February 16th, 1848, Dr. Woodhouse presented a large ovarian cyst, which appeared to arise from the right ovary, and to be involved in the broad ligament, the Fallopian tube being much enlarged, and extended seven or eight inches, adhering to its side. In the wall of the sac were two or three small cysts containing fluid, and the interior presented projections of membrane, which seemed to be boundaries of smaller cells, which had burst and become merged into the larger one. Thirty-eight pints of limpid serum were drawn off. Dr. Woodhouse considered this an instance of what Dr. Bright calls the simple, sessile, non-malignant, ovarian tumour. The patient dated its origin from a miscarriage, about twelve months before her death, but a more minute enquiry from her friends rendered it highly probable that she laboured under the disease years before.

Puerperal Metritis.—On the 16th of February, 1848, Mr. Walford read an interesting case of a lady, who, after delivery of her second child, went on very well for the first two or three days, when tenderness of the hypogastrium, quickness of pulse, and slight fœtor of the lochia came on, which, not yielding to tepid injections and purging, was relieved by the abstraction of twenty ounces of blood. He considered the inflammatory symptoms to be uterine. Two days after, the liver was found to be enlarged, and had this discovery been made earlier, a judicious mode of treatment might have prevented the occurrences which succeeded the labour.

Mr. Walford made some practical observations on the effects which a diseased and congested state of the liver and spleen is likely to have on the system, through inability to receive the diverted current of blood after the uterus contracts.

Following up the same line of reasoning, we may conclude, *cæteris paribus*, that the cessation of the catemenial period will prove far more critical, and perhaps fatal in its effects, in those cases where the liver has been previously diseased.

VI.—Diseases of the Urinary System.

Albuminuria.—On the 25th of August, 1847, Dr. Cowan mentioned the delails of a case recently under treatment. A gentleman, after repeated attacks of gout, became comatose, with scanty urine, though the skin was moist. On testing, the urine was found to be albuminous, and of low specific gravity, which led to the diagnosis that there was induration of the kidney, with a deficient secretion of urea, and the coma in consequence. A copious secretion from the bowels relieved the system, and the patient recovered, but will probably have another attack. The diagnosis turned entirely on the examination of the urine, without which the case would not have been clearly understood.

Absence of Kidney.—On the same evening, Mr. Harrinson read the following history of a case:—A man, aged 50, traveller to a wine-merchant, was treated for a fortnight for pleurisy of the right side. The dyspnœa was very urgent, and he gradually sank. On a *post-mortem* examination, there was found acute pleuritis of the right side, with copious albuminous effusion; also intense pericarditis, with solid deposit and sero-purulent fluid; lungs healthy, but compressed; liver hard, irregular on the surface, cirrhosed; left kidney large, lobulated, and much mottled; right kidney absent, only a mass of cellular membrane found in its place; urine found in the bladder highly albuminous. The disease of the kidney no doubt disposed to the inflammation, and made it more intractable.

Calculus.—On the 16th of February, 1848, Mr. Walford presented a large calculus of lithic acid, taken from the right kidney of a patient from whom he had removed the large spleen exhibited at the last meeting.

Mr. Dunn also presented a calculus, taken from a patient in the hospital, by Mr. Maurice, (weight, one

ounce and ten grains,) consisting of lithic acid, with a coating of oxalate of lime.

VII.—Fever.

Typhus.—There is but little to introduce to the Society on the subject of fever: one isolated case only stands recorded. On the 22nd of March, 1848, Mr. F. Bulley was called to a case of typhus fever, which he treated in part on hydropathic principles, and the patient recovered. Dr. Cowan made some valuable remarks on the cold-water system. He thought that the advantages of hydropathy were much exaggerated, and that the cures attributed to this system, might fairly be traced to the change of air, scene, and other circumstances into which the patient was thrown, and in fact, that the cold water had but little to do with the success of the treatment.

VIII.—Malignant Diseases.

Several interesting cases of malignant disease having occurred during the year, I have thought it better to arrange them under a distinct head.

Cancerous Tumour in the Posterior Mediastinum.—On the 19th of April, 1848, Dr. Cowan mentioned the case of a female, aged 56, plethoric, rather healthy in appearance, who was admitted into hospital on the 11th of March. Her complaint commenced with a dry hacking cough. Puffiness of the face, hands, and neck, had been noticed for the last six weeks. She had sickness, with regurgitation of food when coughing. On admission, she exhibited a congested state of the jugular veins, without pulsation; heart regular in action; no œdema of feet and legs; intense bronchial character of the respiration between the shoulders; parenchyma and lungs healthy. The only sign of disease was obstruction of the circulation in the heart, increased by decubitus. Two views might be taken of this case: either there was aneurism; or some tumour in the posterior mediastinum, pressing on the veins. Temporary relief was afforded by cupping and other remedies. She was seized on the 15th with greater difficulty of breathing and fainting, from which she was rallied by stimulants, but died on the 17th. On a *post-mortem* examination, a tumour of a malignant character was found arising from the bronchial glands, passing down to the right side of the trachea, pressing on the œsophagus behind the heart, compressing the vena cava superior, and taking the course of the right bronchus, through the base of the right lung and diaphragm, into the liver. The liver below and the lungs above were intimately adherent to the diaphragm, which had also degenerated into the same kind of morbid structure. Dr. Cowan founded his diagnosis on the peculiar respiration heard between the shoulders at the base of the lungs.

This was the fourth case of malignant disease in the posterior mediastinum which had occurred in his practice, and they all presented nearly the same symptoms.

Scirrhus of the Œsophagus.—On the same evening Mr. May presented a case of malignant disease of the œsophagus, which occurred in a female aged 68. The complaint began four months ago, with difficulty of deglutition. The case was so well marked as to preclude any curative attempt. Temporary relief was afforded by blisters. About three weeks before her death, she complained of dyspnœa, which gradually increased till death took place by apnœa. The autopsy discovered a mass of scirrhous deposit in the upper portion of the œsophagus behind the larynx.

Scirrhus of the Liver.—Dr. Cowan mentioned another case of malignant disease, in a woman who had been out of health about two years. Three weeks before death, her medical attendant noticed a tumour of the liver, which appeared to be of a malignant character. Neither dropsy nor jaundice were present, nor any other symptom but the general characteristic condition of the system. The *post-mortem* examination discovered a large scirrhous tumour of the liver. The great value of the diagnosis in these cases is the determination of the line of treatment necessary to be pursued, and the abandonment of all useless remedies.

IX.—Surgical Diseases.

The last class of cases I have to record are the surgical or accidental.

Pistol-shot Wound.—On the 25th of August, 1847, your reporter presented a specimen of bone, taken from the skull of Mrs. C., who eight years ago was wounded in the eye by a pistol-shot. She came under treatment some months since, suffering from great debility and general derangement of health, and an acrid discharge from the right eye. She died at the end of July. On examination after death, the eye was found collapsed, the brain softened, and the optic nerve wasted. There was a slight projection of bone into the middle fossa of the base of the skull, to which the brain and membrane were adherent. The ball was found lodged in the ala major of the sphenoid bone, just beneath the projection into the middle fossa, above referred to. Your reporter read the early history of the case, as given by Dr. Walker, who attended her at the time of the injury, which gave interesting details of this extraordinary case, and explained the doubts and difficulty of ascertaing the true position of the ball, although the impression was that the ball was lodged within the cranium. This case excited some public interest at the time, for the pistol was fired by the husband of the unfortunate woman, and it became the subject of a judicial enquiry at the Abingdon assizes. The man was transported, and owed his life to the doubt as to the pistol containing a ball or not.

Hernia.—On the 22nd December, 1847, your reporter related the case of a female, who ten years ago was admitted into St. Mary's Infirmary, with umbilical hernia, which had latterly increased to an enormous size. She had suffered at various times from symptoms of strangulation, but had lately died from an attack of bronchitis. On a *post-mortem* examination, a large fibrous tumour was found proceeding from the left ovary; this occupied the pelvis, and passed upwards into the abdominal cavity; the intestines were protruded at the umbilical opening, in a large irregular mass; the ascending and transverse colon, with the whole of the small intestines, were contained in the hernial tumour, which was enveloped by peritoneum, thickened in some

parts to the extent of a quarter of an inch, and like fibro-cartilage.

Dislocation of the Spine.—On the 16th February, 1848, Mr. Dunn presented, what he considered to be, a dislocation of the spine, between the last cervical and first dorsal vertebræ, in a young man aged 22, who was caught by the smock-frock, and dragged into a thrashing mill. It seemed to be a laceration of the intervertebral substance, but there did not appear to be any fracture of the articulatory surfaces. Mr. Dunn considered this to be a case of pure dislocation of the spine, though this is denied by most writers.

On the same evening Mr. Shoreland related the case of a soldier, who in a state of partial intoxication slipped from a verandah, ten feet high, but caught by his hands when falling, which gave a jerk to the spine, and fractured the fourth dorsal vertebra. He was taken to the hospital, where he remained till next morning without shewing any signs of paralysis, and he was not minutely examined, it being supposed at the time that it was merely a contusion from the fall. Whilst sitting up in bed and taking his breakfast the next morning, he was observed to have fallen forwards, and on the orderly raising him up, he was found quite dead. On inspection after death the spine was found dislocated, with fracture of the bone. Sitting-up produced a displacement, and fatal pressure on the cord was the consequence.

Operation for Cicatrix.—On the 19th of April, 1848, Mr. May presented Charlotte Taylor, a hospital patient, whom he introduced to the Society on a former occasion, and who had undergone the operation of a section of the skin under the chin, which was drawn down by the cicatrix of an old burn. The girl happening to be in town, called to show herself, and prove the great and satisfactory results of the operation, by which the deformity is nearly obliterated, and there is no appearrance of a return of the contraction.

I have now, gentlemen, completed the history of the transactions of our Society during the past year, and though we cannot boast of much that is novel or striking in what has been brought forward, yet, we may safely say that there has been much that is practical and useful.

Let us not relax for one moment in our efforts to advance the standard, and promote the usefulness of our profession. If we can add but one mite to the treasury of medical knowledge, we shall have performed a duty to our fellow creatures, and created a feeling of satisfaction in our own consciences. It is by the interchange of ideas,—by the aggregation and association of talent, that we may hope to increase our professional knowledge, and societies like ours are well calculated to effect this object.

Before concluding this address, I would express the thanks of the Society to Mr. Dunn, for his kindness in undertaking the care of the museum.

I thank you, gentlemen, for your kind and patient attention to this prolonged, and I fear, somewhat tedious address.

OBSERVATIONS ON CHOLERA.

By Charles Cowan, M.D., Physician to the Royal Berkshire Hospital.

(Read before the Provincial Medical and Surgical Association, at the Anniversary Meeting, held at Bath, August 16th and 17th, 1848.)

At the present moment, the following non-professional experience on the all-engrossing subject of cholera, drawn up by Lieutenant General Welsh, of the Madras army, a true Christian philanthropist, and a sound observer, will not, I feel sure, be unacceptable. Such evidence has, at all events, the advantage of being free from professional bias, while it essentially confirms the conclusions of the majority of medical writers, as to the cause, progress, treatment, and non-contagious character, of this terrible disease. It has also the strong recommendation that the means so diligently employed were attended with more than ordinary success. To the best of General Welsh's recollection, he thinks that the deaths did not exceed five or six in a hundred, while many medical men were losing from a fourth to one half of their cases. He attributes the favourable result in his own practice to the power of wholly devoting himself and servants to the prompt application of the remedies, and to never abandoning their vigorous employment until life was extinct; and under circumstances similar to those which now threaten us, we must be indebted to reported results more than to theory, for our therapeutics.

Notwithstanding all that has been written, (and it is legion,) we are wholly ignorant of the essential cause of cholera, and our treatment must therefore, necessarily, to a certain extent, be empirical. On the other hand, it is impossible to doubt, that means of the most opposite class have, in numerous instances, proved efficient, and out of the vast mass of information now accumulated, each practitioner must select those processes of cure most congenial to his judgment, and most sanctioned by success. Hence the importance of collecting the experience of individual observers, that some approach to soundness of inference may be secured, from the very extent, if not from the accuracy, of the materials.

The neutralizing power of large numbers over minor discrepancies is well-known, and, on a similar principle, from vague, though widely concurrent, testimony, many valuable practical indications may be deduced. This idea is now receiving a very apt illustration in the pages of our useful and greatly improved Journal, on the important question of the treatment of burns, and we think a similar concentration of experience on the therapeutics of cholera, would equally elicit some interesting results, and greatly tend to settle the general line of practice most prudent to adopt.

Judging from the long ages which have elapsed, there is but little reason to anticipate that we shall ever become familiar with any of the specific causes of

epidemic diseases, but our increasing acquaintance with the conditions favourable to their production, extension, and intensity, fully justifies the assertion, that by wise sanitary arrangements, their frequency, prevalence, and fatality, may be materially curtailed. It is, therefore, to Sanitary Reform rather than to medical interference, that the attention of Government and of the profession, should be chiefly directed, and until vast changes are accomplished in our present most imperfect and injurious social conditions, the best-directed efforts of medical science will fail to preserve the population of this or any other country from being largely victimised by epidemic visitations.

"No more striking exemplification can be afforded of man's short-sightedness, and of the difficulty in carrying out the most self-evident improvements, whenever any present sacrifice is to be made, prejudices relinquished, or old habits overcome, than the coldness and opposition experienced by those who are so meritoriously devoting themselves to this truly practical and important question; and from such an experience how easy is it to understand the obstacles which have ever impeded the progress of a purer speculative truth, where facts of such a purely sensual and self-evident character are greeted with so unwilling—so imperfect a response! But to return to our author:—

"The first appearance of this dire and inexplicable pestilence, says General Welsh, took place in the year 1817, when it broke out suddenly in Bengal, and made particular havoc in the town of Calcutta, and among the shipping in the river Hoogly; from thence, apparently travelling in a western direction, over an immense tract of country, with high mountains, and other apparent obstacles intervening, it made its way to Bombay, and then down the whole Malabar coast. It afterwards appeared to reascend the mountainous Ghauts, which separate the sea-coast from the interior of the Peninsula, passed through the Mysore into the Carnatic, where its ravages spread terror and dismay in every direction; visiting, in the whole route, the lowest grounds, with the keenest severity, but generally losing its force at each place where it rested, after a few weeks continuance. In some places it completely thinned the inhabitants, but its attacks were mostly confined to travellers and poor people, living in low, damp, and swampy spots; and in many cases, an immediate removal from such situations to high ground, even in the very neighbourhood, has arrested the spreading evil, and even restored the afflicted individual to health.

"In the years 1819 and 1820, it appeared to be at its height, and generally spread all over India; and the strongest proof of its being confined to low ground is the fact, that in the Mysore country, while thousands were attacked and perished at Seringapatam, (a low island formed by the junction of two rivers,) it never reached Bangalore, the largest and highest military cantonment in the Peninsula; and in the same degree it was felt at Calcutta, and on the Malabar coast, while the higher civil and military stations of Tellicherry, Cannanore, and Mangalore, were comparatively free.

"I do not assert a total exemption in any place, because the seeds of the disease may be sown at a distance, and only break out on arriving at a healthy station, and possibly then spreading by contagion; but after raging for two or three years, and in too many instances baffling all the attention of man, its virulence gradually abated, and latterly only extended to corps and bodies of men on the march, who were naturally more exposed to the night air, and subject to the baneful influence of every kind of malaria.

"*Symptoms.*—The symptoms of this disease are so various, and in many cases so resembling others of a different nature, that it defies all regular description. The most common are as follows:—

"It commences with a degree of stupor, diarrhœa, and general lassitude, and a painful sensation of heat and fulness in the stomach and chest. Vomiting follows, at first producing undigested food, afterwards an occasional discharge, more or less copious, of watery, whitish, or discoloured and fœtid liquid, which passes in many cases involuntarily, both up and down; an immediate prostration of strength; a pulse rapidly decreasing until it is entirely lost; a total suppression of urine; the extremities becoming cold and covered with a clammy moisture; great thirst and restlessness, with violent contortions in some, and lethargic inanimation in others; the eyes glazed and sunk in the head; skin shrivelled, and in short, the whole appearance of a healthy youth of 17 or 18 turned suddenly to that of decrepid old age. This is the most common kind, and it is the easiest cured if taken in time.

"There is another in which few, if any evacuations take place, but in addition to the early symptoms of the first, the whole frame suffers a rigid contraction of the muscles, with the eyes as it were starting out of their sockets. But the worst form of all, within my observation, is one in which the patient rapidly sinks without a struggle, and if not timely relieved, expires in the course of two or three hours. The termination of the first is usually within twenty-four hours; that of the second in a half or even a fourth of that time; but in all, the remedies must take effect in a few hours, or they are almost invariably hopeless, though they should never be relaxed or abandoned, till life is positively extinct.

"*Causes.*—The predisposing causes in the human frame, are generally considered to be a paucity or total absence of bile in the stomach, a derangement of the digestive organs, and poverty of blood, arising most likely from impure air, and unwholesome aliment; but I have also found, in many cases, a subsequent indication of a very different cause, and wherever it has occurred, the patient has by diligent perseverance in the means, under God's blessing, invariably recovered.

"It has generally taken place after all the alarming symptoms of the first form have been exhibited, and the treatment apparently ineffectual, when suddenly a large worm, eight or ten inches long, has been discharged by the mouth, and the patient, overcome with the exertion, has sunk into a death-like stupor. Then, and then only, have I administered nourishing cordials, particularly port-wine, of which a wine-glass was given every half-hour, until returning animation proclaimed a happy rescue from the jaws of death. The circumstance now mentioned was not commonly known among the medical men with whom I was acquainted in India, which may easily be accounted for, when it is

considered that no surgeon there could give his entire and undivided time to any patient, or even to two or three. Whereas, in the years 1818-19 and 20, I happened to be comparatively idle, holding an independent staff-situation, and having my whole family in England, I was consequently enabled to give my whole time and attention, day and night, to such poor natives as were taken ill in my immediate neighbourhood, and with my own servants to assist me, could watch the whole progress of the disease, and observe the effects of every application in each of my patients.

"My practice and experience were chiefly among the lower orders on the Malabar coast, mostly at Calicut in those years, and afterwards among small parties of native troops and followers attendant on myself and family. In other parts of the Peninsula there were always experienced medical men present, with whom I would not, of course, presume to interfere.

"*Contagion.*—At that time no one ever suspected that the disorder was infectious, and fortunate indeed was this for thousands, whose lives were preserved through the willing attendance of their family and friends, and who would otherwise have been inhumanly abandoned to their fate; and notwithstanding the now too-generally received impression, that it is contagious, I still feel inclined to question that opinion, unless where the predisposing causes exist.

"Though an invalid, subject to constant attacks of bile, liver, and indigestion, I have attended many patients at once, both in my own house, and in the lowest and most miserable situations, where it has been raging all around us with fatal effect, yet neither myself, nor any of my servants (about ten in number,) who all cheerfully assisted me, ever had a symptom of the disease; and if I might venture to explain the idea I have formed of the progress of this almost universal scourge—this severe visitation of God, I would call it an epidemic, contained in a quantity of impure miasm floating in the air, and more particularly attracted by low, damp, and filthy spots, in which a certain degree of miasm may always be supposed to reside.

"*Treatment.*—If the patient is young or middle aged, vigorous and sanguineous, and no medical aid at hand, a vein should be opened, and twenty or thirty ounces of blood taken, to insure which, the blood in most cases becoming dark and stagnant, it is necessary, after the incision, to rub the arm, and put the feet in hot water, (if a hot bath cannot be procured,) as well as to administer and continue warm antispasmodic draughts, with warm frictions, and applying hot substances to the body and extremities, of which a very simple and efficacious one is sand, heated in a pan over a fire, and put into small linen bags or old stockings, and kept in contact with the hands and feet, stomach and spine; no quantity of liquid to be given, and nothing cold, particularly water, for which the patient usually has an incessant craving. Warm gruel is, perhaps, the best vehicle for everything.

"Various stimulating medicines have been tried by different people, with pretty nearly the same effect; and I have at times, when travelling, and nothing else was at hand, given essence of ginger, brandy, laudanum, peppermint, &c.; but where all the articles could be procured, I would recommend, (always and only in the absence of medical aid,) in addition to an immediate warm bath, half an ounce of the following mixture, more or less frequently, in a little warm gruel:—Opium, dr. j.; Camphor, dr. j.; Ginger, dr. j. Cardamoms, dr. j.; Capsicums, dr. iss.; Arrack or Brandy, oz. viij. M. To be infused for seven days.

"If this be not prepared, half a glass of brandy, with forty or sixty drops of laudanum, and twenty or thirty drops of essence of peppermint, may be substituted; or twenty grains of camphor, or from a tea to a dessert-spoonful of essence of ginger, either dose to be repeated every half hour or oftener, if not retained on the stomach, till a favourable change becomes visible. Warm enemas have proved beneficial, especially when the retching continued and the draughts were returned, and in one instance succeeded, when all hopes by other means were at an end. Calomel in large doses was used by the faculty in India, and succesfully I believe; but I never had an opportunity of trying it, because there was not any to be purchased during the first two or three years of the pestilence.

"*Signs of Cure.*—The first indications of amendment, where the blood has been originally congealed, are,—its becoming limpid, and flowing freely, a return of the pulse, of warmth in the body, of softness and pliability in the skin, and falling into an easy slumber; but the most certain prognostic of a cure is the free passage of urine. A sleep of some hours succeeds, and the patient generally awakens to convalescence; I say generally, for in the course of my experience some few apparently relieved fell into a quiet slumber, from which they only awoke to breathe their last sigh, or expired without awaking at all.

"*After-Treatment.*—As soon as the first attack has been got over, a large dose of castor oil should be given, or a strong bolus of calomel and opium, and after its operation, if no fever should intervene, the patient should be warmly clad, and nourished with cordials and plain wholesome food, in small quantities, but particularly avoid all fruit, vegetables, or cold draughts, for some considerable time, as every relapse is attended with the utmost danger."

In conclusion, our author remarks, "as nothing is so conducive to illness, particularly the one in question, as terror or alarm, I would earnestly recommend to all my fellow-creatures to place a cheerful reliance on the all-sufficient protection of a long suffering and ever gracious Redeemer, and to be prepared, by a life of faith and consequent usefulness, for whatever may befal them."

The preceding observations, though couched in non-professional language, embrace within a brief compass the chief points in the experience of our most practical writers, and are highly creditable to the zeal, the intelligence, and the philanthropy of the writer. They strongly point out the protective value of sanitary arrangements,—the greater prevalence and intensity of cholera in undrained, low, and damp situations,—the striking exemption of higher localities,—and the great advantages of removing the sick from the scene of infection.

On these main indications, confirmed as they are by widely convergent testimony, should all our prophylactic measures be based; and it is deeply to be regretted, that the army of selfish impediments which have hitherto obstructed the progress of sanitary measures,

must in the present instance render impossible, more than very imperfect and almost futile attempts at their accomplishment, arrived as we now are, at the eve of a closely impending visitation.

It is not by quarantine regulations,—it is not by boards of health,—it is not by printed circulars of directions,—it is not by skilful medicinal combinations, that we shall ever materially control the spread or the mortality of this or of any other epidemic; but by fundamental social improvements, which long years alone can effect, and which a truly enlightened and philanthropic government, backed by an intelligent population, can alone carry out.

Had our noble profession, on all matters relating to the public health, that prominency assigned to it to which it is so justly entitled, the chariot-wheels of Sanitary Reform would not have lingered as they have done; and to the untiring energies, generous efforts, and scientific acquirements of many among our ranks, are we now indebted for those dawning hopes of future improvement, which we may, perhaps, at length, justly venture to entertain.

On the much-contested and important question of the contagion of cholera, the conclusions of the writer are also consonant with those of the majority of practical observers; and during my own close contact with the disease in Paris, for about three months, in 1832, where it prevailed more intensely than in any other capital of Europe, the whole of my experience was decidedly adverse to the idea of contagion. I would not assert that cholera is never contagious, nor advise unnecessary communications with the sick; but judging from what I personally observed, that the disease is very rarely, if ever, so communicated, and that the epidemic influence is all-important for its propagation, I cannot for a moment doubt.

As a confirmatory instance I may mention, that the great corn granary of Paris was converted into a temporary cholera hospital of one thousand beds, and to this a staff of twenty physicians and sixty students was attached. Now, though the whole of our time was devoted to the infected, taking our meals and sleeping two nights a week in the hospital, not to mention almost numberless *post-mortem* investigations, I do not recollect that a single medical officer, student, or even nurse, caught the disease. My own health was remarkably good; and it was not till having relinquished all active exertions, and at the very close of the epidemic, that I was personally a sufferer.

Of the fatal influence of fear and despondency I witnessed very striking examples in two newly appointed hospital physicians; and of the powerful agency of hope, I was myself an instance; for being lifted on the outside of a diligence, to return to England, under circumstances considered most hazardous if not hopeless by my friends, a ride of a few hours, under God's blessing restored me to comparative health.

With reference to treatment I have nothing to communicate founded upon the results of my own practice, nor have I the time on the present occasion, to give, as I intended, a digest of the many plans which have been recently recommended. But as a large proportion of the practitioners of this country are in similar circumstances to my own, viz., pensioners upon the experience of others, I may mention, that the result of my gleanings from the various treatments that are recorded, is in favour of the combined employment of those measures to which active efficiency can be fairly attributed, being guided in their individual application by the general principles of medical art.

On the great importance of attending to *the early symptoms*, and especially to the initiatory diarrhœa, all observers strongly and unitedly insist, that against this stage of the disease, too much care and promptness cannot be employed. In the early period of collapse, in robust plethoric individuals, there is much evidence in favour of bleeding. A stimulating emetic when the first vomiting is imperfect, followed by a full dose of calomel and opium, more or less frequently repeated with the unlimited use of effervescing salines, or in their absence, of cold water, with stimulants internally and externally, especially the latter, in proportion to the collapse, and regulated by the feelings of the patient, form the leading features of the plan I should feel most disposed to adopt, while I doubt not many cases would occur, where nothing should at first be attempted but the most energetic application of warmth and stimulants.

As to a host of smaller remedies, to which great virtues are attached, their employment should never interfere with the more rational and intelligible indications, and I believe that our success in the management of this most urgent and formidable disease, will be proportionate to our little confidence in specifics, and our steadily carrying out, independently of name or theory, the leading principles of our art. In addition to the above suggestions, I would remark, that it is highly worthy of experiment how far packing with blankets in a cold or warm wet sheet, at the commencement of collapse, or even after its establishment, would tend to induce reaction, and allay the cramps and restlessness more rapidly than any other plan, while under circumstances where this is opposed, the spirit-vapour, and hot-air bath, would most effectually contribute to the same result. It is also a point of some practical value to consider whether, in many cases, the effervescing salines, or cold water, might not be replaced by unlimited drinks of beef-tea, salted or spiced, cold or warm, as preferred, containing, as it does, most of the elements so quickly drained off by the diarrhœa.

Before concluding this very brief outline of our subject we would merely observe, that the main and immediate indications of treatment appear to be the

shortening of the duration, and the diminishing of the intensity of the collapse, restraining the discharges, and supplying at the same time the elements which are so rapidly removed. Warmth, stimulants, and diluents, we therefore regard as the leading therapeutical agents, and should classify opium, calomel, acetate of lead, petroleum, croton oil, &c., as among the more or less useful adjuvants. It cannot be too often repeated, that the success of all rational treatment will be in proportion to its prompt and early application.

Of the essential cause, and true nature of cholera, we shall not attempt their elucidation, satisfied that nothing is easier or more delusive than to mould our facts to our fancied explanations, and to multiply words without knowledge.

We again admit ourselves to be amongst the number of the wholly ignorant on both these fundamental points, and as yet to have thanklessly rejected all efforts at enlightenment. What the future may develop it is not in our power to divine, but judging from the past and the present, no one similarly constituted to the writer will feel surprise, if his expectations are not very sanguine.

[The following letter has been communicated by Dr. Cowan as an appendix to his paper.]

Henley, September, 1848.

My dear Sir,—Agreeably to your request, I have committed to paper a brief account of the inroad of cholera into this neighbourhood in 1832. The singular progress of this scourge from India to Europe on a former occasion, when, after ravaging Jessore in 1818, it attacked the crew of the *Warren Hastings* and other East Indian vessels in the Bay of Bengal. Spreading over China, after reaching Canton in October, 1820, it extended itself through Persia in 1823, re-appearing in the autumn for several successive years in the same localities. In the spring of 1830 it showed itself for the second time in Astracan, diffused itself over Russia, reaching Moscow in September, Warsaw in April, 1831, and subsequently Archangel, Riga, and this country in 1832. The similarity of its present course has arrested the attention of medical men, and made them anxious to be prepared to meet this formidable disease with the most active and efficient remedies. I am not aware that I can add anything new in the treatment of this malady, but having attended forty-one cases, I most willingly give the result of my own experience.

In September, 1832, I was called to attend several severe cases of diarrhœa, putting on the well-known symptoms of cholera, attended with severe vomiting and purging of rice-water or "congee" stools, violent cramps in the legs, weak and irregular pulse, blue appearance of the nails and lips, livid hue of the body, corrugated skin of the hands, suppression of urine, impatience of being covered up by the bed-clothes, although the skin was cold, and the body covered with a clammy moisture, these symptoms proving rapidly fatal within twenty-four hours, unless speedily relieved by the most active treatment.

The first case occurred in Henley on the 9th of September, in the lowest and dampest part of the town, and proved fatal in twenty-four hours. Six days elapsed before another case occurred, but on the ten following days, fourteen persons living in the same locality were seized with it, four of whom died. In October there were only two cases, one of which proved fatal. On the 3rd of November it re-appeared with additional violence in the upper and high part of the town, but from the experience I had had in the treatment of the former cases, few now proved fatal. The last case was registered on the 12th of December, when the disease took its departure from Henley.

In all, forty-one persons were attacked, eight of whom perished, and five of these fatal cases occurred amongst those that were first attacked, and they had been treated with stimulants,—brandy, æther, ammonia, and calomel and opium. Finding this plan did not succeed so well as I could wish, I treated my subsequent patients, when called in at the commencement of the attack, and the case admitted of it, with one full bleeding, and administered an emetic, with ipecacuanha and calomel, and gave calomel and opium every hour after, with as much cold water as the person desired to drink, and afterwards supported the strength of the patient with broth, gruel, wine, &c. I will report one case to illustrate my plan of treatment.

Ann Martin, aged 14, a delicate girl, was seized at two o'clock a.m., (the usual period of attack,) on the 9th of November, with the symptoms of cholera. She took a full dose of ipecacuanha and calomel directly, then calomel and opium every hour after, and as she complained of great thirst and burning heat at the epigastrium, I ordered a bucket of cold water to be placed by her bed-side, and she was desired to drink as much as she pleased. Every ten to twenty minutes she called for half a pint of cold water, drank it hastily, and lay down quiet for a short time, but as soon as it became warm in her stomach, she vomited it up with violence, in fact spouting it half across the bed-room; she immediately would call for more cold water, which always afforded her relief, this being in a short time ejected in a similar manner. During the first twelve hours she drank between two and three gallons, the second night not a quart, and she afterwards gradually recovered from the subsequent fever with salines and a nourishing diet. The great prostration of strength that follows these attacks requires great attention to diet, and to avoid exposure to cold, to prevent relapses.

I will conclude by relating a case of cholera arising from breathing foul air, which may help to throw some light on the origin and causes of this mysterious and singular disease.

Mr. Knight, of Nettlebed, aged 35, a mason by trade, previously healthy, was employed to clean out the mud and sediment of a rain-water tank; this was done without any previous ventilation, and occupied him several hours. Whilst at work he did not observe any very offensive effluvia. This was on Tuesday, the 13th of June, 1837. Two days afterwards, on Thursday the 15th, I was sent for to see him at 6, a.m.; he had been seized during the night with vomiting and purging, violent cramps, and all the symptoms of cholera. He was bled, took calomel and opium every hour, with salines, had mustard sinapisms applied to the abdomen, and warm frictions over the body, but he died the next day before two o'clock, thirty hours after I first saw him, and seventy-six after inhaling the foul air of the tank. His own expression was, "that his blood was poisoned."

The similarity of the symptoms to my former cases of cholera forcibly struck me at the time, and led me to suppose that inhaling the exhalations of the many stagnant pools and decaying vegetable matter in the old water-tanks of India, was very frequently the cause of cholera in the low swampy districts of that country.

Apologising for this hasty sketch,

I remain, my dear Sir,

Yours very truly,

T. W. JESTON.

CASE OF PURPURA HÆMORRHAGICA.

By E. T. Roe, M.D., Plymouth.

Maria B., housemaid, aged 30, of healthy appearance, slightly above the middle height, of fair complexion, brown hair and eyes, osseous system largely developed, the bones of the hand especially being unusually large for a female, even in her station.

She states that she is a twin, that her father and mother are living and well, and that all her family, consistlng of one sister and six brothers, are strong and robust. Her state of health has been generally good, but she has suffered occasionally from a feeling of sinking at the pit of the stomach, and from flatulence and sick headache. She only recollects having had one serious illness in her life, and that was a fever, many years ago.

Six weeks before her present attack, she observed a blackness around one knee, and she suffered also from a severe "cold on the chest." The discoloration continued for a fortnight, and was ascribed to kneeling.

On the evening of the 27th of June she retired to bed as well as usual, and slept soundly. On rising the following morning, she observed some bruises and marks in the right infra-clavicular region, which she showed to her mistress, laughingly remarking that her fellow servant had pinched and treated her very badly during the night. She felt well, but was very properly ordered to obtain medical advice, and on my seeing her she presented the following appearances:—

An ecchymosis under the right clavicle of about an inch square, surrounded by a few petechiæ; no spots elsewhere, except inside the lower lip. She is cheerful, and says there is nothing the matter with her. Pulse 100, soft, and presenting no peculiar feature; heart's impulse powerful; sounds normal. Says she has always had palpitation, but never been prevented doing her work by it. Urine natural; bowels regular; motions healthy. She has taken nothing unusual to eat, and the most searching enquiry fails to detect any cause for the onset of the malady.

I ordered her a turpentine mixture, and a smart purgative. Lemonade as ordinary drink.

29th. The ecchymosis on the right side the same as yesterday, but petechiæ have appeared on the left and over the legs and trunk; none on the arms. Blood oozes from the inner part of the lower lip. She was sent to bed and ordered a mixture consisting of Dec. Matico, Potassæ Chloras, and Ol. Terebinth., every two hours.

30th. The bleeding continues from the lower lip, and this morning has commenced to issue from the left nostril. The whole body is covered with ecchymoses, petechiæ, and vibices; the most extensive extravasations being on the lower jaw, and on the inner part of the left thigh immediately above the knee. She is in no pain, appears cheerful, and desires to be allowed to get up, as she thinks she shall soon be well again. Pulse 110, jerking; tongue slightly coated and reddened by the blood which has passed down her throat; urine dark and evidently contained blood; motions black, grumous, resembling coffee grounds, but more fluid.

I plugged the nose with matico and ordered lemonade to be taken in large quantity. To be allowed wine, beef-tea, and oranges, and to continue the same medicine.

July 1st, 8 a.m. Decidedly worse, countenance exsanguined, features pinched and anxious; pulse 120, feeble and jerking; slight cough; tongue thickly coated, dark. The hæmorrhage from the nose is profuse, and large quantities of blood have from time to time been swallowed, which now makes her feel sick; she vomited several times and brought up much blackish blood; the lips are bleeding; the urine is of inky blackness; and throws down a heavy black deposit on standing; the evacuations from the bowels are black fluid blood, without smell or any other evidence of containing fæculent matter. More petechiæ have made their appearance over the body.

I plugged the nostrils with matico, and ordered ammonia and catechu.

1 p.m. Worse; features pinched; eyes half closed; jactitation; frequent sighing; deadly faintness; surface of body cold and clammy; tongue thickly coated, black, and would be dry but that she is obliged constantly to wash her mouth out, to discharge the clots at the back of the pharynx. On looking into the mouth, the blood could be seen passing steadily down the œsophagus. Pulse 140 to 150, reduced to a thread. She has lost all hope. Death, indeed, appeared inevitable, and an hour or two at the farthest would propably close the terrible scene—a scene which certainly presented as frightful characters as I ever witnessed even in the worst form of Asiatic cholera. The bleeding lips and nose, the shrunken discoloured face, the bruised jaw, the frightfully black excretions, and blood on everything around, looked more like some horrible domestic tragedy than the work of a few brief hours of ravaging disease.

I determined to plug the nostril from behind, by passing a dosssil of lint through the posterior nares, and even while performing this trifling operation, I feared she would die. The tongue and pharynx were cold. Having succeeded in passing the plug through the left nostril, I ordered her a wine-glassful of brandy and the following mixture:—

R. Acidi Gallici, dr. ss.; Tinct. Opii, m. iv., Aquæ, oz. ss., every half hour,—and plugged the right nostril, which, previously to the left having been stopped had not bled much, but from which the blood now flowed in a stream.

9 p.m. Slightly improved; bleeding ceased.

2nd, 5. a.m. No return of the external bleeding.

Pergat. She is improving, but the excretions are still black.

1 p.m. The gallic acid produced vomiting; and effervescing draughts with Sulphate of Magnesia, and Liq. Opii Sed., Battlei, were substituted.

The following day she commenced quinine and acid. The urine was become of natural color, and the motions although still dark had lost their blackness.

5th. The catamenia appeared, and for a few hours assumed an hæmorrhagic character, but were checked by half-grain doses of opium.

17th. She was able to go home, there had been no return, of the hæmorrhage and she was gradually gaining strength; the excretions were healthy, and the spots on her body had nearly disappeared. She was ordered to take quinine, iron, and sulphuric acid, while in the country.

August 15th. She returned to Plymouth, and I then examined into the state of the various organs of the body as exactly as possible with the following results:—The heart is large and powerful, but otherwise healthy. The right lung healthy, with the exception of slight sibilous rales on deep inspiration. In the left the respiratory murmur appears normal upon ordinary inspiration, but when a forced effort to fill the lungs is made, a splashing or gurgling is heard, as if cavities half filled with fluid existed in the lungs, but so circumstanced as to be out of the reach of ordinary breathing. This sound is heard throughout, and not confined to the upper portion of the lung; expiration rather prolonged; resonance clearer on left side than right, and the percussion sound duller; slight uneasiness on pressure in the epigastrium; the hepatic region does not present any enlargement, and the extent of dulness on percussion is perfectly normal; nothing abnormal in the abdomen; urine healthy; tongue furred; pulse 100; no cough nor night perspirations. She was directed to continue her tonic medicine and apply a blister to her right knee, having inflammation of the bursa from kneeling.

30th. She again went into the country.

September 22nd. Returned to Plymouth much improved. She has gained flesh and colour; tongue cleaner; pulse varying from 84 to 96, soft; menstruation regular, but still rather profuse; left lung improved, the splashing heard only in the centre of the lung. She was ordered to continue her medicine, and apply a blister to the left side of the chest, and on October 3rd she went home.

I have dwelt so long on the progress of this case, as to leave little space for speculations as to the cause of the disease, nor do I regret this, for it would tend, I fear, to no satisfactory elucidation of the subject. It has been said that the liver is the organ generally at fault, but here, so far as we may judge by the evidence presented, such was not the case. My valued and talented friend, Dr. Butter, suggested the possibility of the system having been poisoned by the inhalation of the vapours of lead and turpentine, during the progress of painting the outside of the house she was living in at the time of her illness, having seen cases of hæmorrhage from that cause; and it did appear highly feasible that some such poison had been received into her system, by the suddenness and violence of the attack, but subsequent investigation showed that six weeks before her illness, and long before the painting began, a very extensive ecchymosis had made its appearance on one of her knees. The house she lived in is large, and situated as healthily as any in Plymouth. Her situation was light, many servants being kept, and the utmost regularity maintained, so that she was placed in very favourable circumstances for the preservation of health.

The remedy that saved her life was gallic acid, in half-drachm doses, and I would earnestly advise recourse to it at an early period in any similar cases that my professional brethren may be called upon to treat, and trust they will favour us with the results of their experience.

Princess Square, Plymouth,
October 4th, 1848.

CASE OF ACUTE HYDROCEPHALUS: IODINE: CURE.

Communicated by E. Copeman, M.D., Norwich.

W. M., aged 6 years, of scrofulous habit, well but delicately formed, of quick perception and excellent memory, with a remarkable fondness for reading and study, has almost from birth been subject to slight convulsive actions, starting during sleep, and awaking with a scream, but in other respects had enjoyed good health until about the beginning of April, 1847, when he began to lose his appetite, his bowels became deranged, and his sleep more troubled. On the 18th he was attacked with violent purging, which, however, soon ceased, but he became very restless and feverish, and complained of pain and heaviness in the head. For several nights, and frequently in the course of the night, unless constantly watched, he jumped completely out of bed, screaming violently. A purge of Hydrarg. cum Creta and Scammony was given, and acted freely, cold was applied to the head, he was put into a hip-bath, and ordered to take small doses of calomel and antimony, and a mixture of acetate of ammonia.

This treatment was continued for ten days, but his appetite failed, and he became stupid, sitting for hours with his chin upon his breast, and not answering questions unless previously roused by a loud noise, or by shaking him, when he started and appeared frightened, but answered collectedly, although very briefly, and in a peevish tone. He complained of no pain, and was not feverish. Pulse very small and frequent; tongue covered with white fur, but moist. Blisters were applied behind the ears, and at the back of the neck, the calomel and antimony continued, and, as he took no food, and appeared very feeble, a mixture of bark and ammonia was prescribed. The bowels being costive, aperients were from time to time given.

About the 29th he began to complain that he could not see distinctly, and at the same time his speech became

very difficult, so that he could hardly be understood, and his hearing was also greatly affected. In a few days he became quite deaf, to all appearance blind, and when he attempted to speak, which was very seldom, he could not be at all understood. The pupils were widely dilated, and the pulse hardly to be felt at the wrist. While in this state, (about May 2nd,) he was ordered five drops of Lugol's solution of iodine every four hours; two days afterwards he became more sensible, could hear a loud noise, and took food. The iodine was continued, the dose being gradually increased; and he recovered, by degrees, the senses of which he had been deprived, being in better health at the beginning of June than before the attack.

He has remained in good health up to the present time, September, 1848.

LETTER IN REPLY TO DR. COLLINS, ON THE DURATION OF LABOUR AS A CAUSE OF DANGER AND MORTALITY TO THE MOTHER AND INFANT.

By J. Y. Simpson, M.D.,
Professor of Midwifery in the University of Edinburgh.

To Dr. Collins, &c. &c. &c., Dublin.

My Dear Sir,—

A few months ago I took an opportunity of transmitting to you some proofs of the first five or six sections of a "Memoir on Turning, as an Alternative for Craniotomy and the Long Forceps, &c.," publishing in the *Provincial Medical Journal*. In the last No. of that Journal you have, on this subject, published a letter, addressed to me. For your own sake I do sincerely regret that you had not first sent this communication to myself, instead of to the Editor of the Journal, because I should have had pleasure in showing you privately the serious errors of calculation and reasoning which you have committed in it, instead of being compelled, as now, and in self defence, to speak of them openly and publicly.

Let me premise, however, first and once for all, that in writing the fourth section of the memoir,* (the one on which you principally comment,) as in writing all the other sections of it, I have, as far as I am aware, made no remark upon you or upon your work, calculated, in any degree, to call forth a communication from you, conceived and written in such a tone and spirit as your letter betrays. Under various chapters in your treatise, you invite your readers to use your data for further calculations. I have done so, but I have done no more; and I should have felt sorry indeed if I had allowed any word or expression of disrespect to escape from me, of which you or any one could complain. I have quoted, to be sure, and in your own words, some of the interesting cases which you have published of delivery by the crotchet, &c., as cases where, probably, the proposed operation of turning would have been more successful in saving human life. But certainly, in doing this, I no more attached, or dreamt of attaching, any blame to you for not turning in these instances, than I could mean to attach blame to you for not using anæsthesia in your practice twenty years ago, when the practice of anæsthesia in midwifery was unknown.

I have often already stated, and gladly and willingly repeat, that your work is a most admirable collection of obstetric cases and data, and that it would be difficult in this respect to overpraise its candour and worth; but I believe at the same time that the deductions which you yourself have drawn from your data are, in most cases, incorrect. Your data are, I believe, exceedingly accurate and valuable, but your own deductions from these extensive data are, I believe, equally, in most cases, extremely inaccurate and valueless.

For example:—The principal question in debate between us amounts to this. You maintain that the mere protraction of labour is not a material cause of danger to the mother, and, as a consequence, you hold that the mortality from the effects of protracted labour is, to use your own expression, "strikingly small." On the contrary, I maintain and hold, that the mortality arising from the effects of protracted labour is strikingly great. You maintain that your published reports of 16,414 deliveries, which occurred in the Dublin Hospital when you were Master of that Institution, prove that neither the deaths of the mothers, nor the number of obstetric complications, were much or at all increased with the duration of the labour. I maintain that your published reports of these 16,414 cases prove quite the contrary. You maintain that the test of your own recorded "practical experience" shows you to be right in the opinions that you have formed on the preceding points. I maintain that the test of your own recorded practical experience shows you, on the other hand, to be wrong in these opinions,—against, in short, the truth of your own recorded opinions; and to appeal to the truth of your own recorded facts, against your own doctrines, I merely appeal to your own data.

One fundamental mistake in your statistics and calculations has led you into all your numerous errors and inaccuracies relative to the effects arising from the morbid protraction of labour. This error has made you repeatedly express and maintain, as the supposed result of your own facts and experience, opinions which your own facts and experience, when properly interpreted, totally, and altogether contradict.

The error I allude to is this: in calculating from your experience of 16,414 deliveries, the effects upon the maternal mortality of morbid prolongation of the labour, as a special or individual complication, you calculate the resulting number of deaths in relation to the total sum of all the cases delivered, (16,414,) instead of calculating them in relation to the total sum of all the cases merely that were protracted. You calculate the effects of the complications relatively to the whole number of cases of delivery, instead of relatively to the whole number of cases of this special complication, (protraction.) An example may illustrate my meaning. I shall take it from the subject of rupture of the uterus and vagina.

During your seven years' Mastership of the Dublin Hospital, thirty-four cases of rupture of the uterus and vagina occurred, and thirty-two of the mothers died; two only of the thirty-four survived. If asked whether rupture of the uterus were a dangerous complication or not,—whether the mortality attendant upon it was "strikingly small or strikingly great," what answer would you return? If you argued and answered upon this special complication as you do with regard to the special complication of protraction, you would maintain that the mortality from rupture was strikingly small; for only thirty-two mothers out of 16,414, or

* See *Provincial Journal* for February 9, 1848, p. 57.

about one in every 513, died of it. This would shew, certainly, the proportion of deaths from rupture in relation to the total sum of all the cases delivered; but it would not shew what was wanted, viz., the proportion of deaths from rupture in relation to the total sum of all the cases in which rupture happened. If you wished, in short, to state the real risk and danger attendant upon this special complication, (rupture,) you would state that thirty-two mothers died of it out of thirty-four cases in which it occurred, instead of stating that only one in 513 died of it. And, exactly in the same way, if asked what was the degree of maternal risk and danger attendant upon another special complication, viz., protraction of labour beyond twenty hours, your answer upon the same principle should not be as you have it,—forty-two deaths in 16,414 labours, or in the proportion of one in 391; but forty-two deaths in 452 labours, (the *whole* number protracted beyond twenty hours,) or one death in every eleven cases of labour prolonged to this amount of protraction.

Ask any intelligent actuary, or any medical friend acquainted with the principles of statistics, and they will perhaps convince you more than any more lengthened remarks of mine would, respecting the errors you have committed on this, and on various other analagous statistical questions. But I have taken up too much time with these preliminary remarks, and I must hasten on to shew the erroneous nature of the more direct criticisms, which you have pleased to offer on some of the statements and opinions contained in my memoir. The principal of these statements and criticisms I shall answer by a simple appeal to, and tabulation of, your own data; for in these data, as I have already said, there is always contained the best and most complete refutation of your own opinions, I shall notice your principal objections and statements *seriatim*.

1. I have ventured in the fourth section of my "Memoir on Turning," to lay it down as a general law, that "*the maternal mortality attendant upon parturition increases in a ratio progressive with the increased duration of the labour.*"

The law itself—and I believe it to be a most important one—was originally educed by a series of calculations out of your own cases. I formerly published merely the *results* of the calculation, without publishing the *data* on which these results were founded, for my object was not to overload my paper, or the pages of the Journal unnecessarily. As you believe, however, that these results are "obscure," and must be erroneous, because totally opposed to your opinions; and that they consist only of "partial data" and of "visionary" "theoretical calculations," (to quote your own expressions,) I shall simply, in answer to all this criticism, insert, in a tabular form, the data themselves upon which this law and its results were founded.

Out of your 16,414 cases, you noted the duration of the labour in 15,850; and among these 15,850 cases, 138 maternal deaths occurred. The following table contains, in its first column of figures, the total number of deliveries that took place under each specified period of duration; in the second column is stated the corresponding number of deaths occurring among each set of these deliveries; and in the third column is given the proportion which the deaths bear to the whole deliveries in labours of each specified degree of duration. In other words, the table reads thus*:—3,537 mothers had their labours terminated within one hour from their commencement; and of these 3,537 mothers 11 died, or 1 in every 322. The labour continued from 2 to 3 hours in 6,000 cases, and out of these 6000 cases 26 mothers died, or 1 in every 231, and so on.

Table shewing the Proportion of 138 *Maternal Deaths in Relation to the Duration of Labour in* 15,850 *Cases of Delivery recorded by Dr. Collins.*

Duration of Labour.	*Number of Deliveries*	*Number of Deaths.*	*Proportion of Deaths.*
Within 1 hour	3,537	11	1 in 322
From 2 to 3 hours	6,000	26	1 in 231
From 4 to 6 hours	3,875	29	1 in 134
From 7 to 12 hours	1,672	21	1 in 80
From 13 to 24 hours	502	19	1 in 26
From 25 to 36 hours	134	8	1 in 17
Above 36 hours	130	24	1 in 6
Total	15,850	138	1 in 115

I need not, I believe, add a word of comment, for these figures themselves speak strongly enough against your opinions, and in favour of mine. But you must excuse me adding, that the data of the table are not, (as you declare,) "partial." They include all the 15,850 cases in which you noted the duration of the labour. In the remaining 564 cases of your 16,414, you did not note the duration of the labour. But I am not answerable for that omission. And I am sure that your own good feelings will prompt you to withdraw the improper accusation of "founding doctrines upon partial data" from your work.

2.—*Does the Liability to various Morbid Complications during Labour increase in proportion as the Labour is increased in its Duration?*

In one section of my paper I had stated that the above law holds good in regard to most obstetric complications, as puerperal fever, &c., and rupture of the uterus, convulsions, retention of the placenta, &c. You demur to the truth of the law educed, and in your letter to me, you select one complication to refute my views, and make the following statement regarding puerperal fever:—"That this intractable disease," you observe, "is *not* the result of *protracted* labour, as you erroneously state, is notorious to those who have had opportunities of observing it, *and is fully proved in my report*, the total number of cases being eighty-eight, seventy-one of which were delivered within twelve hours, and eighty within twenty-four hours." In your treatise you offered, some years ago, a similar opinion. "It is stated," you remark, "by several writers, that females who have suffered from tedious and fatiguing labours, are particularly liable to puerperal fever. This, you add, *does not accord with my experience.*"

Now, it does accord with your experience. Here, as elsewhere, your own facts and data show that very opinion to be true which you believe to be untrue. The following table is a brief way of expressing these data in reference to the eighty-four cases of puerperal fever, in which the previous duration of the labour was noted by

* The other tables that follow are constructed in the same plan, and read in the same way.

you, and it sufficiently shows that the liability to this (like other complications,) increases as the labour increases in duration:—

Table of Duration of Labour in Eighty-four Cases of Puerperal Fever, in the Dublin Hospital, during Dr. Collins' Mastership.

Duration of Labour.	*Number of Deliveries.*	*Number of Cases.*	*Proportion of Cases.*
Within 6 hours ..	13,412	61	1 in 219
From 7 to 12 hours	1,672	10	1 in 167
Above 12 hours ..	766	13	1 in 59
Total	15,850	84	1 in 186

3. *Does the Infantile Mortality attendant upon Parturition increase in a Ratio progressive with the increased Duration of the Labour?*

I have stated this as another general rule, deducible from your data. You doubt its soundness, and in answer to it express yourself as follows:—"In reply to this theory, I shall only state the simple truth which you have omitted, that of 1,045 cases of still-born children accurately noted, 844 were delivered within twelve hours, and 932 within twenty-four hours; and I have added that the death of the child subsequent to birth, except in very few instances comparatively speaking, was not a consequence of injury arising from protracted labour; for of the 284 which was the total number of deaths, previous to the mother leaving the hospital, the labour in 246 did not exceed twelve hours. These unquestionable facts extinguish all speculative theories."

On this, however, as on other points, against the truth of your opinions and criticisms, I have merely to appeal to your own "unquestionable facts." And I will do so by shewing you in the following table, that my "speculative theory" (as you choose to term it,) is merely a simple generalization of your own experience and cases.

Table shewing the Proportion of Still-births in Reference to the Duration of Labour in 15,850 Cases of Delivery. (Dr. Collins' data.)

Duration of Labour.	*Number of Deliveries.*	*Number of Still-born Children.*	*Proportion of Still-born Children*
Within 2 hours ..	7,050	347	1 in 23
From 3 to 6 hours	6,362	346	1 in 18
From 7 to 12 hours	1,672	151	1 in 11
From 13 to 24 hours	502	88	1 in 6
From 25 to 36 hours	134	42	1 in 3
Above 36 hours ..	130	71	1 in 2
Total	15,850	1,045	1 in 15

The opinion which I have above quoted from your late letter to me, as to protraction of labour not influencing the life of the child *after* its birth, is expressed by you also in your Treatise, (p. 513.) "To prove (you observe) that tedious labour is not often the cause, it will be sufficient to mention, as is clearly shown by the tables, that of the 284 children dead, the labour in 246 instances did not exeeed twelve hours."

If we throw out of these 284 cases, the premature or twin children, as too small in size to be influenced much in their passage during labour, and those born imperfect or diseased, we have 155 children left, born at the full time, and apparently perfect in formation at birth. The following table of these cases will prove to you, contrary to your opinion, that tedious and protracted labour is a cause of death to the child after birth.

Table of Duration of Labour in 155 Deliveries where the Children died within a few Days after Birth. (From Dr. Collins' data.)

Duration of Labour.	*Number of Deliveries.*	*Number of Deaths.*	*Proportion of Deaths.*
Within 6 hours ..	13,412	110	1 in 122
From 7 to 12 hours	1,672	24	1 in 70
Above 12 hours ..	766	21	1 in 36
Total	15,850	155	1 in 102

In the preceding observations I have used no arguments to refute your criticisms and statements, except your own data. Your own figures talk too eloquently against the soundness of your deductions to require any assistance on my part. And here let me observe, that in one sense the term "experience," which you so often repeat, is misapplied by you. A man who watches and reasons upon 50 cases accurately, may form sounder deductions than a man who sees 500 or 5,000 cases, but who watches and reasons upon them inaccurately. And in its last and essential analysis, true experience really consists in true deductions from the cases observed, more than in seeing cases, however numerous, and drawing imperfect or improper deductions from them. Two practitioners of so-called experience, may each see a vast amount of similar cases, and yet, ultimately, draw the most directly opposite conclusions from them. Supposing one of these practitioners right and the other wrong, then certainly, of the latter, the so-called "vague and arbitrary experience, (as Bacon writes it,) astonishes rather than instructs." Dr. Hamilton and you each had an opportunity of seeing a very large amount of obstetric cases, and you each, through thus watching facts or phenomena of exactly the same nature, came ultimately to conclusions exactly opposite in regard to the effects of morbid protraction of labour upon the safety and life of the mother. He came to the conclusion that morbid prolongation of the labour is a great cause of danger and death to the mother. You came to precisely the reverse conclusion, and attacked him with the "strong observations" which you alluded to in your letter to me. The means of settling, and settling statistically and definitely, all, or almost all, the points in dispute between you and Dr. Hamilton, exist in your own work; and when the

evidence of your own data is properly arranged and estimated, it will be found, I believe, as in the foregoing tables and instances, to refute your opinions, and support those of Dr. Hamilton, to a degree which you could scarcely have ever dreamt of. But I feel assured that your own candour of mind, and your deservedly high standing, will enable you to perceive and own this, and so repel the well-known saying of Locke, that, "there are few, if any, men, who once dreadfully mistake, that are willing to be set right."

In your letter to me, besides challenging the truth of the generalizations which I had offered on the duration of labour as affecting the life and safety of the mother and infant, you have entered into other criticisms, and made other observations on my essay. The principal of these criticisms and observations I shall now notice. For instance:—

4. Speaking of the results of your practice when Master for seven years of the Dublin Hospital, and of the number of patients who died of puerperal fever, you observe—

"If we were *only* to deduct the deaths from this fatal disease, which may be considered *accidental*, the entire maternal mortality for seven years would then be less than one in 156. And *why* (you specially ask,) is it not stated that for the four last years of my residence in the Hospital, after puerperal fever disappeared, during which period the very great number (10,785,) of deliveries occurred, fifty-eight only died, or in the proportion of one in 186?" Why? Simply because I had nothing to do with the matter. I should have been travelling altogether out of my road if I had mentioned it. My essay is not, in any, the very slightest degree, a comment upon the good or the bad success of your practice. My calculations and inquiries were altogether independent of the numbers you happened to save or to lose. The principles I have educed would have equally appeared whether your practice had been twice more successful or twice less successful than it was. The proportions you lost at any specified time did not interfere in any respect with my calculations, and I had no interest in the point you allude to.

But since you ask such strange questions, let me ask you one or two in turn. Why is it not stated by *you* that during the first three years of your Mastership, out of 5,629 women delivered, 106 died, or one in every 53? Why have you never mentioned that in one year, (1826,) when you acted in the Hospital partly as Assistant-Physician, and partly as Master, 81 out of 2,440 women delivered, died, or one mother in every thirty-one? Why not add that during five years subsequent to the four which you have named, one woman in about every fifty delivered in the Dublin Hospital, died?

You prominently state, (with what good taste I leave others to decide,) that in 1821 and 1822, in the Edinburgh Lying-in Hospital, when under the late Dr. Hamilton, "1 in 21 of the patients" died. You know that this high mortality arose from the prevalence of puerperal fever, which you deem an accidental complication. Why have you not added this? Why have you not added, that in the Dublin Hospital when the same epidemic prevailed two years before,—viz., during 1819 and 1820, with all the superior endowments and accommodation of that large and rich hospital, the mortality was nearly as great, or about 1 in 34? You state that "unfortunately the above is the only record in existence of the mortality of this public charity"—the Edinburgh Lying-in Hospital. An official report was published, and, I think, certainly transmitted to you, the year after I succeeded Dr. Hamilton, shewing that out of the 930 patients of the Institution, whose deliveries had occurred immediately before and up to the date of the report, only 1 mother had died, (1 in 930,) and that death had occurred in consequence of disease of the heart.

5. But after all, is your selected and highest return of 1 death in 186 mothers, when puerperal fever was not in operation, any great success? You evidently think so. You yourself write with great self-complacency—

"Dr. Collins' practice is *much the most successful on record*, as (there is) no report of 10,785 cases with a mortality nearly so small as 1 in 186." You claim from me that I should publicly state this as "only an act of simple justice to you!" "I feel called upon, (you further observe,) to seek the declaration of this important truth from you;" and you add, "I am induced to request you to blend a more equitable portion of merit to me, as I believe you would not intentionally *pluck the laurel off my brow*, or withhold, what, I hope you will agree with me in thinking, I may from you legitimately claim."

Now, I certainly have no desire to pluck, as you poetically express it, the laurel from your brow. Nor, indeed, is there the slightest fear of myself or any one else doing it; for the truth, I humbly fear, is, there is not any laurel to pluck. Your *selected* return of one maternal death in 186 deliveries is not greater than various other hospital reports shew under the same circumstance,—viz., under the subtraction of all casualties from puerperal fever. In your hospital during your Mastership, 1 in every 100 mothers died, (puerperal fever included;) 1 in 186 when puerperal fever had disappeared. In the Dublin Obstetric Hospital, superintended by Dr. Churchill, 1 mother in 219 died, (puerperal fever included;) 1 only in 274 when puerperal fever deaths were not included. (See *Dublin Quarterly Journal*, Vols. xiii. xv. and xxiii.) In a printed report of the Edinburgh Maternity Hospital now lying before me, 1 in every 134 mothers died, (puerperal fever included;) 1 in every 368, (puerperal fevers not included.) (See *Monthly Journal* for November, 1848.)

But we need not take a return, *selected* either as regards time or as regards the absence of puerperal fever, to shew a success greater than your own. Most of the readers of your letter in the *Provincial Journal*, could, I believe, shew a better return, *without* any selected time or circumstances, than yours, *with* your selected time and circumstances; for in the last year, (1842,) for which the Registrar-General has as yet published no returns of the relative number of births and deaths in childbed, among 517,739 births registered in England and Wales, 2687 mothers perished in childbed, or 1 in every 190 mothers died. Do you object that the average rank of life was higher than among your patients? That objection does not certainly apply to the patients of the London Maternity Charity. Yet out of 35,743 deliveries among the patients of that Institution, only 166 mothers died, or 1 only in every 215.

And please to recollect, too, that the practitioners at the London Maternity Charity, who were thus, without any selection, so much more successful in practice than the Master of the Dublin Hospital with his selections, and to whom, therefore, I fear you must surrender that laurel of which you suppose yourself the wearer:—Please, I say, to recollect, that they are (shall I write it?) female practitioners—real petticoated midwives.

When adducing the supposed success of your own practice, I am not aware that you have anywhere stated that your general success during your seven years Mastership, as far as regards the maternal mortality alone, was considerably less than that of other Masters who had preceded you in the same institution, as Dr. Rock and Dr. Evory. But the accoucheur, in every case of labour, has charge of two lives, the life of the mother and the life of the infant. In your 16,414 cases you had committed to you, for instance, 33,068 lives, including 16,414 mothers, and 16,654 infants, out of these 33,068 lives, one in every twenty-seven was lost, a mortality greater, I believe, than that which had happened to almost any of the other Masters who have had charge of the Dublin Hospital. You choose to blame and criticize me for losing, in my private practice, during a late epidemic of puerperal fever, and when using anæsthetics, two mothers from puerperal fever, out of 150 deliveries. Out of 150 children born in these 150 cases, only one was dead. Of the 300 lives thus entrusted to me, I lost only one in 100; you lost one in twenty-seven.

The statistical investigations of Merriman and Casper have proved, that in England, and upon the Continent, the number of maternal deaths following delivery, has decreased during the last century from about one in fifty or eighty, to one in 150 or 180, from the science and art of midwifery being everywhere more deeply and earnestly cultivated. Your vast hospital in Dublin has now been open for nearly a century, but the returns of it show that the success of the last four Masters of it, (yourself included,) either as regards the saving of maternal or infantile life, has been less than that of the first four Masters who took charge of it in the last century. The last four Masters lost one mother in every seventy-five, and one child in every seventeen. The first four Masters lost one mother only in every seventy-seven, and one child only in every twenty.

I state these things with no intention to blame,—far from it; but I feel alarmed at the self-complacent way in which you seem to talk of the present supposed advanced state of midwifery. You accuse me of the "atrocious crime of youth." Every day I get older, and every day I feel more and more the vast amount of work that yet remains to be done by us all in midwifery, and I would fain excite you, if I could, to expend more of your abilities and talents upon the real advancement of that branch of medicine which you and I practise. Further, you seem to suppose that the seeing an enormous number of cases is the means by which this advancement is to be accomplished, and that my want of experience (as you choose to term it,) is enough to prevent me aiding in this good work. But I beg you again to remember, that it is not the mere mass of cases seen that has ameliorated, or that will ameliorate, the state of midwifery. In your hospital, upwards of 150,000 women have been delivered under the charge of different Masters. If we except, however, the names of Ould, and Clarke, I cannot, at this moment, recollect that any one of your other physicians, when acting as Masters, has added a single new fact to obstetric science, or propounded a single new principle in obstetric practice.

But I have said enough on this matter; let us pass on to other topics.

6. You say that, in my "Memoir on Turning," I have "ventured to condemn your practice." I am certainly not aware that I have done so. But you unscrupulously venture to condemn mine, and denounce the idea of turning in a case of contracted pelvic brim as "dangerous," &c., &c.; and you condemn it on grounds which shew at once that you misunderstood it. You suppose and argue that I wish to substitute turning in *all* cases of deformity of the pelvis, where the crotchet and long forceps are at present used. I never entertained or expressed such an idea. Thus, you erroneously imagine that I would have turned the children in all the seventy-nine cases in which you perforated their heads; and you add, "I shudder at the thought." I really do not see why we should "shudder at the thought" of saving *some* of their lives, instead of destroying them all. An old pupil of your own, your former able Assistant-Physician at the Dublin Hospital, and my esteemed friend, Professor Murphy, of London, met last December with a case (see *Lancet* for Dec. 18, 1847,) in which the pelvis was three inches in the congugate diameter of the brim, where the head remained above it, where he commenced *your* method of practice of perforating, but the instrument failed, and where he subsequently turned and delivered the child alive by *my* method of practice; and I have quoted in my memoir, several such instances. Would any man "shudder" at the thought of this child's life being saved by a new, when it was so nearly being sacrificed by an old, practice? Your countrymen have just been earnestly petitioning, and properly so, for one adult Irishman who has forfeited his life to the civil law. And why "shudder," then, at the thought of me petitioning with equal earnestness, for the lives of *some* of the next young Irishmen, that may, (if the old obstetric law is not changed,) be doomed betimes to have their heads opened, as formerly, by the perforator; and who, as yet, have committed neither crime nor treason of any kind. You are well aware that the Dublin returns present a much larger proportion of cases of craniotomy than those of any other hospital or school in the world. And one of our most able and most experienced practitioners in Scotland, (Dr. Wilson,) when, lately writing on the subject of the frequency of craniotomy, observed, not without truth—"It is to be feared that embryotomy is too lightly thought of; and our practice contrasts very strongly and unfavourably with that of criminal courts in cases involving life and death. With us the destruction of the life of a child is often determined upon, even without the formality of a regular consultation; whereas, with them, such is the importance attached to life, even when that life is loaded with imputed crime, that the greatest talent in the land are summoned to judge and bear witness in the cause, so that life be not sacrificed without the most undoubted proof of guilt." (See Dr. Wilson on the advantages of turning in certain cases of narrow pelvis.)

7. You believe that I wish to give up the long forceps, and substitute turning for them, and that I thus leap, (as you elegantly express it,) "out of the frying pan into the fire." Now, I do not any more imagine that turning should be a substitute for the long forceps in all cases, than that it should be a substitute for the crotchet in all cases. There are cases in which each is the appropriate plan of treatment. That I have not given up the long forceps, you will find by a paper of mine on the subject, published in the *Monthly Journal of Medical Science*, only two months back. In your letter to me, you object to the long forceps in the following terms:—"In most laborious labours the pelvis measures little more than three inches from the pubes to the sacrum; in others less than this. And when we consider the blades of the

smallest sized long forceps used in Britain, even when completely closed, measure from 3⅛ inches to 3½, it is clear that where the bones of the pelvis were denuded of their soft parts, there would not be space to admit of their application." Now, here, you commit two most extraordinary errors in relation to the mechanism and application of the long forceps. They are not applied antero-posteriorly,—that is, in the narrowest or most occupied diameter of the pelvis. The contracted pelvic brim is cordate or elleptico-cordate; and, (in this part of the world at least,) children's heads are not of that shape, but round or oval, and consequently, in entering the pelvic brim, they leave and must leave, laterally or diagonally, a free space on either side. It is in these free spaces that the blades of the long forceps are passed up by all who use them. Surely the rejection altogether of the benefits of the long forceps from the practice of the Dublin Hospital, when under your care, was based on grounds more valid than the two very strange and grave errors which you have here expressed on an important, yet simple, point in obstetric anatomy and obstetric surgery.

8. In relation to the operation of craniotomy, you try to show that the whole mortality from it was small. "Fifteen *only*," you say, "out of seventy-nine died;" that was one death in every five operations. Was that a *small* mortality? When the same operation was performed after labours of forty-eight hours' duration, my observations in regard to its mortality are, you state, "frightful indeed;" but, notwithstanding, you aver that the resulting mortality was "*marvellously* small," for you argue the deaths were only eleven out of the 6,414 deliveries," here reasoning again according to your old and erroneous mode of calculation, there were eleven maternal deaths out of twenty-seven craniotomy operations, or there died one in every two and a half delivered by the crotchet at that late period of the labour. Whether is this mortality "marvellously small" or "frightful indeed?" I willingly leave you and our readers to determine.

9. You give a statement of the supposed *cause* of death in the forty-two women who died after labours protracted beyond twenty hours. You do so evidently with the view of showing that they did not die of affections brought on by the protraction; but the whole list is a list merely of such injuries and diseases as tedious labour does produce,—viz., fever, inflammation, sloughing, rupture, &c. There is one striking exception in your table,—viz., one death entered from stricture of the intestines. Stricture, or chronic stricture of the intestines, was, you state, found on dissection, but how that stricture did or could possibly produce death without ileus, &c., you do not state. At last you ingeniously argue or what you term "demonstrate," that you lost only three patients instead of forty-two, from the effects of protracted labour. But I feel sure, that to the members of the Provincial Medical Association of England, it is utterly needless to expose such trifling with facts. Long ago surgeons always used to argue in regard to their lithotomy and other cases, that the deaths were from inflammation of the bladder or intestines, or disease of the kidneys or liver, or anything, in fact, except the operation itself. Modern surgery does not admit of such pathological casuistry; nor does modern midwifery.

If my time and space were not both alike exhausted, I would notice and correct other statements which you have made in your letter,—such as your declared idea that your "Practical Treatise" established a "*new era*," (is this expression not a misprint?)—your erroneous apprehension of the uses that I attribute to auscultation during labour; your allegation that "a child *cannot* pass alive" by turning in a deformed pelvis; your incorrect misrepresentation, (not, I trust, a wilful one,) of the results of anæsthetic midwifery in my own practice, and in the practice of the Maternity Hospital, &c. But I have said enough, I believe, to put on their guard your readers and mine as to the weight of your opinions and ideas on these and other matters. And apologizing for the very hasty, and consequently, very imperfect way in which these remarks have been thrown together, I beg you to believe me,

Very faithfully yours,
J. Y. SIMPSON.

Edinburgh, October 25, 1848.

[As both our esteemed correspondents have now stated their opinions at very considerable length, they will, we trust, excuse us for saying, that the dispute should end here.—Ed.]

Hospital Reports.

WEST NORFOLK AND LYNN HOSPITAL.

COMPLICATED SURGICAL INJURIES TREATED BY CHARLES COTTON, ESQ., M.D., F.R.C.S., &c.

COMPOUND FRACTURE OF LEG; TRAUMATIC DELIRIUM AND GANGRENE; SECONDARY HÆMORRHAGE: AMPUTATION OF THE THIGH: SUBSEQUENT MORTIFICATION OF THE STUMP: DEATH ON THE NINETEENTH DAY.

William Spinks, aged 50, agricultural labourer, admitted June 21st, 1848. He was conveyed by railway a distance of seventeen miles, and brought to the hospital late at night with a severe injury to the right leg, caused by the wheel of a cattle van accidentally passing over it. On examination, the integuments and flesh were found to be much lacerated and bruised, the bones fractured obliquely through the middle, slighty splintered, and protruding in front, and the periosteum of the tibia extensively denuded towards the knee. There was considerable bleeding of a dark colour, the pulsations of the arteries in the foot could, however, be distinctly felt. The poor man was greatly depressed in spirits, and anxious to have his leg spared if possible. His master, who followed him to the hospital, stated that his habits were steady and temperate, and that he was much respected. After some little deliberation, arising from the probable injury to the veins, and the mischief done to the soft parts, it was determined to attempt the saving of the limb. The leg was accordingly placed upon a soft pillow, guarded with oil-silk, the wound sponged, a few small particles of bone removed, and the fractured ends adjusted and retained in pretty good apposition, by means of foot-splints loosely applied on the outside of the pillow. Some inconsiderable riding of the bones was insurmountable, owing to the obliquity of the

fracture. The hæmorrhage became lessened, and afterwards ceased under the constant application of cold water.

22nd. The first part of the night painful and restless; a draught administered, containing thirty drops of Battley's sedative. Slept some hours from five this morning; is low and out of spirits, but free from pain. Rept. haust. hora somni.

23rd. A good night; limb easy. Slop diet.

24th and 25th. Progressing most favourably; the probable saving of the limb a source of much satisfaction to patient and surgeon.

26th. Much restlessness and wandering throughout the night.

Ten, a.m. Is now quite delirious, swearing and abusing different individuals for having caused his leg to be taken off. The pulse is weak, frequent, and wavy; he sighs frequently and deeply, and is continually tossing about the injured limb. Can be occasionally, for a moment, quieted, on being persuaded to look at his toes, and assured that an operation has not been required.

R. Liq. Opii Sedativi, m. xl.; Spt. Ammon. Arom., dr. j.; Mist. Camphoræ, oz. ij. Fiat haust. statim sumendus; and the following mixture every two or three hours, according to circumstances:—R. Ammon. Carb., scr. ij.; Spt. Æther. Sulph., dr. iij.; Liq. Opii Sedativi, dr. j.; Decoct. Cinchonæ, Julep. Camphoræ, part. æqual. ad oz. viij. Habt. oz. j., pro dosi.

27th. Wild and delirious throughout yesterday, and greater part of last night; gradually became more quiet under repeated doses of the mixture, and fell into a sound sleep, from which he awoke this morning rational and composed, ate some bread and milk, and has since taken porter at his own request. The pulse is weak, mouth clammy, tongue furred, eyes heavy, features sharpened, and cheeks tinged with a dusky hue. A few vesications observed on the leg above the seat of injury; the wound foul and offensive. Mistura repetatur ter die tantum.

28th. No return of delirium; injured parts gangrenous and sloughing; foot and ankle warm and unaffected. Apply yeast poultices. Chops and porter.

29th. Gangrene extending; much subcutaneous sloughing; eats sparingly, but enjoys his porter. Give nourishment without stint, in any agreeable form.

30th. Extension of mortification becoming limited to just below the knee.

July 1st. Appetite improved; feels better; gains strength; foot still warm, and comparatively but little involved. Amputation, in consultation, fixed for the 4th, conjointly with other operations, to give time for a more complete line of demarcation, and to establish further the strength.

2nd, 7 a.m. House surgeon called, a hæmorrhage (in quantity about 3lbs.,) having been detected, which had escaped the observation of the night nurse. Stimulants administered, and cold applied. This untoward event being reported, and an oozing of blood continuing, though in a trifling degree, the medical staff were summoned. The patient was found pale, prostrate, and almost pulseless, sighing frequently, and the skin cool. On being plied judiciously with porter, and somewhat rallied from its administration, amputation was sanctioned, as a last and most doubtful resort.

Operation.—The extremity requiring removal being gently raised from the bed, the artery commanded by the fingers in the groin, and the tourniquet as an additional safeguard applied loosely, *and tightened only on the very instant of operating.* The section of the thigh was commenced at its lower third (that point being deemed sufficiently beyond the diseased and sphacelated parts,) by transfixing the limb from its inner side, and forming an under flap by cutting outwards. The upper flap was next made by carrying the knife in a semilunar direction around the front of the thigh, from the termination to the point of commencement of the first incision, cutting from without towards the bone. The femoral artery was then at once secured with a ligature, the vein temporarily grasped with spring button forceps, the tourniquet removed, and *the bone afterwards sawn through,* and the operation speedily completed, with scarcely the loss of a drop of blood, thanks to the very able assistance rendered on the occasion. The poor fellow bore the operation without a murmur, and shortly after was almost imperceptibly lifted upon a bed placed along side ready to receive him. Ordered beef-tea, and wine or brandy in small quantities, should the circulation flag.

Two, p.m. Pulse quick, but less weak; skin hot, and profuse perspiring said to have followed the taking of some warm broth. Bed-clothes lightened. R. Acidi Sulph. Dilut., m. x.; Syrup. Aurantii, dr. j.; Liq. Opii Sedativ., m. v.; Decoct. Cinchonæ., oz. j. Fiat haustus statim sumend. dosisque repetatur omni tertia vel quarta hora.

Vespere.—Pulse 100; skin warm and moist. Had gradually rallied without the aid of stimulus.

3rd. Passed a tranquil night; pulse fuller, 90; extremities warm; stump easy. Let him have a light nutritious diet, and give the draught only at bed-time.

4th. Going on well; bowels unmoved. To have an enema of gruel and salt.

5th. A good night; bowels acted after the injection; stump easy. Full diet and porter.

6th. Another excellent night; enjoys his food and porter; is confident and happy, and appears stronger; bowels regular.

7th. The absence of reparative action in the stump remarked. To be diligently watched in case of hæmorrhage. Appetite failing; skin cool and clammy.

8th. Pulse languid; no union of stump-wound; edges of the flaps pale, flabby, and gaping, discharging thin curdy pus. Ordered wine.

10th. Countenance sunk and anxious; breathing hurried; pulse feeble; voice weak and tremulous; says he is not quite so well, and cannot eat; stump sloughing and gangrenous; the thigh above, particularly on the outer side, loaded, discoloured, and emphysematous; several phlyctænæ, containing a dark sanious fluid, extending to beyond the hip. Turpentine stupes to the stump; a free incision, affording no pain, along the outer side of the limb, liberated air, and much infiltrated cellular fluid. A draught of aromatic confection,

ammonia and æther, administered; to be repeated, if judged proper. Wandered at intervals, and declined gradually until the evening, when he was seized with a convulsive paroxysm, and died instantly.

Post-mortem examination.—Anæmic appearance of the body generally. *Heart* filled with black blood, the valves and lining membrane dyed of a deeply red colour, immovable by the sponge. *Kidneys* mottled, the vascular cortical structure pale; tubular substance, calyces and pelves, of a dark red colour, corresponding with the cavities of the heart. *Limb*:—Structures immediately about the stump disorganized and destroyed; thigh discoloured and distended with serum, to above the hip. *Femoral vein* enlarged; coats thickened; its extremity for about three inches or more occluded by cheesy coagulum and pus; the lining membrane as high up as the iliac trunk, of a dark red colour. *Femoral artery* at its termination impervious, and containing for a short distance a barrier of lymph, the side contiguous with the vein stained red; sheath of the vessels thickened.

Remarks.—The principal features of this case may be given in a few words. An auspicious commencement was unexpectedly cut short on the fifth day, by the accession of nervous or traumatic delirium, followed immediately by asthenic gangrene, the former subsiding under the adminstration of comforting anodynes, and the latter proceeding favourably to a stage of limitation, the system in the mean time becoming strengthened and improved, and a fit period for the operation considered to have arrived, when the disastrous and *negligently profuse* hæmorrhage took place, necessitating amputation under very trying circumstances. In spite of such discouraging complications the patient again rallied, and a further period of apparent well-doing gave the most sanguine hopes of a successful issue; the severity of injury, however, and its varied

Name.	*Age.*	*Admission.*	*Nature of Injury.*	*Under whose care.*	*Result.*
Henry Hudson	26	1847 March 20th	Compound comminuted fracture of the right leg; laceration and contusion of the left. *Five fragments of bone removed*	Mr. Cotton	Cured.
George Birch ..	17	March 20th	Compound comminuted fracture of the ankle; part of the inner side of the foot and heel carried away. *Subsequent gangrene.*	Ditto ..	Cured. Regained a partial but tolerably useful foot.
William Barber	37	March 27th	Compound comminuted fracture of the left thigh. Ends of the bones turned out of the wound and sawed off; four fragments removed.	Ditto ..	Died* May 24th.
George Rogers	19	May 19th	Compound comminuted fracture of the ankle; part of the internal maleolus and heel carried away. Contusion and injury to opposite ankle and foot.	Ditto ..	Cured. Regained a partial but useful foot.
Samuel Simpson	20	June 8th	Compound comminuted fracture of right leg; ends of bone sawed off to reduce fracture, by the House-Surgeon. Injury to the chest, and fractured ribs.	Ditto ..	Cured.
Wm. Humbleby	30	1848 Feb. 2nd	Compound fracture of the leg, and subsequent severe phlegmonoid and gangrenous inflammation. Extensive incisions required; bed sores, &c.	Ditto ..	Cured.
William Youngs	43	1847 May 13th	Compound comminuted fracture of left upper arm; contusion and laceration of right arm, and fracture of ribs.	Ditto ..	Cured.
Robert Gant ..	20	See *Provincial Journ.* No. 5, 1847	Compound comminuted fracture of right arm; lesion of brachial artery; frequently recurring erysipelas and diffusive inflammation.	Ditto ..	Cured.

* The notes of Barber's Case, report on the fifth day phlebitis of the limb; on the ninth and tenth, passive secondary hæmorrhage, yielding to cold applications; thirteenth, typhoid febrile disturbance and foul discharge; eighteenth, "progressing favourably;" thirty-eighth, "doing well," "union between the fractured ends;" forty-fourth, commencing colliquative diarrhœa and hectic exhaustion; fifty-eighth, death from sheer weakness. *Post-mortem.*—Liver lobulated; several foul sinuses around the femur; union between the bones broken down.

consequences, nervous shock, loss of blood, &c., had exhausted all powers of resistance, and the result proved *most vexatious*. General prostration and the want of reparative action in the stump, ended in recurring mortification of the limb, and death on the eighth day after amputation, and the nineteenth from the occurrence of the accident, the appearances observed at the *post-mortem* inspection leading to the opinion that the event was owing to *phlebitis and exhaustion*, rather than to the constitution being influenced by the mortification.

The usually considered fit period for amputation in ordinary cases of mortification, proceeding from the state of the system, was only waited for to give time for the renewal of nervous energy and strength, and not from any want of confidence in the practice established by Larrey, Guthrie, and other eminent surgeons, of amputating at the commencement or during the progress, *where injury has been the cause of mortification*, and the earlier the operation the greater the probability of success.

Complicated injuries of the extremities, such as compound comminuted fractures, with or without lesion of vessels, are productive of more anxiety than most other cases, and in the treatment require the most careful exercise of the judgment, to decide how far it be possible to save the limb, and therefore whether the attempt be justifiable.

The success attending *non-amputation* in several dreadful lacerations, arising from railway and other casualties, brought to the hospital during the last two years, led to the trial in the above narrated case. An outline of eight such mutilations is given in the table, in which the violence of injury and mischief was of an even more aggravated character than that sustained by Spinks, and the question of amputation surrounded by far greater difficulties, and in more than one instance was only settled by the patient intimating his determination not to submit to operation.

The difficulty of establishing accurate averages of results, is shewn by the circumstance of one dying out of the first four amputations of the thigh, and no other death occurring up to that of Spinks, the fourteenth similar amputation. Equally, and even more difficult, is it to furnish a correct statement (however important,) of *ultimate* results, owing to the almost impossibility of tracing out-patients after they leave the hospital.

Brooks, the third case of amputation of the thigh, discharged "cured" May 1st, 1844, re-entered the hospital February 14th, 1846, upwards of two years after the operation, "with vertebral abscess," "said to have been observed but six weeks." He left May 11th, and was reported as lately dead. "November 30th, 1846."

Although success may not in every instance be a fair test of the propriety of treatment adopted in individual cases, in the aggregate it is obviously the best criterion by which to judge of operative surgery; experience, therefore, and that on a large scale, and extended over a considerable period, can alone determine a question of such extent as the results of amputations.

[The West Norfolk and Lynn Hospital, through the liberality of the Governors, has recently been enlarged sufficiently to allow of the making-up of fifty beds, or more. The *reports* of operations and surgical cases treated by myself, and deemed *valuable* enough to merit a request for their continued publication in the *Provincial Medical and Surgical Journal*, will, I trust, in future embrace the results *of the whole* number of operations and cases, possessing any practical interest, falling to the charge of the surgeons of the Institution. C. C.]

October 16th, 1848.

In the *Provincial Journal*, December 23rd, 1846, a table was published of amputations, performed by Mr. Cotton, at the Lynn Hospital, from June, 1842, to August, 1846. (No accurate record of operations during the four previous years had been kept.) The following is an abstract of results:—

Amputations.			*Cured.*	*Died.*
Thigh.....	10 primary	1=11	10	1 of phthisis.
Leg.....	2 ditto	1= 3	2	1 of secondary hæmorrhage and gangrene. †
Shoulder-joint	ditto	1= 1	1	
Arm.....	ditto	2= 2	2	
Fore-arm....	ditto	3= 3	3	
Minor amputations and disarticulations of toes and fingers		= 8	8	
Total.....		28	26	2

To these have now to be added the following, occurring from August, 1846, to September, 1848:—

Amputations.			*Cured.*	*Died.*
Thigh	2 primary	1=3	2	1 Spinks' case above detailed.
Arm	2	=2	2	
Fore-arm	primary	3=3	3‡	
Minor amputations and disarticulations, excluding resections.		=8	8	
Total		16	15	1

			Total.	*Cured.*	*Died.*	*Mortality.*
No. of *capital* amputations	Immediate ..... 11 Secondary..... 1 For chronic disease 16	12	= 28	25	3	1 in 9⅓
No. of extreme cases during the last 18 months *treated without amputation*			= 8	7	1	1 in 8

† See Taylor's case, No. 51, *Provincial Journal*, 1846.

‡ *Provincial Journal*, No. 19, 1848. *Bulman* recovered from the amputation of the fore-arm, but died ultimately from the gun-shot injuries to the skull and brain.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by PETER HINCKES BIRD, Resident Medical Officer.

CASE XI.

DISLOCATION OF THE RADIUS AND ULNA BACKWARDS.

Thomas Gavin, aged 20, hawker, admitted December 25th, 1847, under the care of Professor Cox. He states that he slipped down about half an hour ago, and fell with his left arm bent under him. On getting up he found that the use of his fore-arm was gone, and that he could not bend his elbow.

On examination, it was found that there was dislocation of both the radius and ulna backwards, on the left side; the shape of the elbow-joint was much altered, and there was a considerable projection posteriorly, formed by the olecranon process, on each side of which a distinct hollow could be felt. The lower extremity of the humerus could be felt as a hard swelling, immediately behind the tendon of the biceps muscle; the hand and fore-arm were placed in the supine position; pronation could not be entirely effected, and flexion of the joint was much impaired. The head of the radius could be felt behind and above the external condyle; there was no fracture of the coronoid process. The distance between the bend of the elbow and the wrist appeared to be shortened. He was intoxicated at the time, and did not complain of much pain.

Reduction was effected by placing the knee in the bend of the elbow, and extending the fore-arm in a direct line, and whilst the pressure was kept up by the knee, the arm was slowly but forcibly bent. Cconsiderable extension was required, as the patient was a muscular man. The fore-arm was then placed in the bent position, forming rather less than a right angle with the upper arm, and warm fomentations applied.

26th. Feels comfortable; there is some slight swelling about the elbow-joint; complains of slight numbness in the little and ring fingers; can move the elbow-joint freely.

28th. Discharged cured.

This accident usually takes place in a fall when a person instinctively puts out his hand to save himself. In this case it generally happens that the superior extremity, instead of resting vertically upon the ground, is placed obliquely with the hand nearly in a state of supination. The repulsion which it receives from the ground will cause the two bones of the fore-arm to ascend behind the humerus, whilst the weight of the body pressing on the humerus, directed obliquely downwards, forces its extremity to pass down anterior to the coronoid process of the ulna.

The swelling which supervenes after the accident may obscure the diagnosis; but notwithstanding the assertion of Boyer, the olecranon and internal condyle are never so concealed that the distance between them cannot be felt to be increased. Sometimes the friction of the coronoid process against the humerus may cause a grating noise, similar to that of a fracture, and some attention is requisite to establish the diagnosis between a fracture of the head of the radius, and a dislocation of the fore-arm backwards.

A dislocation of both these bones backwards must be attended with serious injury to the surrounding soft parts. The lateral ligaments, and the orbicular ligament of the radius, are frequently found ruptured. In a case dissected by Sir Astley Cooper, the coronary ligament was found entire; the biceps muscle was slightly put upon the stretch by the radius receding; but the brachialis anticus was excessively stretched by the altered position of the coronoid process of the ulna.*

The lower insertions of the biceps and brachialis anticus are sometimes found ruptured by the violent protrusion of the lower extremity of the humerus forwards; and cases are recorded by Petit and Mr. Samuel Cooper, in which the lower end of the humerus, indeed, not only lacerated these muscles, but burst through the integuments, and presented itself externally.

CASE XII.

FRACTURE OF THE BODY OF THE SCAPULA.

William Pemberton, aged 34, smith, admitted as out-patient, April 20th, 1847, under the care of Professor Cox. He states that yesterday afternoon, he fell down and struck his left shoulder very forcibly against a stone step; when he got up he found that he could not raise his arm.

On admittance, it was found that he could not raise his arm from his side; he complained of much pain through the shoulder; crepitus was most distinctly heard and felt on applying the flat hand over the scapular region, and on raising the arm, it appeared that the fracture extended through the body and spine of the left scapula, in an oblique direction, separating the inner from the outer two-thirds. The parts about the shoulder were much bruised. A pad was placed on the scapula, and retained in its position by a figure-of-eight bandage, and the arm fixed to the side.

23rd. Feels much easier; the pain is less felt; there is considerable ecchymosis of the shoulder. The bandage, being loose, was re-applied.

May 4th. Doing well; the bones are in good apposition.

21st. Quite well; can raise his arm, but cannot yet use his shoulder-joint freely.

Fractures of the body of the scapula are rare; this portion of the bone is more deeply placed, and is protected by thick muscles; it also moves upon a large muscle, which serves as a cushion to it, and deadens a blow when applied to it from behind. Fractures of this bone can only be produced by direct violence, and in this case it seems that it was caused by a sudden fall on the shoulder, the scapula striking forcibly against a stone step.

Fractures of the body of the bone are mostly accompanied by much contusion of the soft parts, and sometimes by injury of the thoracic viscera. Sometimes, as in the above case, they are vertical, but most commonly are transverse. In vertical fractures it is merely necessary to fix the arm to the side, by means of a bandage, which includes the arm and trunk, from the shoulder to the elbow, thus preventing the motions of the shoulder, which are only concomitant with those of the arm. When the fracture is not complicated with other injuries, the union generally takes place in about four or five weeks, not requiring a longer time than the fracture of

* On Dislocations and Fractures of the Joints, p. 441.

other bones. The free use of the shoulder-joint, however, is not recovered until some time after, owing to the bruising of the muscles, and the thickening of the parts round the bone. The confined position of the limb also opposes their early use, and deprives them of their action.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 1, 1848.

In our last number we made some extracts from the directions issued from the Central, or Dublin, Board of Health, relative to the management of Cholera cases, and more especially to the precautions to be observed in all cases of diarrhœa wherever the cholera has appeared or threatens to appear. These precautionary measures in diarrhœa, which has been found so frequently to be the preliminary stage of cholera, we believe to be the most valuable part of the directions hitherto issued by various authorities, and a due attention to them on the part, both of the profession in the treatment, and of the public as a warning to have immediate recourse to professional assistance, to be the most effective means in limiting the destructive ravages of the pestilence. It had been our intention in the present number to give an analysis of the directions issued by the General, or London, Board of Health; but constituted as that body is, we cannot but feel that it neither possesses the confidence of the profession, nor did it, at the period when these directions were first issued, possess any of the qualifications necessary to deserve that confidence; we prefer, therefore, on the present occasion, rather to look to the northern metropolis. We are glad to observe that the members of the Local Board of Health established in Edinburgh, have submitted their code of instructions to the consideration of the Royal College of Physicians of Edinburgh, by whom at a meeting held on the 12th instant, they have been unanimously and cordially approved. These instructions come, therefore, with the sanction of the highest medical authority in that part of the United Kingdom, and are entitled, we think, to the confidence of the profession generally. They are as follows:—

I. To avoid excess in the use of spirits; experience having shown that it is not uncommon for a fit of intoxication to pass into an attack of cholera.

II. To observe more than ordinary care in avoiding cold from light clothing or wet; and when the body has been accidentally chilled, to restore warmth by artificial means, especially by the warm foot-bath.

III. To use as substantial a kind of food as possible; avoiding free indulgence in liquids of all kinds, and the use of uncooked vegetables, unripe, sour, or stone fruit, the poor kinds of small beer, all tart sorts of malt liquor, ginger beer, and acid drinks generally.

IV. To shun long fasts; above all when business obliges any one to be much in places where cholera prevails.

V. To attend to the proper regulation of the bowels; and therefore—

1. To check a tendency to looseness of the bowels. It has been everywhere found that many cases of cholera are preceded for a short time by a warning stage of looseness of the bowels, in which stage the disease may be arrested, although it is with difficulty cured when farther advanced. When any one, therefore, is attacked with looseness, although unattended with pain or other inconvenience, he should, if possible, apply for immediate medical advice. And if advice cannot be obtained at once, he ought in the meantime to take a pill composed of one grain of opium, or fifteen drops of morphia-solution or laudanum in a little water; and he should repeat the dose in an hour, if not relieved. He should also take a teaspoonful of compound tincture of cardamoms undiluted, or compound tincture of cinnamon, or tincture of ginger, diluted with a tablespoonful of water, or, in the want of these, a little warm brandy and water, and avoid at the same time all cold drinks, or much drink of any kind,

N.B. Half the above doses for young persons about fourteen, and one-fourth for children about five. Opium, laudanum, and morphia, not to be given to very young children without medical advice.

2. To correct a liability to costiveness. For this purpose, saline purgatives, such as Epsom salt, Glauber's salt, and effervescing powders, and strong purgatives of all kinds, or large doses of any purgatives, should not be used during the prevalence of cholera unless under medical advice,—but only such mild laxatives as castor oil, Gregory's mixture, the lenitive electuary, compound rhubarb pills, colocynth and henbane pills, or any other medicine known by experience to act mildly. And any undue effects accidentally produced by such medicines should be counteracted by opium, laudanum, or morphia, as above.

VI. To attend also promptly to attacks of sickness or vomiting, which sometimes precede the epidemic, and which, after the stomach has been once cleared out, may be treated by the same remedies as those directed for looseness of the bowels.

At the same meeting, the following resolutions were adopted unanimously:—

1. That it is not advisable to remove cholera patients from their own houses if it be possible to command advantageously the means of treating them there; but that, according to experience in the former epidemic, a large proportion of cases must occur in Edinburgh among the lowest population, inhabiting apartments in which it is impossible to treat the sick for want of proper beds, bedding, fires, and other means of heating the body, besides other necessary medical resources.

2. That, on the occasion of the former epidemic, serious injury was in many cases caused in this city by the direction of one of the Boards of Health in London, to

avoid the use of laxatives during the prevalence of the epidemic, and rather to encourage a somewhat constipated condition of the bowels, inasmuch as many accustomed to use laxatives, and requiring their occasional or regular use, gave them up, and suffered from the consequences of constipation, the College seeing no reason why mild laxatives should not be used for the removal of constipation during cholera, and believing that both cholera and other serious intestinal diseases may arise from a neglect of them in many circumstances, unanimously approve of the regulation V. 2, as stated above.

The first of these resolutions is called for in consequence of the condemnation of hospitals, contained in the directions of the London Board of Health, being inapplicable in Edinburgh, where the population chiefly liable to cholera is, in general, absolutely destitute of all the appliances necessary to render medical treatment available. The second has been called for in consequence of many persons here having fallen into the very same error which is stated to have occurred in 1832, although the directions of the London Board of Health are by no means so condemnatory of the use of all laxatives as on that occasion.

The College of Physicians also passed a unanimous resolution strongly approving of the establishment, as in 1832, of Houses of Refuge for the removal of the healthy from localities threatened with a severe visitation of the epidemic. This measure was carried through energetically by the Edinburgh Board of Health during the first epidemic; so that at one period upwards of 700 persons from infected districts were lodged under observation in Houses of Refuge, but allowed to go to their usual places of work. There is no doubt, according to the opinion of the best judges, that the ravages of the disease were in that way greatly circumscribed in various localities in Edinburgh; and that no other measure contributed so much to keep the epidemic within moderate bounds. The utility of such Houses of Refuge must be obvious to all, whether the disease be viewed as originating in infection, or, as seems now far more probable, in a peculiar miasm prevailing with intensity only in limited localities.—*Edinburgh Advertiser* in *London Medical Gazette*.

We cannot conclude without directing special attention to the opinions expressed with reference to the formation of hospitals and houses of refuge. The Edinburgh College evidently considers that the rule condemnatory of cholera hospitals, attempted to be laid down by the London Board, is not applicable to the population of the northern metropolis, while they are strenuous in recommending, what we believe was found most effective in checking the spread of the disease wherever it was properly carried out,—the removal of the healthy from infected houses and localities. We have not now space to pursue the subject further, but had the General Board of Health been constituted, as it ought to be, of medical men of eminence and experienee, or had condescended before issuing their directions to communicate with the secretaries of the several Local Boards of Health which were formed throughout the country during the former epidemic, a mass of information on this and other points might have been obtained, which would have enabled them to produce a document of a very different description to that issued under the signature of Henry Austen, by the amiable noblemen and ingenious legal gentleman of whom the present Board consists.

Proceedings of Societies.

BATH AND BRISTOL BRANCH ASSOCIATION.

The Quarterly Meeting of the Bath and Bristol Branch was held at Bristol, on September 28th, 1848, F. Flower, Esq., in the chair.

There were present Drs. W. Budd, Green, and Trotman ,Messrs. Colthurst, Estlin, Godfrey, Mayor, Mortimer, Neild, Ogilvie, and Swayne, of Bristol; Race Godfrey, of Yatton; Dr. Blackmore, Messrs. Bartrum, J. Barrett, George, King, Hunt, Lloyd, and Norman, of Bath; &c.

PHLEBITIS: GASTRO-DUODENITIS.

Mr. George read a case of sudden death, connected with pregnancy of four months, phlebitis of the crural and uterine veins, and duodenitis. (To be published in the Journal.)

Mr. Hunt mentioned a case of a similar character, where, in addition, on examination, the brain was found softened; and there was a large effusion of fluid within the arachnoid.

Dr. Blackmore observed, that in certain constitutions of a scrofulous character, inflammatory appearances and symptoms *will unexpectedly present themselves in the upper intestines*. The time of such morbid development is quite uncertain, especially in elderly people, where after sudden death the upper intestines are not unfrequently found diseased, when such a morbid condition was not suspected during life, organic changes arising in them very rapidly. In all cases the occurrence of phlebitis added much to the tendency to death by syncope. He had known cases of suppuration completed in five hours, bearing a close analogy to cases fatal by the perforation of some part of the alimentary canal. In proof of the rapidity with which inflammation of the bowels may arise, he mentioned a case of a child, scalded on the neck and chest, in whom, after living for ten hours, the upper intestines were found most markedly inflamed.

Mr. Lloyd had known cases of perforation of the bowel fatal in less than two hours.

Mr. Norman observed, that in the case just read, the pus in the uterine veins was the most important point. All observers recognized the tendency to the rapid development of local inflammation in cases where the blood was poisoned by phlebitis of even small extent. In this case inflammatory action had suddenly been set up in the gastric and duodenal regions, causing the intense pain and death, by impression on the heart.

Dr. Green observed, that in cases of phlebitis, pus may be laid down very suddenly, and the local deposits of pus are occasionally carried off, and excreted by, the mucous membranes. Van Swieten mentioned the apparent evacuation of abscesses by the urine. Dr. Green instanced, as a proof of the rapidity of death in phlebitic cases, a man who, having suffered from phlebitis, with very rapid pulse, and general excitement, died very suddenly without any premonitory symptoms. On examination, the internal iliac vein was found filled with pus to its junction with the common iliac. On the closest examination no deposit of pus could be found in any part of the body, nor were any purulent corpuscles found in the heart or the blood, death having occurred by an intense impression on the heart.

POISONING BY YEW BERRIES.

Mr. Lloyd then read a case of poisoning by yew-berries. (To be published in the Journal.)

Dr. Trotman, as a schoolboy with his comrades, had often eaten freely of the drupes of the yew, and never experienced any ill effects, if the mucous covering alone was swallowed, the poisonous principle being in the central berry.

CROUP.

Mr. Norman then read an account of a case of croup in the adult, fatal in less than twenty-four hours, (to be published in the Journal,) illustrated by two coloured wax models. He narrated several cases of similar kind that he had seen at various times.

Dr. Blackmore, five years ago, had suffered from the same complaint, and strongly urged on the meeting the importance of treating such cases by continued doses of oxymuriate of mercury.

Dr. W. Budd drew attention to cases of similar disease, closely analagous to erysipelas, presenting after death but slight plastic exudation, though the membrane was deeply injected and swollen. That these cases were erysipelatous in character was shewn by erysipelas supervening on the operation for tracheotomy, or by its spreading upwards to the outer surface of the face, as well as by erysipelas being very prevalent at the same time. Dr. G. Budd had read an account of several such cases before the Medico-Chirurgical Society, when Mr. Busk, of the *Dreadnought* recommended the free scarification of the velum palati and tonsils, thereby giving exit to an immense flow of blood and serous fluid, with immediate relief to the patient.

Dr. Green observed, that though some of these cases might be connected with erysipelas, yet the point of most practical importance was, not to defer the operation of tracheotomy too long. When once œdema came on, mercury was the only trustworthy remedy, antimony being most useful in the early stages. In the cases he referred to, the difficulty was in inspiration, which was characterized by short strenuous inspirations, accompanied by great anxiety to expire the vitiated air.

Mr. Hunt briefly related a case of the same character, where, after copious bleedings from the arm, leeches to the larynx, and five grain doses of calomel every two hours, it was intended to have performed tracheotomy. On the calomel producing its specific effects, the urgent symptoms immediately subsided, and the patient recovered.

TOLERANCE OF OPIUM.

Mr. Godfrey, (of Bristol,) narrated two cases at present under his care, illustrative of the large doses of opium that can be borne without narcotism. In one the lady swallowed frequently forty grains of opium within the day; in the other, the patient who for years had been subject to violent neurotic attacks, often took within the day sixty grains of the acetate of morphia.

Mr. Norman some years ago had a gentleman who suffered from senile gangrene, from which he recovered; he then took opium, and subsequently took a wine-glassful of laudanum regularly twice a-day. He obtained from Apothecaries' Hall twenty drachms of opium, which after cutting up he macerated for above a month in a quart of brandy; of this tincture he took two glasses a-day, without any further sensible effect than to exhilarate his spirits. While taking this, on two occasions constipation came on, with imminent risk to his life. After the second attack, he at once left off all his opium, and lived four or five years afterwards, dying eventually of disease of the brain.

Dr. Blackmore had known four hundred grains taken in one day, without narcotism being produced.

THE CHOLERA.

A conversation illustrative of several points in the history of the Asiatic Cholera ensued, in the course of which Mr. Norman mentioned the following facts:—

In 1832, the cholera broke out in two houses in Avon Street, Bath, almost all the inmates of which houses died. From there it spread to the immediate vicinity, to which it was confined with very few exceptions. These houses were then shut up and purified, a house in the same street was taken as an hospital, and the proportion of recoveries was greater, but neither the nurses nor other attendants, though in the closest and most continuous intercourse, caught the disease.

The next year an isolated case occurred in Avon Street, and within a few days another in Mill Street, (parallel with, and on the same low level as the former street.) A man was sent from the Poor-house to superintend their immediate interment, and he followed them to the grave. Within a week, the town being otherwise quite free of the disease, it broke out suddenly in the Idiot Ward of the Poor-house, situate at a considerable distance from the former cases. Of these idiots, 12 out of 15 died. There had been no communication with them from the town, nor did the disease exist in the other parts of the Poor-house. The only apparent source of the disease was by this man, who was their usual attendant, and had been sent to direct the burial of the two cases occurring in the town. In the next year, 1834, isolated cases again presented themselves at different points.

Mr. Swayne mentioned that at Coalpit Heath, two years after the cholera had left the locality, some cases occurred among the miners working in a particular shaft; they were removed to their homes above, where the disease did not spread. It was then observed that those working in the night-gangs were only attacked;

they were accordingly brought up, the night-work stopped, and the disease did not spread further.

Other cases were referred to by Mr. Ogilvie, and other members, illustrative of the little tendency it had to spread in the cottages of the rural districts, or where ventilation was moderately attended to.

DORSET COUNTY MEDICAL ASSOCIATION.

The Autumnal Meeting of the Dorset County Medical Association was held at Dorchester, on Thursday last, Mr. Nott, of Bere Regis, in the Chair. Among the Members present were—Mr. Salter, Mr. Curme, Mr. Arden, Mr. Empson, Mr. R. Shettle, Mr. Druitt, Mr. Davis, Mr. Cole, Mr. T. Nott, Mr. Spooner, the Secretary of the Association, Dr. Williams, Mr. Fookes, and Mr. Fox.

The Secretary then read the minutes of the last meeting, after which Mr. Druitt, of Wimborne, read a paper on the history, advantages, and disadvantages of chloroform, and other anæsthetic agents in operative surgery and midwifery. This paper, which is an elaborate resumé of the facts and reasonings hitherto published on the subject, and contains much original matter of considerable interest, produced an animated discussion.

Mr. Salter, of Poole, read a paper on scrofulous or strumous disease, illustrated by numerous pathological preparations and original cases.

The question of Medical Reform was then discussed at considerable length, and a resolution was unanimously adopted in favour of the draft of the bill which the United Conference at the College of Physicians in London had agreed upon, copies of which were placed on the table by the Secretary. The report of the National Institute of Medicine and Surgery was considered highly satisfactory, and deserving of the full confidence of the general practitioner.

The correspondence of the Secretary of the Dorset County Friendly Society was then read and commented on, and the satisfaction of the meeting was expressed respecting the new medical arrangements which are proposed for adoption.

The new Sanitary measures lately enacted were afterwards considered, and a resolution adopted expressive of the cordial concurrence of this Association.

The Honorary Secretary, (Mr. Spooner, of Blandford,) then read his report for the half-year, which contained amongst other subjects, a report on the Asiatic Cholera.

It was arranged that the next meeting of the Association should be held at Poole.

[The papers read at the Meeting will be published in future numbers of ihe Journal.]

General Retrospect.

DOUBLE GALACTOCELE.

Under this title, M. Vedal *(de Cassis,)* relates the case of a soldier who returned to France with a double hydrocele, for which he was tapped. Instead, however, of the fluid being of the ordinary character, it had all the appearance of milk. It was opaque, white, of the consistence of milk, without smell, of a taste slightly saltish but not disagreeable. It did not coagulate by heat. Analysis shewed that it was composed of water, with a matter very like casein, a fatty matter resembling butter, sugar, chloride of sodium, lime; but it did not contain any of the phosphates. The tunicæ vaginales were injected with solution of iodine, and a cure was effected as in ordinary cases.—*Archiv. Gen.*, Sept. 1848.

CHOLERA TREATED BY CHLOROFORM.

Mr. Brady reports the following case:—Mary Parratt, aged 60, ordinarily enjoying good health, was on Saturday, September 29th, attacked with slight diarrhœa, for which the usual homely remedies were used. On the following morning at 6 o'clock a.m. the diarrhœa became profuse; excessive vomiting supervened, accompanied by spasms in the calves of the legs, fingers, and toes. Notwithstanding the urgent nature of the symptoms, reliance was still placed on the favourite remedy, brandy, without avail, however; the dejections became incessant, the spasms increased in intensity, and at 9 o'clock a.m., on Sunday, the 30th, Mr. Brady was called in to see the patient, who, it was affirmed, was in a "dying state." Believing, from the description given, that he should have to treat genuine malignant cholera, and having predetermined, should such a case present, to try the effects of chloroform administered internally, he took with him the following mixture:—R. Chloroform., dr. j.; Ol. Terebinth., oz. j.; Aq. Dest., dr. iij. M.

On his arrival he found the patient presenting all the symptoms of malignant Asiatic cholera in an advanced stage: the features collapsed and ghastly; extremities and tongue cold; burning sensation in the stomach and œsophagus; pulse rapid and scarcely perceptible; voice diminished to a whisper; stomach exceedingly irritable, and the dejections from the bowels presenting the characteristic rice-water appearance; and all the voluntary muscles of the body were affected by spasm, so that the patient actually writhed in agony. He immediately administered a large teaspoonful of the chloroform mixture (containing about twenty minims of chloroform and forty of turpentine) in a wine-glass of dilute brandy, and applied synapisms to the calves of the legs and abdominal and thoracic surface. Thirst was relieved by drinking plentifully of water, nearly cold. Notwithstanding the irritable state of the stomach, he had the satisfaction to find that the chloroform draught was retained, as well as the fluid drunk after it, and was followed by no dejection. He now (half an hour after the draught,) gave two of the following pills:—R. Calomelanos, scr. ss.; Fellis Bov. Inspis., scr. j. M. et divide in pilulas quatuor.

In an hour after the administration of the chloroform, vomiting ensued of a portion of the fluid drunk, slightly tinged with the gall; this soon subsided, the diarrhœa had apparently ceased, and the cramp diminished in frequency and severity. He now administered a second dose of the chloroform mixture, and soon after repeated the pills. The stomach retained both; she soon felt decided relief; the pulse rose in power and became slower, the spasms less frequent, and in an hour after the second dose she was bathed from

head to foot in a warm perspiration, and expressed herself comparatively free from all uneasy sensations. The attack had been completely subdued, leaving behind a good deal of pyrexia and debility, from which she is now rapidly recovering.—*Medical Times*, August 12th.

CHLOROFORM IN CHOLERA.

Mr. Stedman relates the following case:—Mrs. Smith, aged 55, of bilious temperament, prone to diarrhœa, was on Monday evening last seized with all the symptoms of an attack of English cholera—vomiting, purging, excessive spasm of the body and extremities, small rapid pulse, and insatiable thirst. The dejections were of a frothy character, resembling yeast, and the matter ejected from the stomach of the same nature. Recourse was had to the usual remedies prescribed in this disease, with strong terebinthinate stupes to the abdomen and calves of the legs, and injunctions given as to diet, &c. Having attended her before for the like symptoms, I prognosticated a favourable and speedy result. About three o'clock on the following morning I was hastily aroused by her husband, as the patient had become much worse. All her symptoms had increased to an alarming degree; the spasm was universal and excessively violent, "as if knots were being tied in her bowels;" vomiting incessant; countenance livid and cold; articulation feeble, praying to be released from her sufferings. As all the medicines had been rejected, I thought it fruitless to continue them, but at once decided upon administering chloroform; the following mixture was prescribed:—R. Chloroform., gtt. xiv.; Aquæ Vitæ,(Cogn.,) oz. j.; Aquæ Destill., ad oz. vj. M.

A fourth part was given immediately, which had a partial but most satisfactory effect; an abatement of all her symptoms was the immediate consequence. In two hours a disposition to a recurrence manifested itself, when a second dose of the mixture was administered, which entirely controlled all spasms, vomiting, and purging. She expressed herself "very comfortable." and fell into a quiet sleep. At nine o'clock I again saw her, and found her suffering only from febrile symptoms, accompanied with much exhaustion. She was ordered cold rice and mucilaginous drinks, and had the chalk mixture with nitric æther prescribed. A dose of ox-gall (gr. x.,) was given in the course of the day, which produced three bilious evacuations and some disposition to vomiting, which soon passed away. In two days she was declared convalescent. In 1832, when the cholera visited this place, my patient was attacked, but she declares her sufferings then were nothing in comparison with her late disorder. The two remaining doses of the chloroform mixture were ordered to be carefully preserved in case she had any return of her symptoms. A daughter, grown up, who had assiduously attended upon her mother, was on Wednesday evening, seized in precisely a like manner, except that the dejections were more abundant and frequent; and the mother, without hesitation or appeal for advice, gave her the two remaining doses of the mixture. The same result followed; the first dose was only partial in its effect, but the second completely subdued the disease. When I called on Thursday, the gratifying announcement was made to me of the success of my medicine in a second case.—*Medical Times*, August 23rd.

REPORT OF THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,—In the last number of the Journal you directed the attention of your readers to the Report of the Council of the National Institute of Medicine, Surgery, and Midwifery, on the present state of the Medical Reform question. It has been forwarded to me, and I have read it, and as you anticipated, with much interest; and when we consider the great importance of the subject they had to deal with, and contemplate the effect which the changes and the reforms recommended will have on the various classes in our profession,—the immense interests of the numerous corporate and governing bodies they had to contend with,—and also the many attempts and abortive measures of the Legislature and the Government, I do think their Bill and Charter is a move towards perfection, and likely to reconcile the discordant views of the different parties concerned, and to meet the difficulties and remove the anomalies so long complained of by a large number of the members of the profession. So far as they have gone, the Council of the Institute and the delegates from the other medical and corporate bodies are justly entitled to the thanks of the whole of the medical and surgical profession, for the progress they have made in the cause of Medical Reform. But while I approve of what they have done, I must also tell them of what they have left undone. I observe with deep regret, that the practice of midwifery is not mentioned in either the Bill or the Charter; this is a most unpardonable omission, and to me unaccountable. If the word midwifery be added to clause 7, in the "Bill for regulating the Practice of Physic and Surgery," I will also join in heartily thanking them for all they have done. From what we almost daily read and hear of the mal-practice in this branch of the profession, it is awful to think that the lives of the women and wives of this country and their infants should be left unprotected by the Legislature, and in the most trying and difficult circumstances, to the treatment and tender mercy of the ignorant and unskilful. This is to me unaccountable; and it is strange that an united body of professional men, who were associated together for the express purpose of securing to the public legal protection from incompetent and unqualified practitioners, as well as to protect themselves from the uneducated and unlicensed, should, in the draft of their Bill, have entirely excluded the practice of midwifery. Surely it could not be wilful. This branch of the profession does more to raise a man into practice, and endear him to, and secure him patients, than any other part of the practice of medicine and surgery, and they ought to know, and not to be told the consequence of this omission. I trust Sir, you will not only publish this letter, but that you will also draw the

attention of your readers to this defect in the measures of reform recommended by the Council of the National Institute, and urge them to get it remedied by adding the practice of midwifery to the Bill, thereby securing to her Majesty's female subjects protection from dangerous and incompetent practitioners in midwifery, and you will oblige.

Your obedient servant,

Bath, Oct. 25, 1848. GEORGE KING.

Medical Intelligence.

THE CHOLERA.

RECOMMENDATIONS OF THE BOARD OF HEALTH.

At a Meeting of the medical practitioners of Worcester, held October 19th, 1848, at which twenty-one members of the profession were present, Dr. Hastings in the chair, it was moved and seconded:—

1. That it appears to this meeting, that on the late occasion of the prevalence of cholera in Worcester, it was found very beneficial to have a separate establishment in a healthy locality, for the treatment of cholera patients, and also an establishment for receiving the inmates of houses in which the disease had occurred, and who had not been affected. This meeting cannot therefore concur in the recommendation of the Board of Health, that cholera patients should be received into the General Infirmary or at the Dispensary.—The resolution was carried with two dissentients.

2. That Dr. Streeten be requested to publish the foregoing resolution in the next number of the *Provincial Journal*.—Carried unanimously.

APPOINTMENTS.

Thomas Macaulay, Esq., has been elected one of the Surgeons to the Leicester Infirmary.

John Simon, Esq., F.R.C.S., has been elected Health-officer to the City of London.

MANCHESTER MEDICAL SOCIETY.

The following gentlemen have been elected office-bearers for the ensuing session:—*President*: Dr. Radford. *Vice-Presidents*: Mr. Hunt, Mr. Noble, Dr. C. W. Bell, Mr. Wilson. *Treasurer*: Dr. Ashton. *Hon. Secretaries*: Dr. Renaud, Dr. H. Ried. *Librarian*: Mr. Stone. *Councillors*: Messrs Brownbill, L. B. Harrison, Dumville, Lomas, Southam, Catlow, Spence, Allen, Bowman, Golland, Dr. Wilkinson, Mr. Franklin.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, Oct. 19th:—Robert William Ellis, Bristol; Robert Webster Gillespie, Newcastle-on-Tyne; John Mc'Millan, Hull.

OBITUARY.

Died, September 28th, at Weston-super-Mare, aged 84, Titus Owen, Esq., M.R.C.S., of Cheltenham.

September 30th, at Cumnock, in the County of Ayr, aged 52, Douglas Wills, Esq., Surgeon, from the absorption of poisonous matter in removing a gangrenous limb.

October 10th, from prussic acid, taken it is supposed in an over-dose, Frederick Nesbitt, M.D., M.R.C.S., Yeovil, Somerset.

October 18th, Thomas Blanchard, Esq., Surgeon, Pimlico.

BOOKS RECEIVED.

On Medical Education, an Introductory Lecture, delivered at the Liverpool Infirmary School of Medicine, at the opening of the Medical Session, 1847-8. By Joseph Dickinson, M.A., M.D., F.L.S., &c., Physician to the Liverpool Infirmary, and Lecturer on the Theory and Practice of Medicine. London: Churchill. Liverpool: Deighton and Laughton. 1848.

Microscopic Anatomy of the Human Body in Health and Disease. By Arthur Hill Hassall, F.L.S., &c. Part XIV. London: Highley. 1848.

Hints towards the Formation of a more Comprehensive Theory of Life. By S. T. Coleridge. Edited by Seth B. Watson, M.D., &c. London: Churchill. 1848. pp. 94.

On the Ganglionic System of Nerves. By C. Radcliffe Hall, M.D., M.R.C.S., &c. Part III. 8vo. pp. 77.

Clinical Lectures on the Practice of Medicine. By Robert J. Graves, M.D., M.R.I.A., &c., &c. Second Edition. Edited by J. Moore Neligan, M.D., M.R.I.A., Physician to Jervis Street Hospital, and Lecturer on the Practice of Medicine in the Dublin School of Medicine, &c. Dublin: Fannin and Co. London: Longman and Co. 1848. 8vo. Vols. 2. pp. 586, 570.

On the Influenza, or Epidemic Catarrhal Fever of 1847-8. By Thomas Bevill Peacock, M.D., Licentiate of the Royal College of Physicians, Physician to the Royal Free Hospital, and to the City of London Hospital for Diseases of the Chest. London: Churchill. 1848. 8vo. pp. 184.

On Femoral Rupture; its Anatomy, Pathology, and Surgery. By John Gay, F.R.C.S,E., Surgeon to the Royal Free Hospital, &c. &c. London: Highley. 1848. 4to. pp. 97. Plates.

On the Treatment of Ulcers on the Leg without Confinement: with an Inquiry into the Best Mode of effecting the Permanent Cure of Varicose Veins. By Henry T. Chapman, F.R.C.S., &c. &c. London: Churchill. 1848. pp. 156.

Clinical Midwifery, &c. By Robert Lee, M.D., F.R.S., Fellow of the Royal College of Physicians, London, Physican to the British Lying-in Hospital, &c. Second Edition. London: Churchill. 1848. pp. 228.

Remarks on Chloroform in alleviating Human Suffering, &c. By W. H. Bainbrigge, F.R.C.S., Honorary Surgeon to the Liverpool Northern Hospital, &c. London: Highley. 1848.

TO CORRESPONDENTS.

Communications have been received from Mr. R. W. Watkins; Mr. Cotton; T. P. F.; Mr. E. O. Spooner; Mr. R. Johnston; Mr. T. L. Walford; Dr. P. M. Duncan; Dr. Heaton; Mr. T. E. Amyot; Dr. Copeman; Professor Simpson; Dr. Kingdon.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

EXTRACTS FROM A REPORT

ON THE SANITARY COMMISSION, THE BOARD OF HEALTH, AND THE ASIATIC CHOLERA.

By EDWARD OKE SPOONER, Esq., Blandford.

[Read before the Dorchester Medical Society, Oct 12, 1848.]

At this time of the world's history, when steam-vessels and railways have rendered the communication between all parts of the world so rapid and so multiplied, it becomes us all to take sound views respecting the communicable character of various important diseases. The cupidity of merchants aims at nothing less than the annihilation of all quarantine. We are now within ten days' sail of Malta, which suffered from plague in 1813. Malta is now within six days' sail of Alexandria, the capital of Egypt, which has ever been the faithful mother of *pestilential disease*. The plague of Athens, of which Thucydides gives us so vivid a description, was imported from Egypt in vessels which laided at the Piræus, and from thence depopulated Greece. The mortality from yellow fever on board the *Eclair*, in one of our own roadsteads, clearly proves that the scourge of Africa can propagate itself in the temperate climate of Britain, and while we keep up at an enormous expense of human life and treasure, a blockading squadron along the African coast, in the vain hope of exterminating slavery by such means, it is very possible at some future period, the fever of the Niger may locate itself for a while on the banks of the Thames. The oscillations of human opinion when blind self-interest dictates the conclusions, are remarkable. The wisdom of modern times deduced from ancient experience dictated those laws of quarantine which have long protected Europe; but the mercantile world, in its lust for rapid accumulation, has employed medical talent to disprove the logic of history and human experience. The frequent irruption of pestilence in the Roman dominions, the contagious epidemics of the middle ages, the importation of the plague in 1728, at Marseilles, with the fearful mortality which accompanied it, are lessons which, for modern writers on contagion seem to have been written in vain. The "Asiatic Cholera" at the present time seems the cloud which is lowering in the distance and ready to burst upon us. With so many sources of infection from all parts of the northern hemisphere, from Alexandria to Siberia, it appears too imminent for our feeble quarantine resources to keep from our shores. It has already reached our out-ports. Are we to act as if no danger from contagion existed? I would ask—not in how many instances has an imperfect quarantine* allowed it to slip between its fingers, but in how many instances has its spread been arrested?

But some may perhaps be ready to say have we not a "Board of Health;" and have they not begun by an order of Council putting the whole country under the "Nuisances Act?" It is a very good beginning certainly, but I must confess that I have not much confidence in this "Board of Health." My Lord Morpeth, (now Earl of Carlisle,) and my Lord Ashley, may be very good politicians, and yet very unfit from their education as statesmen, to constitute such an important and peculiar body as a "Board of Health," *without a much larger number of medical men than they have hitherto thought proper to associate with them.* They may be amiable and accomplished gentlemen, of business-like habits, and of most excellent private character, but on that very account they are more likely to be led by the nose into the commission of many medical errors. The men they have chosen to make medical members of their Board of Health, are not in sufficient number, nor are they perhaps the men whom the professsion would have chosen and have put confidence in. They appear to be all non-contagionists. It was the morbid idea of the late Duke of Bridgewater, I believe, that our rivers were only adapted to feed navigable canals; our "Sanitary Commissioners" seems to be of opinion that they ought all to be converted into main-sewer drains. No wonder the Serpentine is poisoned so that men are afraid to bathe in it. In a short time, if all the foul matters from two millions of people are poured into the Thames, that too will become a pestilential ditch; besides involving the annual loss to the community of many millions of pounds of human guano. The two volumes on the table are called the "Report of the Sanitary Commissioners," and this report is signed by Lord Grosvenor, a very respectable nobleman, not unknown to our county; and by Mr. Owen, a fellow

* Since this was written, quarantine regulations have been suspended. The cholera had been raging at Hamburgh nearly five weeks before any vessels from that port were put under quarantine. After several cases had occurred at Hull quarantine restrictions were begun. They have, since the cases have become more numerous, been entirely removed. The door was locked when the steed had been stolen; and I suppose the wisdom of our Board suggests they may as well be hung for a sheep as a lamb.

student when I was at Bartholomews', who has since occupied his days and nights in the dissection of dead animals of all kinds, and the reconstruction of fossil skeletons, in which he has shewn a remarkable genius for accurate description, careful generalization, and original discovery, only surpassed by his predecessor in palæontology, the illustrious Cuvier.

Epidemic diseases and city-draining are subjects, however, in which Mr. Owen cannot pretend to stand as any authority; and it was certainly cruel to deprive the College of Surgeons of so valuable a professor during the period in which this Sanitary Commission was concocting its two volumes. Odontography and comparative anatomy must have suffered for it amazingly; but what between the time he lost in tracing out the potato disease in Ireland, from which Commission I imagine the public had the felicity of learning nothing, and the time this year sacrificed in architectural studies respecting the best shape of drain pipes and effluvia traps, as well as the laws of epidemics, I fear pure surgery, for which the College professes itself to be instituted, will reap but little advantage from the lucubrations of their peripatetic philosopher. We think the adage, "ne sutor ultra crepidam," would have been a good maxim; yet it seems, notwithstanding the pure surgery of the College, Mr. Owen appears to have been a very "general practitioner" in the "general Commission" line. But it may be said, in addition to my Lord Grosvenor and Professor Owen, there were Dr. Southwood Smith and Mr. Commissioner Chadwick. The latter is a barrister, very active and talented, no doubt, but knowing practically about as much of fever and cholera, as Mr. Owen does of engineering. Whatever respect we may have for the authority of Dr. Southwood Smith, we must confess that he has always had a favourite hobby, and has been somewhat too speculative and crotchetty* to be implicitly followed.

The venerated names of Dr. Copland, Dr. Paris, Dr. Latham, Dr. Watson, and many others easy to name, would have given such a document considerable weight,—why were not at least such men examined? The winesses of whom inquiries appear to have been made, were all selected with a *one-sided object*, which gives the whole document not *the aspect of a search after the truth*, but the evident appearance of *making out a case*.

When we consider the efficient organization which a county society like our own is capable of evolving.—that by means of its members distributed in every part of our county, how easily we may communicate through the secretary a monthly report of the rise and progress of epidemic diseases within a given space, (which the secretary may, without much difficulty, tabulate and arrange,) I think it must be allowed that we have an opportunity afforded us of throwing light on the course and character of epidemics, which the crowded population of our large towns does not afford. If, for example, we could track a given epidemic from family to family, and from village to village, carefully noting its progress, and reporting the results at definite short periods, not by the mortality, which is the only criterion of the Registar-General, but by the *numerical lists of cases*, with *the treatment annexed*, I am sure we should do much to throw light on important points now involved in much obscurity.

It was a valuable suggestion thrown out by Dr. Conolly, in the first year of the existence of the Provincial Association, which the broad basis and extensive character of that body has hitherto prevented from being carried out, but which your county Society gives a fair opportunity of realizing. The Asiatic cholera will afford us an instance in point. Suppose it be found that on a certain day a case of suspicious choleric diarrhœa and fever appears on board a vessel in Poole, lately arrived from Hull or Sunderland, followed a few days after by several fatal cases, but that ventilation, cleanliness, and quarantine, arrest its further progress. Suppose in another town a man arrives just sent out of a cholera hospital from London, that he has a relapse of diarrhœa, attended with the choleric fever, and that he, as well as two inmates of the same house, are carried off without extending the disease further, may we not learn something from such a narration, as well as from the fact of its having appeared in Aleppo, and carried off 20,000 victims, or at Bilston, and swept away 900? Yet such facts as these did occur, and were unrecorded in the last invasion of cholera, in 1832. Should we not be able to deduce some important practical conclusions, first as to the length of time necessary to form a sufficient quarantine, and, secondly, should we not be able to lay our fingers on certain localities, and be able to say, here cholera appeared and was arrested by certain *preventive measures*, arising from the suggestions of a cautious belief in its *communicable character*. I must confess that the doctrine of the non-contagionists appears to be equally rash and mischievous, as regards the arrest of the cholera, as the doctrine of fatalism among the Mahomedans is with regard to its cure.

But I am not now arguing the question of the contagious or non-contagious nature of cholera, which I will reserve for your consideration by and bye; I am alluding to the importance of employing the organization of county Associations of medical men, for the purpose of throwing further light on questions upon which differences of opinion are entertained, and in which a dangerous kind of uncertainty is often the result. I may mention the course and progress of typhus fever, as another instance in which there are many delusions which might be cleared up by local observations over a carefully-watched area like Dorsetshire. With regard to typhus fever, I may just mention a few facts which may, perhaps, be of some interest now Sanitary Commissioners appear to have lost sight altogether of the spread of diseases by contagion, and attribute all

* Among the crotchets of Dr. Southwood Smith we may notice the following extract from the fifth Annual Report of the Poor-Law Commissioners Appendix.—(c. No. ii.) Dr. Smith says, "Although scarlatina is usually arranged by medical authors under another class of diseases, namely, that termed exanthemata, or the febrile rashes, yet I have included it under continued fever, because from a long study of the phenomena of the disease during life, and an extended examination after death, of the morbid changes produced by it in the internal organs, I am satisfied that it *differs in no essential character from continued fever.*

epidemics to cess-pools and defective drainage. About two years ago a man died of fever; his wife and family soon after his funeral were removed to their parish. They then fell ill of "low typhus;" those who nursed them took the disease, and communicated it to their families. Upwards of fifty cases fell to my share of attendance between February and November, when the disease appeared to burn itself out for want of more subjects susceptible of taking it. Men, women, and children of all ages, took it, some severely, some mildly. A few had symptoms of "typhus gravior," proving them both to be the same disease, modified by the subject. To my certain knowledge typhus fever had never visited this parish epidemically for twenty years, the drainage had been equally bad for twenty years previous, and yet no wet season had produced fever during the whole of that period. The disease was *then evidently imported*; it extended to all who had constant communication with the sick, except those who were protected by natural insusceptibilty, or by having had the disease before.

If we could accumulate a body of such facts as these, which may be fairly hunted out in our own county, we might throw some light upon the laws of contagion, which from the virus being more or less diffusible in the atmosphere, may *vary in different epidemics*. I think we should find that fever in the country takes up its residence in new quarters, and travels, like the fungi in the fairy rings, always over new ground, or else dies out for want of victims within its reach; that though it may be more rife than usual in some unwholesome seasons, yet that it lurks in almost every month of the year, through spring, summer, autumn, and winter; that like small pox and scarlet fever, though now and then more violent than usual, it still follows the same laws of contagion, and requires the same system of separation and quarantine; and that we can generally expose with impunity those who have gone through the disease fairly before. Our scattered members may track their fever trails with the greatest ease, and while our brethren in crowded cities, like the huntsman in a rabbit warren, are only puzzled by a variety of cross scents, we may, by comparing notes with different parts of the county, have the same knowlege of the track of epidemics as the detective police obtain of those who transgress the laws.

The Sanitary Commissioners pretend to say, that in certain localities of a low and filthy character, fever is always prevalent. They should have added the fact, that in those localities the population must be dense and ever-changing, *an important element in the question*, for I am quite sure your village experience must teach you that fever enters a locality, rages for a while, and perhaps decimates the population, and does not return for twenty or thirty years as an epidemic, until another population has grown up who have not been protected in some degree by having previously suffered from the disease. The pestilential cholera, which has been with a few variations pursuing the same course through the north of Europe that it took in the year 1831, has for some weeks raged at the same seats of commerce, Riga and Hamburgh, from which it was imported into this country, *viâ* Sunderland, in November, 1831. It now appears to have reached England; Hull, Sunderland, and Edinburgh, have reported a few cases to the Board of Health. How far it may extend it is of course impossible for us to foresee, but the same laws which regulated its march in 1831 and 1832, are still in action. The disease is identically the same in its features and its fatality, and the experience of the last inroad gives a pretty clear view of the probabilities of its future course. It then, as now, broke through the *imperfect* and *too late* quarantine regulations. It appears this year that no quarantine was established till after the occurrence of several cases. Introduced into this country among so dense a population in constant intercourse, it seems impossible for human efforts to prevent its dissemination. In preparation for its approach, certain Acts of Parliament have passed the Legislature, which may become valuable. Although men's minds have been directed to the study of the public health with increased zeal for the last few years, public hygiène must, I fear, be considered quite in its infancy; men are suffered to congregate in our large towns in filthy, narrow, and ill-ventilated streets; the proper drainage of few towns has been completed, and the poor are crowded together, not only in the cellars of large towns, but even in many of our villages, in a state of beastly proximity, to which the well-informed agriculturist would not subject his prize cattle or his well-fattened pigs.

I must confess, gentlemen, I have read with some surprise, the hasty assertions of the Board of Health, published on Friday last in the *Gazette*, and since copied into all the journals. It states:—"The extent, uniform tenor, and undoubted authority of the evidence obtained from observers of all classes, in different countries and climates, and amidst all varieties of the physical, political, and social conditions of the people, appear to discredit the once prevalent opinion that the cholera is in *itself* contagious,—an opinion which if fallacious must be mischievous, since it diverts attention from the true source of danger and the real means of protection, and fixes it on those which are imaginary, creates panic, leads to the neglect and abandonment of the sick, occasions great expense for what is worse than useless, and withdraws attention from that brief but important interval between the commencement and the development of the disease, during which remedial measures are most effective in its cure." The question of the contagion of cholera, "in itself" or "out of itself," we cannot deem quite settled by a statement made in this *ex cathedrâ* fashion; neither can we bow to the infallibility of this newly-constituted secular authority, which disposes so summarily of the conclusions of the Board of Health of 1832.

Is it not, gentlemen, a very strange anomaly, that this "Board of Health" of 1848, should thus boldly proclaim that the Asiatic cholera is not a *contagious disease*, and should have thought proper at the same time to put the whole country under, what has been called, the "contagious diseases" Act! It may be said, perhaps, that to prevent alarm, and to secure to the sick the

ready assistance of zealous nurses, they have thought proper to declare the cholera to be non-contagious. In this country such a declaration is not necessary to procure ample attention to the suffering patient; neither do we think it will lessen the terror in the popular mind. In Russia, where similar declarations have been made by the public authorities, it has not prevented a panic among the inhabitants of St. Petersburgh, from which place thousands have fled into the surrounding country, and many have perished from famine, who ran away from the pestilence. In India, notwithstanding the general opinion which existed of its non-contagious character, it has been, and is, the common practice, for the poor people to fly in all directions into the adjacent jungles, and oftentimes to leave their sick, uncared for, to perish by the way. We contend, then, that such a declaration, even if it be true, does not lessen panic, and does not facilitate the care of the sick, but is likely to prevent due measures of quarantine and separation from being taken; and by throwing people off their guard on its first importation, may disseminate the disease more widely than even on the last occasion in which it visited this country. We cannot, on the bare assertion of a Board of Health, unlearn the experience of the past, and falsify the conclusions at which the highest authorities in the profession had arrived, after a careful examination of the rise and progress of this disease since it first entered Europe in 1830.

Mr. Orton, an Indian practitioner, of the most extensive knowledge of this disease, after first holding the opinion of its non-contagion, has published in his valuable work on the cholera, the indisputable facts on which he bases his decision of its infectious character; Dr. Watson, in his able lectures on medicine, taught the same doctrine; and Dr. Copland, in his gigantic work, the "Dictionary of Practical Medicine," has gone through this enquiry with the most patient research, and has produced the most ample and irrefragable evidence of the contagion of pestilential cholera. The careful perusal of his article "On Cholera-Pestilence," will amply repay the most patient attention. This article has hitherto been unanswered, and is, in fact, unanswerable.

It would have been much wiser, we think, had the Board of Health, (notwithstanding the authorities upon which it has based a contrary conclusion,) abstained altogether from expressing an opinion on the subject, and had imitated the cautious advice of Sir Thomas Munro, who, when dying of this disease in India, found his bed surrounded by a crowd of anxious friends who were of no service to him. They said they had no fear, as the disease was not contagious. "Ah!" said he, "that is an unsettled question; you had better be on the safe side, and leave me."

While some persons, who have thought proper to deny the infectious character of the "Asiatic Cholera," disseminate all sorts of absurd though ingenious theories to account for its spread over the globe, and whether it be electrical action or defective drainage, amuse the community with all sorts of wild speculations, we confess ourselves to be simple-minded enough, to be satisfied with the philosophical logic which contents itself with one efficient cause, *modified of course by local circumstances, and atmospheric conditions.* We observe the analogy of other pestilential epidemics, and witness in the small-pox an animal poison, capable of a certain definite diffusion in the atmosphere, and a certain absorption and retention in the garments and bed-clothing of the infected. This we consider quite enough to account for its dissemination in all the four quarters of the globe, without troubling ourselves about electro-magnetic phenomena, or any other of those atmospheric vagaries, with which *post hoc, ergo, propter hoc* reasoners, may choose to inundate the press.

If it be said that in small-pox you can take up the infectious particle on the point of your lancet from the skin of the sick man, I would point to another animal poison of an analagous, though in some respects dissimilar, character, which does not less exist, though you cannot seize it between your fingers,—I allude to the poison of scarlatina. Although we are well aware that crowded and ill-ventilated dwellings, and the absence of cleanliness among the poor, aggravate the intensity, and increase the fatality, of these animal poisons, would it not be absurd in us to put down these as the efficient causes of the diseases in question, when they have existed for ages without producing any such effects? It is quite within the memory of man, when the measles first appeared at the Cape of Good Hope. In 1517 the small-pox was first imported into St. Domingo; yet Rhages, the great Arabian physician, who gives the earliest account of small-pox now extant, imagines it to be a disease which arises from the spontaneous fermentation of young blood, and that it was a necessary disease for all mankind to pass through, produced spontaneously in the system during certain unhealthy seasons. He must have observed its course and progress for many years, and yet he says not a word of its being communicated from one person to another. Even Sydenham himself says nothing of the contagious nature of small-pox; and it seems rather questionable whether the partisans of non-contagion would not have denied infection in small-pox, had not the practice of inoculation originated, which Dr. Mead appears to have first practised in England upon some criminals condemned to death in one of our gaols.

It is thus very apparent that medical men may be blind to the contagious property of a disease, when they are unable to produce it by inoculation; no wonder, then, the earlier practitioners in India, in the thickest of the storm, could not see their way, and generally denied the contagion of the cholera. Their slow and reluctant assent to such an opinion was forced upon them by the calm observation of facts. The individual experience of each was insufficient, but when generalized and investigated, such men as Kennedy, and Orton, and Copland, were led to re examine the question, and reverse their earlier decision. Who could have been more patient investigators of the disease than Sir David Barry and Dr. Russell, who watched its progress in St. Petersburgh, and were the principal medical members of the Board of Health of 1831? Is the *ipse dixit* of Dr. Sutherland and Dr.

Southwood Smith, or Mr. Grainger, to upset the close investigations of such men?

We are not able to discover that any new facts have arisen respecting cholera, either with regard to its course, progress, character, or treatment. The duration of the disease when it has attacked any place has been similar, and its advance in the same lines of commerce and human intercourse, taking about the same period to travel, in spite of opposing winds, and every variety of atmospheric conditions. The only difference has been in a somewhat more rapid march from place to place, corresponding with the increased facilities of locomotion, and in some degree, perhaps, to be accounted for, from the abolition of all attempt at forming a "*cordon sanitaire.*"

We do not think that the avowal of the truth, either with regard to this disease, or the plague itself, is likely to be productive of mischief, but on the contrary, may induce wholesome measures of precaution, which in thousands of instances have been employed with success in preventing the spread of these maladies. We know, gentlemen, (for we saw some of the cases,) that in the little village of Bere, in this county, there were, in 1832, twelve cases of genuine Asiatic cholera, of which six proved fatal; that the first case was that of a person who came from London. It did not extend into any adjacent village. What general cause could have acted on the little village of Bere, which was not at the same time acting on the district by which it was surrounded? When the cholera was at its height in the city of Exeter, I took the opportunity of visiting it for the purpose of observing the disease, and with some of the medical men there, for several days, I saw patients in every stage, in the worst parts of the city. I saw no want of attention to the sick on the part of medical men or nurses, and the cases were attended to most promptly and efficiently, notwithstanding the general impression of the infectious character of the disease. I must, however, state that the worst cases I saw in the fatal collapse, were those who neglected sending for medical assistance till some hours or days after diarrhœa had commenced. It was a curious circumstance related by Dr. Shapter, in the "Transactions of the Provincial Medical and Surgical Association," that the two first cases which occurred in Exeter, came from two infected places, London and Plymouth, after which it spread to such an extent that 400 of the population died, and yet he says that none of the adjacent villages were visited by the epidemic, Topsham, Dawlish, and Crediton, having only a case or two, which did not extend further. We would ask how often have small-pox and scarlatina raged in Exeter without extending to Topsham and Dawlish? Do you doubt their contagious property on that account?

A few cases occurred at Poole and at Bridport in this county, but strict attention to cleanliness, ventilation, and those cautions suggested by a general belief in its contagious properties, contributed very much to arrest the further progress of the disease.

And now, gentlemen, in conclusion, I would briefly allude to the practical advice we would give our towns and villages on this important question. We say, then, let Boards of Health or Committees be constituted in every town and village, and let them at once commence a careful investigation of all nuisances, with a view to their removal, by the means afforded by Vict. 11 and 12, cap. 123. To the owners and occupiers of cottages we would advise an examination into their internal state of cleanliness, whitewashing and cleansing where necessary, removing dung-heaps, and attending carefully to the proper ventilation of the sleeping apartments. To the poor themselves, the various medical officers will no doubt make known the necessity of warm flannel clothing during the winter, and the earliest possible application for medicine in case of any loose state of the bowels. It will suggest itself to each one of you, that cordial opiate mixtures, or some pills of calomel and opium, might be left with some confidential party in every village, to which resort may be at once had in cases of diarrhœa. We do not think any further tampering or quackery is desirable. The constant employment of the resident poor, at a rate of wages sufficient to afford their families ample clothing and substantial nourishment, in which animal food shall form a fair proportion, is one of the best prophylactics for an agricultural county like Dorsetshire. The careful superintendence of tramp lodging-houses, and the strict enforcement of the laws against vagrancy form an important feature in the duties of Boards of Guardians and Justices of Peace.

We would add, also, the propriety of establishing in connection with every union workhouse, some separate ward or building, which should be appropriated for the reception of all tramps and others who may be affected with cholera, typhus, or any other contagious disease. Our general immunity from cholera at the period of its last invasion arose probably from the *fear of contagion inducing strict measures of separation and cleanliness*, as well as from the comparatively small population of our towns and the scattered character of our villages, and the "*cordon sanitaire*" of our cultivated fields and belts of downs. We are disposed to add, that the water of our chalk districts, impregnated as it is with the carbonate of lime, in all probability rendered our population less susceptible of diarrhœa—the great premonitary symptom. The localities of chalybeate springs appear both in this country and in Germany, to have had in some degree a similar prophylactic influence.

We do not anticipate that any very formidable irruption of the disease in this county will attend the present epidemic, for the same sources of protection still exist. Should, however, a more general invasion of cholera await us than in 1832, the activity and zeal, and medical knowledge of the practitioners of the county may, I am sure, be relied on, to obtain all those ameliorations of its severity which human skill and attention are capable of affording.

Although medical aid appears to be so fruitless in the last stage of the Asiatic cholera, nothing is better ascertained than its value in the earlier symptoms. In India the Medical Board of Bombay report,—"There is reason to believe, that of 1294 cases which received no medical assistance, every individual perished."

The sooner the premonitory diarrhœa is stopped, and the earlier our resources can be brought to bear, the less everywhere becomes the mortality. We believe the fact to be indubitable, not only from Indian, but from European statistics; and the more men's minds are enlightened as to the necessity of sanitary measures, and the removal of nuisances, the better chance we have in arresting the progress of the formidable epidemic. It is not only thus with cholera, but with all other epidemic diseases. Filth of all kinds appear to be the appropriate soil or nidus of contagion. Fresh air, ventilation, and cleanliness, moderate the virulence of every febrile disease; so that we could almost pardon the exclusive attention which even our sanitary commissioners appear to have given to this element of the question, if truth did not demand a more candid avowal. The facts proving the cholera to be contagious or communicable from infected sources we deem to be irrefragable, but the rapid dissemination of that contagion which appears sometimes to have extended a very considerable distance from the primary source, and carried on the wings of the wind and along the banks of rivers, often baffles quarantine regulations, and has often leaped the barriers of the "*cordon sanitaire.*" We do not imagine the infection exists in a great degree in the stage of collapse, but the consecutive fever, and the fæcal evacuations, seem to be sources of the poison. The mouths of sewers, the low swamps bordering rivers, and the long occupied ground of camps, are always dangerous positions to inhabit, but when the disease has already made its appearance, are tenfold more hazardous. In the belief of its contagion, care should be taken to destroy or otherwise purify, by chlorine and afterwards boiling water, the bed-clothes and under garments of those who have been affected with the disease. The history of cholera shews us, for our comfort, that it cannot permanently take up its abode with us as it has done in India. It will die out after a short time; it is not like the small-pox and typhus fever, one of the indigenous or naturalized diseases of our climate. It is a foreign exotic, and the great majority of our northern constitutions are not susceptible of the disease in its most malignant form. It is, then, a *transient* epidemy; it now re-appears after an absence of nearly sixteen years. By a careful study of its laws of propagation, as well as the best means of alleviating its sufferings, we shall be fulfilling our high duty. The mercantile world may hug its delusions, which "Boards of Health" and leading articles in the *Times* may please to foster, but the medical profession will not sacrifice the truth of any well-established conclusion on the mere *ipse dixit* of a few zealous partisans. We know the infection of small-pox was not noticed by *ancient observers*, and the contagion of the plague has *been denied* by *modern writers*; we are prepared, therefore, for the most *broad assertions* with regard to cholera. Facts, however, are stubborn things, and there is a force in truth which at length overcomes all fallacies.

ON THE

TREATMENT OF RHEUMATIC PARALYSIS BY ELECTRO-MAGNETISM.

By William Davies, M.D., Physician to the Bath United Hospital.

(Read at the Bath and Bristol Branch of the Provincial Medical and Surgical Association.)

Mr. President,—

I purpose, on the present occasion, to bring under your notice the case of an individual who had suffered for many months under rheumatic paralysis of the hands and lower extremities, and in whom power over her limbs became restored under the use of electro-galvanism.

I will, in the first place, detail the case, and, secondly, offer a few fragmentary remarks on the agent employed in the cure,—namely, electricity, in its relation to living beings.

Case.

Jane Farley, aged 25, had always enjoyed good health; had been accustomed to work in a laundry, in which occupation she was much exposed to cold and damp. Previously to the illness of which I am about to speak, she had never suffered from rheumatism. In December, 1845, her hands began to swell, and she gradually lost the power of using them, but suffered very little pain. The swelling and weakness continued to increase until February, at which time she was admitted into the United Hospital, under the care of Dr. Bealy. She remained under treatment eight weeks, when she was discharged greatly relieved, the swelling of the hands being much diminished, and the power almost restored. She returned to her occupation of laundress. The improvement was only of three weeks' duration, when the affection of the hands returned, accompanied at this time with swelling, pain, and weakness of the feet and knees.

In August, 1846, she first came under my care as an out-patient of the United Hospital. At this time she was in the following condition:—The joints of the hands, feet, and knees, much swollen, and exquisitely painful to pressure. She was unable to walk across a room without assistance, and she had so little use of her hands, as to be unable to dress and undress herself without aid. Her skin was covered with a cold clammy moisture, of a sour odour, and a strongly acid reaction on litmus paper. She suffered much from irritability of the stomach and bowels, in the form of acid eructations and diarrhœa; there was considerable epigastric pain and tenderness, especially after taking food; the ongue was red and pointed, the papillæ at the point being large and prominent; the organ was also covered here and there with thin patches of creamy exudation, through which the red raw-looking mucous surface could be distinctly seen. The pulse was quick, and of small volume; menstruation was rather profuse.

The treatment at this time consisted chiefly of sedatives and antacids. She seemed to derive more benefit from a mixture of hydrocyanic acid and bi-carbonate of potass in water, than from any other remedy tried; she took four minims of the one, and

ten grains of the other, every four or six hours, according to circumstances. Under this treatment her general health improved exceedingly, and she got rid of the troublesome gastric symptoms under which she had laboured at the commencement, but the power over her limbs remained very much *in statu quo*.

On the 9th of October, I admitted her as an in-patient, and she remained in the hospital nine weeks. She was only, however, under my observation the first two weeks of that period, in consequence of my being confined to the house through indisposition, during the remainder of the time; I therefore pass over that period, merely observing that she left the hospital with even less power over her limbs than she possessed on her admission. On quitting the hospital, in the second week in December, she took to her bed, from which she did not move otherwise than as she was lifted, until the 5th of March, 1847, when I again admitted her as an in-patient of the hospital. Her condition at this time was much the same as I have already described, except that she had totally lost all power over her limbs. She was unable to stand without assistance, and could not hold anything in her hands. She remained in the hospital fourteen weeks, during which time she was subjected to various treatment, the details of which would occupy too much of the time of the meeting; this, I may say, however, that each step of the treatment was adopted after as careful consideration as I was able to bestow upon the case. The common warm bath, and subsequently the vapour bath, were fairly tried; from the use of the latter she derived some benefit, was able, at the time she left the hospital, to stand without assistance, and even, on first rising from bed, to walk a few yards with the aid of some object on which to rest her hands. Her general health at this time was much improved.

From the middle of June, the time of her quitting the hospital, until the first week in August, she remained with her friends in a most helpless condition, quite unable to do anything for herself; she was then removed to an apartment near the hospital, with the view of trying the effect of galvanism in the warm bath. She was galvanized in the bath daily, with few exceptions, for a fortnight, at the end of which time she was able to walk from the place where she lodged to the hospital, and back again, a distance of 300 or 400 yards, an exploit she had not previously performed for more than eighteen months. At this time the application of the galvanism was arrested for a month, in consequence of the great inconvenience attending its use in the common slipper bath,—the only one at my disposal. During that month she retrograded to nearly her former condition, being unable to do more than walk across a room, and that not without difficulty and with support. On the 23rd of September, I was enabled again to have recourse to galvanism, in a bath admirably adapted for the purpose, through the kindness of Messrs. Green and Simm, the lessees of the baths. From this date she was galvanized daily, with the exception of the Sundays, for two months, during which time she improved gradually but rapidly, until it was considered no longer necessary to continue the treatment, from her recovery being complete. I am indebted to Mr. Tyler, chemist, of this city, for having taken off my hands the troublesome and laborious office of applying the galvanism. The apparatus used was the ordinary electro-galvanic. The application was continued at first for a quarter of an hour, but subsequently, during half an hour. She took no medicine of any kind while under treatment by galvanism.

I fear, sir, you will consider that I have been tediously minute in the relation of this case, but it seems to me an interesting and important one, and I think it advisable, whenever a case is adduced in support of the efficacy of any particular therapeutic agent, or line of practice, that the observer should state the case minutely, so as to place those who may hear or read it, as far as may be, in the same position as he is himself, in respect of forming a judgment as to the truth or error of the conclusion which the author has been led to form.

It is proper to call the attention of the Society to one point in the relation of the case, which seems to me to remove any doubt which might exist, as to whether galvanism really was the efficacious cause of cure, or only a mere co-incident. 1st. It could not have been the warm bath alone which brought about the cure, as full trial had been given it under similar circumstances previously, without any appreciable benefit. 2nd. That it was the galvanism, is proved by this; that under the first fortnight's application, great improvement took place; that all this improvement was lost during a month's suspension of the treatment, and that on its resumption improvement was again manifested, which went on under its continuance to a perfect cure.

The patient has returned to her occupation of ironer for more than three months, and now stands at her work during twelve hours a day, six days in the week. By the evening her feet become somewhat painful and swollen, as also her hands, but she told me within the last week that she was quite well, and that if she had it in her power to follow any occupation that did not involve so much standing, she should be as well as ever she was.

The above case illustrates sufficiently well the therapeutic influence of electricity in one form of disease,—namely, rheumatic paralysis of the muscles of the extremities, the great nervous centres remaining intact, and that this is the particular form under which we ought to expect benefit to arise from the use of electricity, perhaps, more than under any other, will, I think, appear from a short review of what we know concerning this agent, in its relations to living beings.

Professor Matteucci, of Pisa, to whom we are indebted for nearly all the precise knowledge we possess on this subject, has shewn that there is a constant current of free electricity traversing the muscles of all animals, even of man himself;—that the course of the current is from within outwards;—that the higher the animal is in the scale of being, the greater is the amount of electricity developed;—that any cause which has the effect of reducing the vital power of an animal, and impairing its due nourishment, diminishes proportionately to the extent of change, the intensity of the muscular current;—that immersion of an animal in

sulphureted hydrogen gas destroys the current altogether, and, on the other hand, that anything which tends to increase the development of muscular power, increases also the electric current in those muscles.

It has been observed by Pfaff and Ahrens, and also by Humboldt, as will appear from the following quotation from "Müller's Physiology," that in rheumatic affections the electricity of the body is at zero. They say:—"During the continuance of rheumatic affections the electricity of the body seems to be reduced to zero, and to become manifest again as the disease subsides. It appears to Humboldt also, that rheumatic patients had an insulating action on the feeble current produced by a simple galvanic circle."

It has been shewn that muscles lose their power of contraction when the current of blood towards them is obstructed; this has been observed in the human subject after ligature of a large arterial trunk in the muscles supplied by that vessel, and also in the hinder extremities of animals after ligature of the abdominal aorta. Müller, speaking of the influence of the blood on the contraction of muscles says,—"It is therefore certain that the arterial blood undergoes in the motor organs, a change, which, while it gives the blood the venous character, renders it unfit to maintain in the muscles their contractile property,—in other words, that the property of contractility requires for its perfect preservation the constant action of arterial blood on the muscular fibre."

Now, Davy and Faraday, among their numerous additions to physical science, have proved this—that wherever chemical action takes place, there free electricity is produced; in fact, that chemical affinity and electricity are identical powers. Liebig has shown that if fresh muscular tissue be cut small, and macerated in distilled water, it gives an acid reaction on litmus paper, and this, notwithstanding the large quantity of alkaline blood contained in its vessels, thus proving a secretion from the capillaries of an acid nature; so that in muscles there exists an alkaline fluid within the vessels, and an acid fluid without, a moist animal membrane intervening,—a condition of matters which has been abundantly proved capable of producing chemical action, and, consequently, of setting free electricity.

Now, from what has been said it has been shown:—

1st. That there is in all muscles a constant current of free electricity.

2nd. That the intensity of the muscular current bears a direct ratio to the vigour of the animal, and the degree of development of the muscular structure.

3rd. That immersion of an animal in sulphuretted hydrogen gas destroys the current altogether.

4th. That in rheumatic affections, the electricity of the body is at zero, but becomes manifest again as the disease subsides.

5th. That a constant supply of arterial blood is essential to the contractile power of muscles.

6th. That wherever there is chemical action, free electricity is developed.

7th. That the conditions of chemical action exist in muscles, by means of the alkaline fluid within, and the acid fluid without the vessels.

Analogous to this last head, and confirmatory of its truth, is an experiment performed by Aldini, at Guy's Hospital, in 1803, in which he took the prepared leg of a frog, and held the extremity in his hand, previously well moistened with salt and water, while he allowed the free end of the sciatic nerve to touch his tongue; contractions of the muscles of the frog's leg were immediately produced, thus proving the existence of an electric current passing between the internal and external surface of his body. See, for further details, Dr. Bird's "Natural Philosophy," or his lectures before the College of Physicians, in 1847, published in the *Medical Gazette*. Donné, in the "Ann. des Sciences Nat." for February, 1834, gave the explanation of this experiment, by referring it to the different chemical conditions of the integument of the body, and the mucous covering of the alimentary canal,—the one being acid, and the other, for the most part, alkaline, meeting at the mouth, nostrils, and anus. It will be seen that this condition is similar to what has been already mentioned as existing in muscles.

Now, if we keep before us the various facts I have adduced, and venture on an attempt at their estimation, the following may, perhaps, appear not altogether unreasonable:—

1st. We have the fact of a constant electric current in the muscles of all animals. What are the conditions which diminish this current? 1. A low position in the scale of living beings. 2. Imperfect development of the muscular structure, with depressed vital powers. 3. Immersion of an animal in sulphuretted hydrogen gas. 4. A rheumatic condition of the system. All, (it will be observed,) circumstances in which the free action between the arterial blood, and the muscular fibre, is either interfered with or destroyed, and all circumstances which impair the contractile power of muscles.

2ndly. What are the conditions which increase this current? Everything that is the opposite of the above; high vital powers, full development of the muscular structure, in fact everything that promotes the free action between the arterial blood and the muscular fibre,—everything that is essential to powerful muscular contractions.

These facts seem to point to a very close relation between muscular contractility and electricity, if they do not go far enough to shew that the one stands to the other in the relation of cause and effect; and they certainly furnish a very strong theoretical reason, anterior to all experiential evidence, in favour of electricity as a remedial agent in certain forms of impaired muscular contractility.

It would be irrelevant to the matter in hand to enter into other relations which probably exist between electricity and vital actions, besides which we should be in danger of losing ourselves in the mists of speculation; this, however, I may be allowed to say, that I believe no department of science offers to the medical philosopher a more worthy subject of study than that which I have attempted to bring under your notice this morning.

CASES OF OXALURIA.*

By P. Martin Duncan, M.B., Physician to the Essex and Colchester Hospital.

The three cases about to be described were nearly as difficult to relieve as those reported in a former number were easy of cure.

Case IV.

Anne Stradling, aged 36, married, and the mother of several children, was admitted as an out-patient in the Colchester Hospital, on July 23rd. She attributes her ailments to having caught cold, and subsequent acute rheumatism, by exposure to the night air, about a year ago. Before that time had always robust health. She is a middle-sized woman, with the appearance of having been much stouter than she is at present. Complains of constant frontal headache, a sensation of weight and uneasiness in the loins, and pain in the right side, not extending to the shoulder. She has very low spirits, and trembles violently after the slightest exertion; complains of profuse acid perspirations, and of frequent heart-burn. Her face has an anxious and discontented appearance, and her lips and fauces are pale; tongue large, tremulous, furred, and transversely fissured; she sleeps badly; has generally little or no appetite, although at certain times she eats voraciously. No cough nor palpitation; the heart's impulse and sounds are normal; liver slightly enlarged; uterine functions regular. Never had syphilis nor ague; bowels regular.

Ordered her a mixed diet, and to eat but little at a time. R. Pil. Hydrarg., gr. iij.; Extr. Coloc. Co., gr. viij. Fiat pil. ij., alt. noctibus. R. Infus. Gent. Co., oz. j.; Ferri. Sulph., gr. ij. M. Capt. ter die.

July 30th. Obtained some of her urine, which was passed before breakfast; it was pale, of specific gravity 1012, slightly acid, and contained urate of ammonia and mucus; no oxalate. Ordered her to bring some urine passed in the middle of the day and to continue her medicine.

31st. Urine acid, pale, of specific gravity 1018, contained a considerable quantity of oxalate of lime, in octohedral crystals, much epithelium, and amorphous urate of ammonia.

Pil. Hydrarg., gr. v., alt, q. nocte. R. Acidi Nitrici, Acidi Hydrochlor., utrq, m. iij.; Infusi Quassiæ, oz. j. Sum ter die.

Aug. 7th. Says she has not been so well for months.

14th. Much the same. Cont. mist. Omitt. pil.

21st. Her general health is better, the pain in the loins, however, persists. She complains also of weariness after slight exertion. Tongue clean; bowels rather irregular; urine increased in quantity, specific gravity of a portion passed at noon, 1012, pale, acid, and containing the largest crystals of the oxalate of lime I ever saw. Her lowness of spirits is not so bad as it was, nor does she complain of her former severe headache. The appetite is more regular, but she complains of a sensation of weight and distension of the right side soon after taking her meals.

R. Acid. Nitric., m. iv.; Acid. Hydrochlor., m. v.; Inf. Quassiæ, oz. j. Misce. Sum ter die. R. Pil. Hydrarg., gr. iij.; Extr. Colch. Acet., gr. ij. Misce. Fiat pil. j., alt. q. nocte sumend.

28th. Is better.

September 4th. Complains of pain in the loins and weakness only. She has improved very much during the last fortnight; mid-day urine, of specific gravity 1024, acid, contained large crystals, in masses, of uric acid, little mucus, and no oxalate of lime. Pergat.

18th. No oxalate, but the quantity of uric acid excreted in the form of palpable masses of sand is very considerable. The pain in the loins persists; tongue rather foul; bowels confined.

Omitt. med. omnia. R. Pulv. Rhei, gr. x.; Sodæ Carb., gr. v. Mist. Camph., oz. j. Sumat ter die.

24th. Is better; the quantity of the uric acid has diminished, and no oxalate present in the urine. Pergat.

Until the present time she has continued much the same, complaining occasionally of pain in the loins, and nervous feelings. She has never passed any more oxalate, but nevertheless her health has not much improved. Her diet is of very doubtful description; occasionally she has meat, and feels much the better for it, but her general food is bread and butter, or dripping. She lives in a malarious district, and has a good deal of mental anxiety. Taking these circumstances into consideration, I much doubt if she will ever be anything else but a confirmed invalid. Her case is interesting in a practical sense, for it shows the necessity of examining urine, in which we suspect oxalate of lime to exist, after a meal, and not before any food has been taken into the stomach. Her urina sanguinis never contained oxalate of lime, although it was frequently loaded with urates. She was always better after taking highly nitrogenized food, whilst fat and spirits, in but small quantities, increased her lumbar pain, and as far as I could judge, the quantity of oxalate. Another point in her case is, that when she ceased passing the oxalate, the quantity of uric acid in the urine was sensibly increased, and the exhibition of as large a dose of alkali as I dared to give her, had not much influence on its amount. The specific gravity of her urine rose as the oxalate left her, and now averages 1020. She passes less urine than she did.

Case V.

Mrs. Stevenson, aged 48, has been a patient for many months at this Hospital. When I first saw her, July 23rd, she was complaining of great debility, pain in the loins, oppression of spirits, and a great disinclination to take food. Her symptoms are occasionally exacerbated, and when this is the case, she suffers severely from constant nausea and sickness; her urine is then scanty, high-coloured, and offensive. I was fortunate enough to see her in one of these paroxysms. Urine passed after her breakfast was slightly acid, of specific gravity 1024, high-coloured, with an iridescent pellicle on its surface, and contained fibrinous coats of the tubes of the kidney, altered blood-corpuscles, epithelium scales, which contained but little fat, and crystals of triple phosphate, and amorphous and rather

* Continued from page 565.

pinkish urates. There was little doubt of her having a calculus in her kidney. I ordered her a hydragogue cathartic and an opiate for each night.

August 7th. I did not see her in the interval, but found her much better. She tells me that she has suffered from occasional attacks of sickness for years, more especially since her menses stopped. She has now pain on pressing over the left kidney; and on examining her urine, I found crystals of triple phosphate, and, rather to my surprise, oxalate of lime in octohedra; pulse 110; tongue clean; bowels regular; no appetite; she sleeps badly, and the pain in the loins is increased during the night.

R. Pil. Hydr., gr. v.; Pulv. Opii, gr. ½. Fiat pil. j., omni nocte sumend. R. Mist. Camph., oz. j.; Tinct. Hyoscy., dr. ss., ter die sumend.

28th. The report says she is better; appetite has returned; passes a good quantity of water, but her legs swell a little at night.

She continued under my care until very lately. She is not much better in spite of the absence of oxalate of lime in her urine; this was brought about by small doses of nitric acid, between the 24th of September and the 9th of October.

Case VI.

Charlotte Goodfellow, married, aged 47, has been an invalid for upwards of five years, and a patient at this Hospital since March 23rd, 1848. She came under my care in the last week of June; in the interval she had been treated for general debility, chronic cough, and amenorrhœa. She was evidently at the critical period, and her ailments were attributed to that cause. She took alkalies, iodine, and slight purgatives, and when I first saw her, what with defective diet, mental anxiety, and medicines of a rather depressing nature, she was considerably debilitated. She complained of constant pain in the head and back, of most distressing despondency, and inability to use the slightest exertion, without subsequent exhaustion. Her appetite was bad, tongue pale, and the general surface anæmic. She has a dry hacking cough, depending upon a relaxed state of the mucous membrane of the bronchi; sleeps badly, and has dreams of a frightful nature. Bowels tolerably regular; pulse quick and small.

Ordered to take porter, and as nutritious a diet as possible. R. Pil. Scillæ Co., Extr. Conii, utrq., gr. iv. Fiant pil. ij., omni nocte sum. R. Mist. Camph., oz. j.; Tinct. Scillæ, m. x.; Ammon. Carb., gr. v.; Tinct. Hyosc., m. xv. Fiat haust. ter die bibend.

July 3rd. Is a little stronger, but otherwise much the same. Pergat.

11th. Better. Her cough is very troublesome, and the bowels are rather confined. R. Pulv. Myrrhæ, gr. v.; Ammon. Carb., gr. ij.; Tinct. Opii, m. v.; Mist. Camph., oz. j. Fiat haust. ter die sum. Pil. Hydrarg., gr. v., omni nocte.

23rd. Is just the same; with the exception of her cough being relieved, she is just in the same state. I had attributed her headache and despondency to the anæmic state of her system, and that to the cessation of her menstrual flux. I now examined her carefully and found no organic disease of any kind. She brought me some urine, which she passes in considerable quantities, pale, acid, of specific gravity 1016, and containing an immense quantity of oxalate of lime. I changed her medicine and ordered,—Acid. Nitrici, m. iij.; Acid. Hydrochl., m. ij.; Infus. Quassiæ, oz. j., ter die. Linctus pro tussi.

August 14th. She has gradually improved.

On the 28th, I increased the quantity of acid, with considerable benefit to her, and on the 18th of September discharged her in a decent state of health.

The two last cases shew how this disease may be masked by symptoms which pertain to other lesions. In Case V., symptoms of renal disease, and in Case VI., those of disordered uterine function, accounted for the mental and physical depression. Oxalate of lime was found in both cases, and when removed the patients experienced considerable relief. It is sufficiently obvious, that the presence of the oxalate is but a symptom of hidden disease, not of the kidney, but of the digestive organs; for the urine does not at all times contain oxalate of lime; the patient may pass large quantities of it during the afternoon, but none before breakfast; none before new matter is assimilated and received into the system, but much a little while after. It would seem, then, that the oxalate is derived from the products of primary and not of secondary assimilation; from food taken in, and not from the destructive process that is constantly going on in the tissues. Oxalate of lime is not excreted from the kidney in a direct manner; it is passed as oxalate of ammonia, crystals of which are occasionally met with, but the oxalic acid of the compound, has a great affinity for lime, and readily precipitates it from all its combinations with acids. Now, oxalate of ammonia has to be eliminated by the kidney, and has to come in contact with an urinary salt, of which lime is the base. It is more than probable, that it is, under certain circumstances, excreted instead of urea; that although this last usual urinary element may exist in the urine in considerable quantities, still oxalate of ammonia may replace a portion of it, and in some cases nearly all of it. Dr. Bird has drawn up a formula, which shews that, one atom of urea and two of water, after losing an atom of oxygen, become converted into oxalic acid and ammonia,—that is to say, if urea is existing in the blood, and is about to be eliminated by the kidneys, and any circumstances should arise which might have a de-oxidating effect upon it, oxalate of ammonia would be produced in its stead. Now, Liebig is in favor of the derivation of oxalic acid from uric acid. I do not see why it should not be produced from either urea or uric acid, as their chemical relations are very close.

The rationale of the presence of oxalate of lime, is probably the following:—A person habitually dyspeptic, of low vital energies, catches cold, or is subjected to some depressing influence, in the form of extreme mental and physical exertion, his food is not properly digested, the nitrogenous products are eliminated more copiously than is consistent with health, not in the form of urea or uric acid, but as oxalate of ammonia or oxalic acid. The vital chemistry of the kidney, on account of the general perversion of nutrition, and

some idiosyncracy which facilitates the occurrence of diseases of this organ, is not able,—has not sufficient power, to produce more than a certain amount of urea or uric acid; the remainder passes as oxalate of ammonia or oxalic acid, and either by double decomposition or simple affinity, becomes oxalate of lime.

Starting with this theory, in our treatment it is necessary to attend to the diet, clothing and general hygiène of the patient; to employ medicines calculated to elevate the standard of health, and which may at the same time act in a direct manner upon the disease. Tonics, stimulants, and mild purgatives will alone frequently relieve the distressing lowness of spirits and dyspepsia; but change of air and moderate exercise, and the exhibition of medicines which are supposed to produce a supply of oxygen in the system, will be found to eradicate the disease in the quickest manner. Nitric acid, with or without the hydrochloric, acts like a charm in removing the diathesis. It may be combined with a mild tonic and exhibited twice or three times daily.

ON THE

INTERNAL EXHIBITION OF CHLOROFORM IN CHOLERA INFANTUM, AND DYSENTERY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

A short time since you were so good as to insert a letter I addressed to you, on the internal exhibition of chloroform in spasmodic cholera, and believing that its beneficial influence in this disease arose from its remarkable power of soothing the irritation of the ganglionic and spinal system of nerves, I was led to hope it would exert an equally useful influence in dysentery and infantile cholera. The subjoined cases will, I think, prove that the opinion was not ill-founded. I have selected these from several others, not only because they were well marked, but as shewing that chloroform is a perfectly safe and manageable remedy, even when given to infants at the tender age of twelve or eighteen months.

About the middle of September last, the weather being generally sultry and humid during the day, the temperature becoming much lower towards the evening, cholera infantum and dysentery prevailed in an epidemic form in this locality, both affections assuming a very severe type, and evincing a remarkable obstinacy to treatment. In some cases of the former disease, spasmodic convulsions were frequent, and although opium was pushed in these cases, as far as it could be administered with safety to children of such a tender age, it neither controlled the diarrhœa, nor seemed to induce more than a temporary remission of pain. Under these circumstances, as recent experience led me to regard chloroform as an agent of great power in the cholera of adults, both in the malignant and simple form of the affection, it was resolved to put its influence to the test in two cases of cholera infantum, of a very severe character. In three cases occurring at the same period, the remedies employed prior to the use of chloroform, extending over a space of from four to seven days, completely failed to produce any alleviation of the symptoms; they must, therefore, be regarded as having been fair cases for testing the efficacy of any new remedy.

CASE I.

Mrs. Biggs' child, aged 2 years, visited September 21st, and found labouring under diarrhœa, with tenesmus, vomiting, quick and feeble pulse, furred tongue, thirst, hot skin, and great irritability, dejections slimy and very offensive. These symptoms continued unabated for the four following days, resisting entirely the usual treatment, which consisted of mild mercurials, with Dover's powder, together with absorbent and alkaline medicines, with occasional doses of Ol. Ricini and Tinct. Opii.

On the 26th, the tenesmus being very depressing, and the motions frequent and very fœtid, the following embrocation was rubbed freely over the abdomen and dorsal region:—R. Chloroform., m. viij.; Ol. Terebinth., dr. ij.; Lin. Saponis., dr. vj. Misce.

27th. Tenesmus relieved, but the diarrhœa unchecked; extreme emaciation, and the case apparently hopeless.

27th. Continue the embrocation, and give the following mixture:—R. Chloroform., m. vi.; Mucil. Acac., dr. iv.; Tinct. Opii, m. vi.; Aquæ destillatæ, ad oz. j. Fiat mistura. A teaspoonful to be given every two hours.

28th. A marked improvement in all the symptoms; the infant has had but one dejection during the night; slept soundly; motion this morning improved in colour and consistence; pain and irritability much relieved. Ordered a little wine and arrowroot, and to continue the chloroform mixture at intervals of four hours.

The child has suffered no relapse, and is now, the 30th, free from other ailment than that arising from the debility consequent upon the attack.

CASE II.

Mrs. Stanton's infant, aged fifteen months, was similarly attacked on the 23rd of September, and prior to the administration of the chloroform on the 28th, a similar mode of treatment was adopted as in the former case, with the exception that the opium in this case was pushed, in the form of Dover's powder, to a further extent. The symptoms, though not accompanied by so much tenesmus, were equally obstinate, and the emaciation excessive; the stools being pink and watery. On the 28th the same chloroform mixture was administered, and the embrocation used, and with the same happy effect. The gradual recovery of the infant may be dated from the exhibition of the first dose of the chloroform, and during recovery she required no other treatment, save an occasional dose of calomel.

A case of dysentery occurred at about the same period, though prior to those above related, which resisted every mode of treatment, the child sinking about the tenth day.

On the 20th of September, another case of dysentery occurred, in a boy aged about 8 years, which promised to run an equally severe course with the former one. The

child suffered severely from pain and tenesmus, accompanied by frequent bloody stools, the dejections resembling currant jelly, with water, accompanied with much fever; and having resisted leeching, blistering, castor-oil aperients, with opiates and astringents, until the 26th of September, the following mixture was ordered:—R. Fel. Bovis Inspiss., gr. xij.; Tinct. Opii, m. x.; Mucil. Acaciæ, oz. j.; Chloroform., m. vi.; Misturæ Amygdal., ad oz. iij. Fiat mistura; capt. sextam partem quartis horis. Under this treatment, with occasional doses of Dover's powder, this child speedily recovered, and is now, October 7th, convalescent.

I am, Sir,
Your obliged servant,
THOMAS HEWLETT.

TRAUMATIC FISTULA OF STENO'S DUCT: CURE COMPLETED DURING A CONTINUED FEVER.

By Tuthill Massy, M.D., Exeter.

The patient was by occupation a mason, 43 years of age. When he presented himself to me, in September, 1847, he stated that he had fallen off a scaffold, six feet raised from the ground. He had a lacerated wound, extending from below the centre of the right malar bone to more than an inch. The eye and nose on that side were greatly swollen. The wound was brought together with strips of adhesive plaster. Ordered an aperient, with directions to live low.

On the third day, when eating bread, he felt water pouring down his cheek; his neck and skirt were quite wet.

I removed the dressing on the fifth day, and got him to chew a bit of bread, when the fluid *poured out*; it then formed a little stream trickling down the cheek.

On the seventh day the wound was united almost throughout the entire extent, leaving two small openings at each extremity, sufficient to admit the point of Anel's probe, and through which flowed, (as the man stated,) "a wine-glass of water during each meal." Touched the openings with a pencil of Nitras Argenti. Applied a lint compress.

Tenth day. He was attacked with the fever which was then endemic in the adjacent lodging-houses. Complained of a heavy pain in the head, with loss of sleep and appetite; tongue dry, and coated with a white fur; respiration hurried; pulse quickened.

Eleventh day. Great thirst; the saliva has ceased to flow.

Thirteenth day. Fever continues; urine diminished in quantity.

Fifteenth day. Fistulous openings closed; a hard oval tumour occupies the entire extent of the cicatrix, not in the least diminished by pressure.

Twentieth day. The tumour continues tense, and unyielding to continued pressure; fever almost gone; appetite returning.

5th of October, being thirty days. My patient is convalescent. The tumour has disappeared; the cheek is natural; and the saliva escapes through its own opening into the mouth.

How has this duct become a continuous tube? Has lymph united the parts by forming a sac between the divided extremities?—or have the walls of the tumour formed the connecting link?

CASES OF POISONING BY BELADONNA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

I forward you two cases of poisoning by belladonna, occurring lately in my own practice, which are interesting as bearing upon the late inquest at Sheffield, where the verdict of the jury appears to me to have been the opposite of that to which a careful review of the evidence would legitimately lead.

Your obedient servant.
SAMUEL COWAN.

Bath, Oct. 5, 1848.

Case I.

June 25, 1848. General W., aged 73, a man of hale robust constitution, swallowed in mistake for a henbane draught, part of a lotion, containing, as I afterwards calculated about twenty five grains of the extract of belladonna dissolved in Linamentum Saponis.

I was sent for, and saw him at 11 p.m., about twenty minutes after the accident, mustard and water having been previously administered to excite vomiting, without effect. I found him perfectly collected, complaining of slight vertigo, with staggering gait; the surface and extremities cold; the face pale; indistinct articulation; pulse feeble, 74; pupils *not* dilated. The stomach-pump was used, and the stomach freely washed out, the fluid returned containing a greenish mucus, convincing me by its smell that the poison was belladonna. Small quantities of brandy and water were now given. Vertigo and insensibility gradually increased; the temperature of the skin and extremities sank; the pulse became weaker, and fell to 55. The pupils were now fixed, scarcely at all dilated, and he sank at twelve p.m. into a state of profound coma, from which it was impossible to rouse him. The dysphagia which had more or less shown itself since the commencement, increased to such an extent that it was impossible even to give him a teaspoonful of fluid without threatening suffocation. Mustard cataplasms were applied to the trunk and extremities.

12 p.m. The pulse gradually rose to 130, and became hard and bounding in character; the vessels of the head were congested; face flushed; sclerotics injected; pupils fixed, very little dilated; breathing stertorous and laboured; extremities cold, in fact all the symptoms of a well-marked case of apoplexy. I now opened the temporal artery and bled him to fourteen ounces; the pulse very shortly fell to 60, became softer, more compressible; face became paler; and the temperature of the trunk and extremities returned. The stupor was still profound, with stertorous breathing, pupils fixed, dysphagia extreme. A large turpentine enema was thrown up the bowel.

At 2 a.m., the left side of the face was much convulsed; the left arm and leg cold and apparently paralysed; convulsive movements of the right side; the coma and stertorous breathing remaining; pulse

fuller, 70. Between this time and five a.m., the power of deglutition gradually returned, when he could be roused by a sudden noise, though not sensible.

6 a.m. A low muttering delirium now came on, with violent spasmodic movements of the right side. The temperature of the left side gradually returning.

7 a.m. Insensibility continues; stertor is gone; pupils a little contractile to the light of a candle; could be roused by a loud sudden noise, but could not articulate.

From this time till 12 at noon, when the catheter was passed, and a large quantity of water drawn off, consciousness had partially returned, the delirium alternating with it; complains of double vision; pupils contractile; deglutition perfect; pulse soft, 84. The turpentine enema which had been retained all night, now passed. Nourishment was given him, and a calomel pill and draught.

27th. Has passed a good night; consciousness quite returned; no double vision; complains of debility, and there is partial paralysis of the right arm and leg. Has no remembrance whatever of any circumstance since the use of the stomach-pump.

Under the use of ammonia and camphor he gradually regained his strength.

CASE II.

Mrs. H., aged 34, of a spare nervous habit, was ordered a four-ounce lotion, containing one drachm of the extract of belladonna, for painful condition of the breasts twelve days after confinement. A fourth of this was by mistake given her, instead of a henbane mixture. Owing to distance she was not seen for nearly an hour, nothing having been done in the meantime.

April 3rd. At ten p.m., I found her in the following state:—Surface cold, clammy; face pale, distorted; mouth drawn to one side; pupils fixed, and immensely distended; complete insensibility; breathing stertorous, hard, regular, slow; pulse 50, very compressible, irregular; extremities cold; hands clenched. Ordered a turpentine injection, (two ounces,) and small doses of ammonia, with mustard cataplasms to the stomach and extremities. The dysphagia so great, and suffocation so imminent, that neither the stomach-pump could be used, nor stimulants swallowed.

11 p.m. Cold affusion to spine.

12 p.m. Reaction beginning; the same symptoms continue, with the face flushed; sclerotics injected; vessels round the head turgid; breathing quicker; pulse steadily rising, harder, 130; surface and extremities cold; dysphagia extreme. Twenty-four leeches to the temples. Ice to the head.

2 a.m. Face paler; pulse softer, 100, regular; surface and extremities warmer; insensibility continues; stertorous breathing; pupils fixed, not so dilated; dysphagia less; spasmodic movements of the limbs; twitchings of face.

3 a.m. Low muttering delirium came on, and increased till five o'clock, when there was the wildest delirium, accompanied with violent muscular efforts; pupils less dilated; face flushed; dysphagia less. Twelve more leeches. Ice.

5 a.m. Delirium not so violent; wanting to get out of bed; living in dreams of the past.

8 a.m. Can swallow a little; pulse softer; face less flushed; delirium less violent, low muttering; can be roused by a sudden noise; urine drawn off by a catheter.

12, noon. Delirium passing away; corrects her false impressions; pulse softer, 80; pupils contracted; diplopia; wants food; complains of weakness; left arm and leg paralysed. She continued through the day partially delirious.

April 5th. Appears quite recovered, though excessively prostrated. Complains of great loss of memory, having no recollection of the last two days. In about a week all unfavourable symptoms disappeared, and she gradually regained her memory and bodily strength under the use of ammonia, with tonics.

REMARKS.—Both these cases presented the well-marked general symptoms of poisoning by belladonna, though we find in each a variation in special symptoms worthy of notice, when considered in reference to the verdict given at Sheffield, at the inquest of Thomas Greaves, and the evidence of Mr. Law, as reported in the Journal of September 20th. Upon a careful review of the evidence adduced in that case, I doubt the correctness of the verdict given, and fully believe with Mr. Jackson, that death arose from the poisonous influence of belladonna on a system previously debilitated by age and disease.

In a healthy man, though aged, the quantity said to be taken would probably be ultimately harmless; but when we find, as in this instance, a man 76 years of age, labouring under gastric symptoms, (as I judge from the plaster ordered to be applied to the stomach,) and a chronic inflammatory condition of the bronchial membrane, the swallowing of five grains at least, *and probably more*, of the extract of belladonna at six o'clock in the evening, and soon after the complaining of tremor, debility, coldness, loss of speech, dilatation of pupils, dyspnœa, followed in a little time by general reaction, swelling and congestion of the face and head, with dryness of the throat and fauces,—in short, all the symptoms of congestive apoplexy, and the patient left in this condition without medical aid until nine o'clock the next morning, we can come, I think, to no other rational conclusion, than that death resulted proximately from the action of belladonna on an enfeebled and diseased body, and directly from the consequent effusion into the ventricles of the brain and spinal canal.

I believe, in the two cases reported above, that death would probably have occurred from cerebral effusion, had the brain been left as long (fifteen hours,) unrelieved by local bleeding; and cannot but think that, had Greaves received medical aid at the proper time, he would have recovered. The absence of a single symptom, such as insensibility of the pupil, as noticed by Mr. Law, cannot be looked upon as important, as pathognomonic of poisoning by belladonna, for we find in Case 1, above, the very symptom (dilatation of pupils,) of all others considered characteristic of the influence of belladonna, *absent*.

It is difficult to arrive at the dose of the drug that will destroy life, but I believe that the patient's well-being hangs upon timely relief to the cerebral vessels in the period of reaction, and that, if this relief be withheld, the patient will sink under the cerebral effusion induced.

I have not the least doubt that the case of Thomas Greaves was one of cerebral congestion, arising from the influence of belladonna, and that, from want of medical aid, serous effusion took place into the ventricles and spinal canal, and thus destroyed life.

SPASM OF THE GLOTTIS.

An Answer to Dr. Ogier Ward's last Letter.

"——— In all such cases a man may fill a couple of pages with suppositions—which of these was the cause, let the curious physiologist or curious anybody-else determine—'tis certain at least Trim went on———"

Tristram Shandy.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

It is not without some degree of reluctance that I again trespass on your columns, as I am sure your numerous readers will by this time be tired of a question respecting which, from what has already been said, the majority must have decided with themselves as to the truth and correctness of the point calling forth this discussion; yet, as Dr. Ward fancies I have misrepresented him, and as it is quite evident that this gentlemen has wittingly passed over certain facts and considerations that are hostile to his views, and which go to prove the fallacy of his notions regarding the real nature of this affection, I at once determined to reply, and should have done so sooner, had not circumstances protracted this delay. I repeat the observation made before, that it is of importance that a right view be taken of the pathology of this disease—that its real causation be enquired into, because upon such we base our treatment, and the *kind* of treatment in some instances would most assuredly involve the results of life or death. It is a formidable affection, in one of the most important organs of the body, and notwithstanding its being not of every-day occurrence, it certainly merits the attention of the practical physician. I am pretty well satisfied in my own mind, that occasionally, when people die in fits, and the cause is attributed to other conditions, a spasmodic closure of the glottis is the real cause, and one that should call forth our attention in remedial measures. It is a fact, though, perhaps, not very generally admitted, that the engorgement of the vital organs is not unfrequently as much, or probably more, a result than a cause of symptoms that either lead to, or threaten, a fatal issue, in the kind of affections now particularly spoken of,—viz., fits. Irritation in one or other of the nervous systems, may give rise to vascular turgescence at the base of the brain, as from irritation in the lining membrane of the alimentary canal,—in the uterus, or in children, during dentition; and this turgescence, producing *pressure*, is followed by spasmodic action in the larynx, the closure of which organ is necessarily followed by pulmonary obstruction, an over-loaded condition of the heart, and lastly, encephalic congestion—phenomena, whose effects add to the first cause. Hence under such physiological and pathogogical reasoning, in these cases, the kind of treatment, and the part to which the remedies are addressed, must from such review of the disease be importantly varied. Philosophical experimenters and practical men, have recently confirmed the correctness of such way of thinking; and those improvements which are to render more certain the employment of our art, must spring not only from the watchful observance of external phenomena, but by digging deep into causation,—by referring to sympathies and distant connections between organs,—by tracing cause down from effect, and attacking the former instead of the latter. Had my opponent in opinion, been more impressed with these considerations, his attention would not have been chained to one particular part, and *its* appearances and conditions, but his attention and ratiocination would have extended to the cerebro-spinal system, instead of merely to the nervous branches given off from that system; he would, I repeat, have reasoned more respecting causes than effects.

Last evening, at a late hour, I was summoned to see a young lady, who had suddenly, to all appearance, become alarmingly ill. There was hysterical sobbing and irregular convulsive breathing, also powerful chirismus. Antispasmodics and rubefacients to the spine were soon followed by relief. Now, instead of this powerful chirismus, there might have been laryngismus—why not the one as likely as the other, although the importance of effects and probable results would have been immensly different? Who would for a moment have thought of addressing his remedies to the cramped hands, and have omitted the far more weighty considerations of the spinal marrow, yet laryngismus and chirismus, or podismus are produced by the operation of similar far off causes.

In thus returning to the question of this letter, it should be remembered, that I never denied that in cases of spasma glottidis there might be redness preceding, or indeed a degree of sub-acute laryngitis, and on reference to my first article, the following passage will be found:—"There are good reasons for believing that inflammation by its irritative properties, produces spasmodic closure of the fissure, and thus the sudden termination in death may at once be accounted for;" after which an illustration is given of a man who thus died in the wards of the Edinburgh Royal Infirmary. I have also affirmed that, in the adult, its spasmodic closure without any preceding redness, or inflammatory affection, does at times occur, and this I maintain. It is very likely that redness or increased vascularity would be a result in most instances; and surely Dr. Ward knows that a spasmodic, will often terminate in an inflammatory affection. Spasmodic twitchings in the bowels occasionally give rise to, or at least are, the first symptoms of some description of abdominal inflammation. Persistent spasm of the urethra is followed by tumefaction, and all the veritable characteristics of the inflammatory state.* Dr. Ward, in the commencement of his letter, merely makes a denial, relative to the female there alluded to being hysterical, yet gives neither negative nor positive reasons in substantiation of this assertion. Why, every man of experience knows how great the natural proclivity is, in young females, to the development of anormal and irregular actions of the nervous system, and when a young person like the patient is suddenly

* Art. "Symptomatology," Cyclop. Pract. Med. by Dr. Marshall Hall.

taken with choking, as Dr. Ward describes, it would be difficult to say with positiveness that she was not an hysterical subject. The great mobility which there is in the nervous system of women, constantly renders our diagnosis wavering and uncertain; and when you see sudden, instantaneous, spasmodic affections, to stoutly assert that these are unassociated with that morbid condition of the nervous centres, known by the generic term hysteria, would often be assuming a position on doubtful grounds.

Dr. Ward informs us the patient had influenza, a disease acknowledged by pathologists, as first exerting a depressing effect on the nervous system generally, and succeeded by pulmonic disorder, but not as Dr. Ward infers, associated with acute laryngitis. Dr. Smith's cases were instances of idiopathic laryngitis, not connected with influenza, nor is any mention made by Dr. Smith in his statement to me, relative to his cases, and which I inserted in my last letter to Dr. Ward, touching this question. Dr. Ward may, it is true, have *inferred*, they were associated with influenza, but such inference was certainly erroneous. When Dr. Ward examined the throat of his patient why did he not detect the redness,—a symptom upon which his views are entirely based. I reiterate, then, I *do object*, because as I have said, the spasmodic closure was in a young female, it declined with as great celerity as it supervened, where influenza could not account for it, and much more, when no inflammatory traces were observable in the throat.

As Dr. Ward goes on, he would appear to infer there was inflammation of the trachea, because Dr. Browning Smith happened to have two or three cases of acute laryngitis about the same time. Now, there is not a more formidable disease than acute laryngitis, and it is exceedingly improbable that Dr. Ward's case was one of acute laryngitis, because there was a very sudden remisssion of the symptoms,—because if it had been so there would have been discernible undoubted vascularity, and because no one before Dr. Ward and M. Bretonneau ever heard of powdered alum, instanter dispersing acute inflammation.

In Mr. Alford's case, the redness was observed *after* the attack, and when there has been violent spasmodic twitching amongst the vascular and soft parts, as about the larynx, it would be succeeded by vascular obstruction—by a condition of redness. Surely redness—mere vascular turgesence, might result so soon, if we were to credit Dr. Ward's notion of momentary tumefaction and its momentary declension.

Dr. Ward makes an essay to get out of this on the score of philanthropy, by desiring not to give the patient unnecessary pain, by properly examining. If the redness had been there, it might easily have been detected. As regards my own practice, I always hold it a rule to fully satisfy myself as to the real nature of a disease, even at the expense of giving the patient a little pain; however, I do not say anything otherwise than admire Dr. Ward's finer feelings.

The writer then goes on about the alum story again, and endeavours to give weight to that novel treatment by "pinning to his faith" the name of M. Bretonneau, who is mentioned as deserving the credit of the discovery, and that *he* (Dr. Ward,) borrowed the idea from M. Bretonneau. I am afraid Dr. Ward would here remind me of my "want of reverence for great names." I will, however, by and by, show that I no longer stand under this imputation, and shall cite one or two eminent authorities.

Next comes Dr. Ward's astonishment that I should ever dream (in an instance that I conceived one of imminent danger,) of putting my finger down a patient's throat! Was it on account of its inelegance, or of the too great heroism in this expedient that the digital rotation was complained of? If called at the moment of writing this, to a patient suffering in the manner described, I should certainly not for an instant hesitate to have recourse to the same, (not regarding the rank, sex, or caprice of my patient)—yes! to putting my finger down a delicate lady's throat. What! in emergencies like these, are we to render our treatment imbecile by erroneously conceived punctilious observances?—would any prefer elegance to agony?—are we to stand, and study, and contrive, how neatly and nicely we can perform such a trifling operation?—allow danger, and pain, and distress, to continue as if intense human suffering were of less consideration than the seemly means by which relief could be ministered? In such eventful emergencies, not a moment is to be lost. Who would delay or vacillate?—and, strange it would appear, to procrastinate in the performance of our duty in order to notice trite rules of ceremony, and the niceties of etiquette. Perhaps Dr. Ward would have preferred the more graceful titillation of a feather! If there had been considerable inflammation in the throat, I should certainly, if possible, avoid this method. I recommend its adoption in cases of laryngismus, not laryngitis. I did rotate my finger in the cases I have given, which is mentioned in the report of the girl Cooper, though omitted in the young man John P.

Dr. Ward next begs to remind me that the treatment is not original, and even thinks that I copied such from Mr. Alford, or some other, as Dr. Ward now admits his borrowing from M. Bretonneau, the alum theory. I recollected that I saw some account in my readings of putting the finger down the throat years ago. I was summoned in emergency, and on the instant put the recommendations into practice. Dr. Ward may perhaps think there is too much of the *fortiter in re* in such a measure on the part of the medical attendant; but a patient writhing under the impending pangs of threatened suffocation, would prefer being relieved *fortiter in re* to the inefficient *suaviter in modo*.

"*I do not know why Dr. Wardell should suppose that I needed his instructions respecting the effects of vomiting in removing obstructions in the larynx.*" I would here ask Dr. Ward, did he definitely wish it to be understood that he gave antimony to produce muscular relaxation, or with a view to its antiphlogistic properties? The writer then points out the very important fact, that I mis-quotod him by saying *nineteen*, instead of nine, grains of alum. Proceeding in the letter, an effort is made to support the theory of instantaneous

inflammatory swelling, by citing the phenomena of erysipelas, black-eye, &c., none of which sufficiently bear upon the question.

"*I would beg to refer Dr. Wardell to Dr. Smith's third and fatal case of laryngitis, in which this (tumefaction of the glottideal coverings,) morbid state occurred when it did not appear to have been suspected.*" I cannot conceive why Dr. Ward thus states it was not suspected, when there was effusion of pus, and a distinct false membrane formed;—in fact, when the intensity of inflammation in the larynx was so considerable as to cause death, how could it be conceived otherwise, than that the rima should be swelled and inflamed, and that particular proneness of the soft parts here to tumefy, and which Dr. Ward has so repeatedly told us of. Surely such could not be matter of surprise. Though apparently mentioned in an incidental manner by Dr. Smith, in his account of the morbid appearances, it was thus referred to as a matter of course. This is, indeed, begging the question. The merest tyro in pathological anatomy would have looked for œdema of the rima, when the surrounding inflammation was such as to induce a fatal result.

"*Dr. Wardell refers to the Cyclopædia of Practical Medicine*, "*Laycock, on the Diseases of Women*," *&c.* The writer of the article in the former, says,—"It occurs chiefly in children, though in some rare instances *it has been observed in adults*, chiefly in nervous old women and young persons." Dr. Joy's opinion then cannot certainly be cited *against* the doctrine which I have endeavoured to uphold. Dr. Ward again quotes from the article in question as follows:—"Fatal spasm of the glottis in adults takes place occasionally from irritating causes in the neighbourhood of the larynx, &c." Exactly: and if Dr. Ward will refer to my first paper, published a year ago, he will find the same statements there expressed, with the mention of Dr. John Reid's experiments. That gentleman has abundantly proved that irritation in the recurrent laryngeals will close the glottideal fissure; but Dr. Ward must not content himself with the inference that irritation is alone produced by inflammation; tumours or pressure, from any cause, upon those branches, will give rise to spasm, and in every case of spasma glottidis, it is irritation from pressure or otherwise, that produces the phenomena.

Dr. Ward has certainly omitted notice of the radical causes—says nothing of the brain possibly being the seat of the disease, but with pertinacity clings to the glottis, where the *effects* are located. In such instances as are noticed in adults, where no inflammation exists, we must, if a scientific view be taken of such cases, refer the causation to the operation of morbid influences on some part or parts of the nervous system; not because anomalous affections, and ill-understood or guessed-at diseases are conveniently referred to that ambiguous system, but because philosophical experimenters and practical physicians have incontestably shown that irritation at a distant part *will* close the glottis. Laryngismus is a secondary, not a primary, affection, produced precisely by like morbid causes as those influencing the muscles of the eye, and which he terms strabismus. The German pathologists are unanimous in their opinion that the disease is of cerebro-spinal origin. Andral and Velpeau recommend it to be treated by antispasmodics, and Dr. Clark thus delivers himself:—"I have no doubt the brain is the seat of the disease." Dr. Marshall Hall states that, "in a girl, 13 years of age, croup-like convulsions occurred repeatedly, until one day, when the bones of the cranium separated, which put a final period to them." In another case cited by that eminent authority, "croup-like convulsions occurred whenever the child affected with spina-bifida was turned, so as to press upon the tumour."* Dr. Hope says,—"All, whether chronic, as in convulsions, or tonic, as in rigid contraction, is assumed to depend upon the excito-motory system." In a paper, by Dr. Marshall Hall, in the *Lancet*, June 12th, 1847, when speaking of the convulsive affections of infants, the author thus expresses himself:—"It would be unphilosophical and unreasonable to think, and speak and treat, of the condition of the larynx separately, and to view the case (laryngismus,) as one of partial paralysis or of *inflammatory action*, as so to view the affection of the muscles of the eye-ball, the fingers, or the toes, which differs in no respect from that spasmodic affection of the larynx, except in their less formidable import." To again cite from Dr. Hall:—"Laryngismus, so far from being peculiar as an affection in infants, is, as I have already stated, common to a whole class of affections of the true spinal system, emotion, hysteria, epilepsy, tetanus, hydrophobia, one and all affect the larynx especially,—one and all produce a state of varied laryngismus. This affection of the larynx, therefore, instead of being a disease, or a symptom of a disease, is a symptom denoting an affection of a certain nervous system." In puerperal convulsions, the livid congestion of the features, and all those frightful symptoms associated with that disease, are dependent upon glottideal spasm, being produced by pressure at the base of the brain;† hence the necessary remedy of blood-letting, to relieve the cephalic congestion. So long as the source of irritation remains, will the affection be liable to return in its paroxysmal attacks, which are so characteristic of nervous diseases.

Very recently I was requested to see an elderly gentlemen, who was reported to be suffering under violent convulsive twitchings, which were so painful as to make him cry out in the intense pain which he suffered. This gentleman, whose name ranks high in the military services of his country, had, during his professional career, been much exposed to the fatigue and hardships of active service, and especially to variations of climate. Some years ago paraplegia supervened, on a constitution already impaired, and since the accession of that disease, whenever the digestive apparatus became disordered, convulsive twitchings of the limbs or severe asthma came on. When I saw him, every five minutes the convulsive twitchings of the voluntary muscles returned. He was treated according to general principles, but it was not until the alimentary canal

* "Libr. Pract. Med.," vol. viii, p. 51.

† See my paper "On Puerperal Convulsions," being Case No. 3 of the series.

was efficiently unloaded that the affection ceased. The stools were at first most vitiated. Here, then, was an example where the great nervous centres were diseased, and where irritation applied to one part gave rise to convulsive actions in another. Why might he not have had laryngismus instead,—and was not one set of muscles as liable to be thus reflectedly acted upon as another?

It is indisputably evident, both from what we observe in the phenomena of disease, from a rational theory deducible from physiological experiment, as also from pathological appearances, that the glottideal fissure may be, and at times is, closed from other conditions than inflammatory irritation. M. Vunthier says, "in spasm of the glottis the voice is natural; there are no laryngo-tracheal hissing, no fever, and no false membranes; the fit consists in convulsive respirations, and lasts at most for a few minutes."

Dr. Ward cites from Dr. Laycock's book, and writes as follows:—"*Dr. Laycock mentions a case in the York Hospital of a patient whom he found in a comatose state, from a sudden attack of hysteria, combined with epilepsy, which had induced asphyxia, and which he succeeded in relieving by introducing his finger into the throat, and his observation is 'in this patient hysteria had passed into epileptic paroxysms, and it is in such cases that we have laryngismus stridulus.'*" Dr. Ward then winds up this paragraph as if, exultingly, under the impression that such citation is a poser, and says,—"*Are these, then, the authors on whom Dr. Wardell relies for accounts of pure uncomplicated spasm of the glottis in the adult?*" For Dr. Ward's argument, no quotation could have been more out of place and infelicitous, as he is thus, in some measure, substantiating the doctrine I have maintained. From first to last I have particularly insisted upon its frequent occurrence in hysterical females, and yet, forsooth, Dr. Ward gives an hysterical case, where pure spasma glottidis did occur, as if in controversion of my doctrines. Where Dr. Ward errs, is by dwelling upon effects instead of causes. What is hysteria? A name given to a morbid excitability in the nervous system of some females, and intimately associated with the generative and uterine organs. This may be given as a definition. But to more specifically or more accurately define one of the most protean of maladies, would indeed be difficult. Epilepsy, so called, is a kindred affection, and every practical man must be aware that cases are at times presented where hysteria and epilepsy, so called, are inextricably blended. To draw the line of demarcation is often impossible, and the conclusion arrived at would be at best but an arbitrary distinction.

Where I have used the word *pure* and *uncomplicated* spasma glottidis, those expressions were, of course, synonymous with the term non-inflammatory. The question between Dr. Ward and myself is, I reiterate, whether inflammation in the throat always is the cause of laryngismus. I might here repeat what has already been said above, as to the ultimate causes of the affection. Those grave symptoms in epilepsy, such as congestion of the features, congested lungs, &c., are results of the spasm of the organ in question, the spasm is not caused by these. I would particularly refer Dr. Ward to the works of Dr. Marshall Hall and to Dr. John Reid's experiments on the 8th pair,—authors whom Dr. Ward in his researches must have forgotten.

The "Library of Practical Medicine," vol. 3, is now laid open before me, and I read the head "Nervous Affections of the Larynx in the Adult," a title rendering it pretty evident that the writer, (Dr. C. J. B. Williams,) is about to describe the affection now under discussion. In the first section the author says, that "*spasmodic affections of the larynx in the adult occasionally occur as the result of more distant spinal or nervous irritation.*" Again he says, "*like the crowing inspiration of infants, this may arise from temporary irritation, or from more permanent disease of the nervous centres. Dr. Stokes mentions cases in which spasmodic affections of the larynx terminated in inflammation of, and effusion under, the membranes of the brain.*" To cite this gentleman once more, as Dr. Ward has particularly directed my attention to the "Library of Practical Medicine. "*The treatment of spasmodic affections of the larynx is to be generally conducted on the usual principle, of giving antispasmodics to remove or prevent the attacks, and improving the tone of the muscular system, and diminishing nervous irritability, by tonics, regular exercise in the open air, and other suitable means.*" This is certainly not the happiest reference made by Dr. Ward to eminent authorities. Dr. Ward makes an effort to get out of the testimony supplied by the article referred to, by not receiving the statements as implicit, because the author did not encumber his article by the production of cases, whereby he (Dr. Ward,) might have more correctly judged. If any of your readers will take the trouble of opening the 3rd Volume of the "Library of Practical Medicine," Dr. Williams' description and meaning cannot for a moment be misunderstood. Not long ago Dr. Williams and I had some conversation respecting the question now agitated; and I put this question to that gentleman. "Have you, Dr. Williams, in your practice, ever seen cases of pure, non-inflammatory, spasm of the glottis in the adult?" "I have, without any doubt, in four or five instances," was the reply. Dr. Walshe thought it highly probable such cases might occur, but he could not then call to recollection an apt illustration. I mentioned to these gentlemen the alum story, as given by Dr. Ward, also when writing to Dr. Henderson, of Edinburgh, but none of them could be convinced of its instantaneous and novel properties.

"*I confess Dr. Smith's case of the "lad" made me think I might have been too hasty in my denial of the existence of the disease in the adult.*" Dr. Ward's conviction is shaken. He goes down to Brompton, ferrets out the lad at Earl's Court, subjects him to cross-examination, and after divers interrogations, the patient says "yes" to "dryness and pricking," and then Dr. Ward comes home quite satisfied that it *must* have been inflammatory. Now, after the elapse of many months, would it not be quite probable that the patient would speak of "pricking and dryness," or almost any symptom, desired to be elicited; or if Dr. Ward mentions another attack, as he speaks of, the "11th ult.," still some weeks had elapsed from the occurrence

of the affection and the date of Dr. Wards letter, and it is scarcely to be supposed that such after-recollected symptoms could be admissible in evidence here. But I refer to the time Dr. Smith attended the patient, when the choking came on in an instant, and when the paroxysm as suddenly vanished, and when the case was treated with, and cured by, antispasmodics, by stimulants, by brandy-and-water; and here again I emphatically deny, on the *ipse dixit* of Dr. Smith, that there was any *inflammatory* affection whatever.

In conclusion, then, it must be admitted by the impartial reader, that Dr. Ward has unquestionably failed to maintain his point, or set aside the doctrine which I gave in the first articles touching this question. The girl Cooper, and the young man John P., as also Dr. Smith's illustration, are abundantly sufficient in confirming my own argument, and I trust when Dr. Ward takes a more philosophic and comprehensive view of the question, he will not dwell so much upon *effects* as causes, and that he will see that irritation, transmitted or originating in the laryngeal nerves, is not always the result of positive inflammation in that organ, and consequently, instead of an antiphlogistic, (as his theory would ever presuppose,) an antispasmodic and tonic mode of treatment is indicated. "We agree with Dr. Wardell," says the Editor of Ranking's "Abstract of the Medical Sciences," in the last volume, "that his cases were instances of spasm of the glottis in the adult, which are far from being as uncommon as represented. *We have seen three or four instances* at least of this affection, as a symptom of reflected uterine irritation. We have treated the paroxysm in the adult as in the child, by dashing cold water on the face, emetics, &c. Had they been cases of acute laryngitis, as supposed by Dr. Ogier Ward, the pulse would not have remained under 100, nor would the remissions have been so distinct."*

I am, Sir,
Your obedient servant,
JOHN RICHARD WARDELL.

27, Acacia Road, Regent's Park,
October 30, 1848.

CAUSE OF MORTALITY IN DIFFICULT LABOURS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I agree with you that, as Professor Simpson's calculations and mine are now before the profession, we may leave them to form their own conclusions. I wish, however, to correct some *important errors* of statement as to *facts*, in his letter to me in the last number of your Journal. He asserts that *I maintain* that the mere protraction of labour is not a material cause of danger to the mother. I never made any such statement: my statements have invariably been made to prove that the mortality from protracted labour was strikingly small, and that the great mortality is from other causes.

Professor Simpson also asks, why I did not state, that during the first three years of my Mastership, out of 5,629 women delivered, 106 died, or one in 53? I answer, I could not state so and state a fact, as there were 7,547 deliveries in the period stated, and 110 deaths, including 59 from puerperal fever, or one in 68. Professor Simpson states I was Assistant Physician in the Hospital in 1826. This is also contrary to the fact. I was appointed Master in November that year, and my calculations are all given from that period.

Professor Simpson asks why I did not report the mortality during five years I had nothing whatever to do with the hospital?

Professor Simpson states, in reply to my remark upon the excessive mortality of one in 21 in the Edinburgh Hospital, under the late Professor Hamilton. "You know that this high mortality arose from the prevalence of puerperal fever." I beg to say that Dr. Hamilton peremptorily declares that *not one case* of puerperal fever occurred in the above period. (See the late Dr. Mackintosh's Essay, published in 1823, where he asserts the mortality was one in 18.)

Professor Simpson states that he thinks he sent a report of the Edinburgh Hospital, which I never even heard of. He also states that I choose to criticize him for losing in his private practice, two mothers from puerperal fever, when using anæsthetics. I made no observation of the kind: I stated that he lost *four* patients out of 170, or in the large proportion of one in 42.

In conclusion, I beg leave to state, that I have no observation to make upon Professor Simpson's *novel* calculations of the *comparative average mortality* between patients where there is no difficulty whatever in the labour, and those that are accompanied by the most extreme difficulty and danger.

I am, Sir, Your obedient servant,
ROBERT COLLINS, M.D.,
President of the King and Queen's
College of Physicians in Ireland.

Merrion Square, Dublin,
Nov. 6, 1848.

* Vol. vii., p. 38.

PROVINCIAL
Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 15, 1848.

It is gratifying to have to state, that at this period, when the cholera has actually made its so long anticipated invasion, the state of the public health is in a more satisfactory condition than it had been for some time previously. From the Quarterly Return of the Registrar-General recently issued, we learn that the mortality of the last quarter is considerably below the average, and that a marked improvement has very generally taken place in the public health throughout the country.

"The mortality of the country," says the

report, "it should be recollected, was low in the three years 1843, 1844, 1845, and in the first quarter of 1846; a slight increase took place in the spring quarter of 1846; in the summer a great mortality broke out, and continued through the autumn, as well as the whole of the year 1847, until influenza raged epidemically at the close of the year 1847, and was then, and in the winter of 1848, fatal to thousands. A remarkable improvement was apparent in the spring of the year 1848, and was still more obvious in the summer quarter. While the deaths in the summers of 1846, 1847, were 8660 and 5986 above, the deaths in the summer of 1848 were 809 below, the corrected average." The mortality of the quarter just ended is less by 6034 than in the corresponding quarter of 1847, and 7960 less than that of the preceding year.

On referring to the reports of some of the local Registrars, we find that the improvement in the health is attributed to an improvement in the circumstances of the population; thus the Registrar of St. Ann, Nottingham, attributes the improvement, among other causes, "to the comparative cheapness of provisions; the Registrar of Middleton, Oldham, ascribes it "to the exceedingly low price of provisions, &c."

We were curious to ascertain how far the mortality from bowel complaints, during this period, might indicate a tendency to the approach of the prevailing epidemic.

On referring to the observations of the report on this subject, we find frequent mention of diarrhœa, cholera, and dysentery. Thus diarrhœa prevailed at Brighton, and was fatal to young children. The mortality in Ipswich and Yarmouth had fallen nearly to the average; diarrhœa was, however, fatal to children in those towns. Dysentery caused sixty-five deaths in Penzance, and was also fatally prevalent in Marazion, ascribed by the Registrar of that district to the poverty of the population, the dampness of the season, and impoverished diet. A few cases of common cholera proved fatal in the Lancasbire districts. Of the deaths in Hull, amounting to 213, thirty-nine were from diarrhœa, and four from cholera. It may be observed here, that in Sunderland, Gateshead, Tynemouth, and Newcastle-on-Tyne, the mortality was very nearly the average of the year preceding 1846.

Two instructive tables are given of the deaths from diarrhœa and the deaths from cholera, in each of the four quarters of the years, from 1840 to 1848. It is, perhaps, unnecessary to state, that the cases are greatly more frequent in the quarter July—September. In the case of diarrhœa, a marked increase is shown in the mortality from this affection in the last three years, although that of the quarter just finished is one-third less than that of the corresponding quarter of the year 1846.

The following table is drawn up from the tables given in the Report:—

Table of Deaths from Diarrhœa and Cholera during the Quarter ending September 30th.

	Diarrhœa.	Cholera.	Total.
1840.....	279	53	332
1841.....	228	23	251
1842	489	106	595
1843.....	455	60	515
1844.....	414	47	461
1845.....	449	26	475
1846.....	1549	197	1746
1847.....	1196	98	1294
1848.....	1048	153	1201

It should, however, be observed that the great majority of the diarrhœa cases occurred in children.

The author of the Report states:—"So far as the returns down to the end of September go, I may repeat what I stated three months since, 'that there is no trace of the epidemic cholera in England.' The subsequent weekly returns for London justify the suspicion then expressed, that the epidemic might, as in 1831, reach England in October,"—a suspicion which has unhappily been verified.

There is one remark we have to make, which, as bearing reference to the opinions of Dr. C. W. Bell, of Manchester, published some months back, in the *Medical Gazette*, may be worthy of consideration. In the London tables there is a small, though obvious, increase in the amount of mortality from remittent fever; the deaths from that disease in the September quarter of the years, 1841, 1842, and 1843, amounted to only five each. In the same quarter of the year 1844 they were thirteen; in 1845, eight; in 1846, twelve; in 1847, twenty-three; and 1848, eighteen. Bearing in mind that remittent fever in this country is rarely a fatal disease, we think that the increase of this affection, as far as London is concerned, must have been considerable within the last two or three years, —that is, during the period in which the epidemic cholera has been threatening Europe.

The present report affords us no materials for ascertaining the prevalence of intermittent and remittent fevers in the country districts during this period.

Reviews.

On the Ganglionic System of Nerves. By CHARLES RADCLYFFE HALL, M.D., M.R.C.S.E., &c. Part III. 8vo, pp. 77.

Some time back we had occasion to direct attention to the interesting experimental researches of Dr. Radclyffe Hall, on the ganglionic system of nerves. We have here the continuation of these researches. The part before us relates to the spinal and sympathetic ganglia of the fifth nerve, including the Gasserian, ophthalmic, spheno-palatine, and salivary ganglia; and the ganglia of the ear. The general scope and nature of the inquiry will have been sufficiently apparent from our former notice, as well as the manner in which the author has treated his subject. On the present occasion, we shall content ourselves with quoting the conclusions arrived at by Dr. Hall from a survey of the ganglionic relations of the fifth nerve.

1. "The organic actions of the parts supplied by the trigeminus are invariably associated with the impressibility of the same parts. Whether or not the subsidiary ganglia co-exist, the Gasserian ganglion is invariably present.

2. "The Gasserian ganglion is quite competent to, and sufficient for, the superintendence of the organic actions going on in the organs of the special senses, as well as in all other parts supplied by the fifth nerve, so long as these several parts are not directly connected and associated with the action of special muscles. *e.g.* The fish possessing an eye, ear, and nostrils, perfect of their kind, has none of the sympathetic ganglia belonging to the fifth. The eye is without its muscular iris, the ear without its tympanic muscle, the nostril without its moveable palate.

3. "Wherever we do find a distinct and essential connection and association between the organic actions of a part and the contraction of some special muscle or muscles, there we also find a distinct sympathetic ganglion superadded to that of the fifth. *e. g.* The ophthalmic ganglion exists only when the organic actions of the eye need be associated with the contraction of a *sphincter iridis;* the otic ganglion, when the organic actions of the middle ear with contraction of the *tensor tympani* and of other muscles; the acoustic ganglion, when the organic actions of the internal ear with contraction of the *stapedius:* the spheno-palatine ganglion, when the organic actions of the *nares* and *velum*, with movement of the soft palate; the salivary ganglia, when the organic activity of the glands requires association with those muscles of the oral cavity which are supplied by the facial nerve.

4. "But the converse does not hold good. The ganglion is not essential to the muscle. A muscle, for which a particular sympathetic ganglion is usually present, may yet exist without the ganglion. *e.g.* In birds and reptiles, an internal tympanic muscle exists without any otic ganglion. In them, the organic actions of the tympanum are not associated with the contraction of the muscle. In all those animals which possess an otic ganglion, they are. Hence the sympathetic ganglion is needed, not for the muscular contraction alone, nor for the organic action alone, but for combining the two.

5. "As the muscle which is animated by a motor nerve from the sympathetic ganglion, when this does exist, is equally animated by a motor nerve non-ganglionated, when the ganglion does not exist, we may infer that the ganglion does not constitute the centre of nerve-force for the motor nerve when the two happen to exist together.

6. "The impressional portion of the fifth nerve sends a contribution to each of the sensorial sympathetic ganglia. There can be no doubt that this arrangement ministers to sympathy between the internal parts supplied by the sympathetic ganglion and the related external parts supplied by the fifth nerve; at the same time that, by concentrating the impressional nerve-tubes distributed to the senses at their encephalic terminations into one large nerve-trunk, it admits of readier reaction either of these nerve-tubes at their origin upon each other, (impressional reaction,) or of these nerve-tubes upon motor ones, (motor reaction.) Seeing that the motor reaction of several of the senses is particularly upon one nerve—the facial—the convenience of the arrangement is evident.

7. "The glosso-pharyngeal and the vagus, which are the only other common impressional nerves of the encephalic, likewise send a contribution to each of the sensorial sympathetic ganglia, with the exception of the ophthalmic. In like manner to the above, will these contributions confer on the ganglia sympathetic relations with certain parts supplied by the two nerves of the eighth pair. The ganglia of the mouth, nostrils, and ear, are the especial servants of the mucous membrane, and can scarcely be too closely associated with it; accordingly they receive the contributions referred to. The eye alone, from its delicacy of structure, refinement of action, and peculiarity of function, requires to be removed from what would be to it the deranging influence of direct nervous connection with the mucous membrane. Hence the glosso-pharyngeal and vagus send no contribution to the ophthalmic ganglion. '*Exceptio probat regulam.*'

8. "The impressional contribution of the fifth to the sensorial sympathetic ganglia is special and peculiar to each, having no relation to any other sympathetic ganglion. The reverse is the case with the impressional contribution of the two nerves of the eighth. This is in every instance related to more than one of the sympathetic ganglia. It will result from this that impressions may excite ganglionic reaction on the part impressed without interfering with the ganglia of any other parts, through the filaments of the fifth; but cannot excite it in one ganglion without calling forth the co-operation of others, when acting through the filaments of the eighth. On this distinction I found the view that the sensorial sympathetic ganglia belong to the fifth nerve, rather than to the glosso-pharyngeal or the vagus.

9. "The motor element of each of these ganglia in every instance, is special and peculiar to its own ganglion, and has no relation to any other."

The Periodoscope: with its Application to Obstetric Calculations, and the Periodicities of the Sex. By W. TYLER SMITH, M.B, Lond., Obstetric Lecturer in the Hunterian School of Medicine. London. 8vo. pp. 45.

This simple and ingenious contrivance for facilitating obstetric calculations must be seen, and the accompanying observations read, to be properly appreciated. Its main use is to give at a glance the probable duration of gestation in any individual case to which it may be applied,

but, it also indicates, as the author justly states, the probable dates of occurrence,—1, of absorption, miscarriage, and premature labour; 2, of quickening, or the first uterine movements; 3, of the viability of the fœtus; 4, of the periods when premature expulsion may be induced artificially, most easily and most safely; 5, of the periods of special danger from hæmorrhage in placenta prævia; 6, of the coming on of labour; and 7, it affords, also, a complete calendar of the catamenia.

The instrument consists of a moveable disc, on which are marked the fifty-two weeks of the year, the calendar months, and days of the months, (we do not observe the thirteen lunar months, or ovarian periods, to be noted, as stated by the author, on this portion of the instrument;) of a fixed circle beyond this, containing a scale of the catamenial periods; and an outer segment of a larger circle, with a scale of 280 days divided into the ten catamenial cycles of gestation, with indications of the principle physiological and pathological changes likely to occur at each period. For a more detailed description, and for the mode of employing the "periodoscope," we must refer to the accompanying observations. It is sufficient to state, that no member of the profession engaged in obstetrical practice, should be without the "periodoscope;" and that those engaged in general practice will often derive useful information from its indications,—for instance, as a guide to the use of remedies in various forms of catamenial irregularity.

Foreign Department.

ABSTRACT OF THE PROCEEDINGS OF THE ACADEMIE DE MEDECINE, PARIS.

WOUNDS OF JUNE.

The events of last June have, during the last months, afforded ample material for surgical discussion, and accordingly everything has given place to this subject of immediate interest. M. Roux, whose experience in gun-shot wounds has been extensive, commenced the debate by a discourse, which he divided into two portions, the one consisting of a general enumeration of the casualties, the second comprising his views on certain of the more debateable surgical questions. From its central situation, the Hotel Dieu received a large number of wounded, amounting in all to 451, of which 179, (168 men and 11 women,) fell to the share of M. Roux. The subjects were mostly young, and there deportment exhibited the utmost calm, in spite of the excitement to which they had been exposed; the mortality, nevertheless, was very great. M. Roux lost 25 within a few hours of their admission, and subsequently 35 have perished, making a total loss of 60, or thereabouts. The majority of the wounds were caused by bullets or other projectiles, and these were observed in most cases to have made a complete transit of the wounded part. The seat of the wounds were, as might be expected, various. The greatest variety was also noticed in the dimensions and form of the opening of entry and exit of the balls. As regards amputations, M. Roux performed 11 primary operations, of which six died,—viz., three at the shoulder-joint, one death; one disarticulation of the elbow, dead; one partial amputation of the foot, dead; two amputations of the leg, one death; three amputations of the arm, one death; one of the thigh, dead. Of five consecutive amputations there were—three of the thigh, two deaths; one of the arm, dead; one of the leg, recovery. The difference in the results (says M. Roux,) is so great, that it is difficult to avoid sentiments opposed to the precepts of ordinary practice. M. Roux insists upon the fortunate issue of amputation at the shoulder-joint, but he rejects disarticulation at the elbow as an operation opposed to all correct surgical rules.

Among the special accidents observed among the wounded, was an instance of hemiplegia of the left side, resulting from a musket shot through the scalp, without fracture of the cranial bones. There was no instance of tetanus, and but one of hospital gangrene. One case of consecutive hæmorrhage was noticed, consequent upon fracture of the upper-third of the humerus, which required ligature of the brachial artery.

In the second part of his memoir, M. Roux touches upon some of the manœuvres required by gun-shot wounds, and first of *debridement*. In his opinion this practice is advantageous under certain conditions, but as a general rule he abstains from it, unless there be risk of strangulation of the tissues, or acute pain. With respect to *foreign bodies*, he advises their extraction, if they can be readily got at, not otherwise. *Secondary hæmorrhage* he meets by ligature of the main trunk above the wound. M. Roux is no advocate for the continued application of cold, advised by some of his colleagues. He removes all splinters, and all fragments of comminuted bone, whenever practicable. Although in other cases an advocate for re-section of joints, in the case of gun-shot wounds he prefers amputation.

M. Baudens next laid before the Academy the results of his practice in wounds by fire arms. Of 164 cases received at the military hospital of Val de Grace, 28 died, 70 were cured, and 66, were at the time under treatment. Of 20 amputations 14 were primary, with three deaths; six were secondary, and all died. The speaker in continuation, examined several surgical questions in succession: 1. As to the "*debridement.*" He abjures this, and thinks the idea of relieving strangulated tissues by it as absurd. 2. *As to the propriety of removing splinters, &c., or leaving them to be eliminated by suppuration.* The author thinks they should be removed except in the case of the bones of the face. 3. Should refrigerants constitute the main treatment of gun-shot wounds? This he answers in the affirmative, believing the application of ice to be the most powerful means of moderating local reaction. 4. *When fracture of the bones of the extremities does not exceed certain limits, should amputation or resection be adopted?* The author makes a distinction between the upper and lower limbs; in the former resection is more difficult. We may resect the fractured portion of the tibia and fibula separately; fracture of both bones

generally requires amputation. Fracture of the thigh always requires amputation, whether comminuted or not. If the head of the bone is wounded, he regards resection as preferable to disarticulation at the hip. Every fracture implicating the knee-joint, however small in extent, demands immediate amputation. If the upper part of the tibia only is broken, we may try to save the limb. Fracture of the lower articulating end of the head of the humerus should be treated by excision rather than amputation. The same may be said of the shaft of the humerus when the splinters are few. At the elbow, excision is to be preferred, if one bone only is implicated; the same may be said of the carpus. 5. *Which offers most chance of success, primary or secondary amputations?* M. Baudens does not hesitate to pronounce in favour of the former.

To M. Baudens succeeded M. Malgaigne, who thus narrates his experience. In the hospital of St. Louis there were 490 wounded, of whom 120 died. In one case of fracture only was primary amputation necessary. Of 27 fractures in which he abstained from operating, fifteen were cured, eleven died, and one was subjected to secondary amputation, and also did badly. This speaker opposed himself strongly to M. Bandens, who makes amputation the rule in fractures from gun-shot wounds rather than the exception.

It is true, he admits, that to endeavour to preserve a thigh, fractured by a bullet, is to lose the greater part of the patients. But before we, on this account, have recourse to amputation, it is advisable to ascertain, what are the chances offered by the operation. On this point surgeons are greatly at variance. Boucher declares that two-thirds of the amputations die, especially those of the leg. Guthrie, at New Orleans, lost 1 in 7; at Toulouse 1 in 5. The English army in the Peninsula lost 1 in 8; Larrey 1 in 6. In the hospitals of Paris, of 165 amputations for wounds, 107 died, so that primary amputations are, upon the average, fatal to two out of three. In looking at this question in another light, that of non-amputation, M. Malgaigne refers to a document, in which Dupuytren states that of thirteen cases of fracture of the thigh in which he did not operate, he saved five and lost seven; and that of seventeen fractures of the leg, seven recovered and ten died; while of five primary amputations of the thigh, he lost three, and of four secondary operations he lost every individual. Whence it follows, that (*cæteris paribus*) the chances are more in favour of the patient by the endeavours to save the limb, than by removing it. The opinion thus expressed by M. Malgaigne, he has seen confirmed by the events of June. Thus of seventeen fractures of the thigh and leg treated without amputation, he obtained eight complete cures; and of twenty-five similarly treated by M. Gosselin, fourteen at least are in a fair way of recovery. This fortunate result he attributes a good deal to his mode of managing the cases. He abstains as much as possible from all *debridemens*, counter-openings, incisions, &c. His apparatus is also of the simplest character. He feeds his patients well, and is chary of bloodletting in every form. This practice he derived from a comparison of the results in 1814, when he found that in those who were subjected to a rigid diet, 1 in 7 died; while among the Russians who were fed well, the deaths were only 1 in 27.

COLLODION.

M. Malgaigne introduced some remarks on this article, and of course claimed it as a *French* invention.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

DIRECTIONS RELATIVE TO THE PREVENTION AND TREATMENT OF CHOLERA.

The Royal College of Physicians of London, feeling that, on the re-appearance of epidemic cholera in England, the public may naturally look to them for advice and guidance, have deemed it proper to appoint a cholera committee, composed of physicians who hold important offices in the metropolitan hospitals, or who had extensive experience of the disease at its last visitation, to consider what measures it is expedient to adopt, with a view of preventing the spread of the disease, and of otherwise mitigating its evils.

The committee thus formed have, in compliance with the wish of the College, drawn up the following remarks and instructions, for the information of the public:—

1st. Cholera appears to have been very rarely communicated by personal intercourse; and all attempts to stay its progress by cordons or quarantine have failed. From these circumstances, the Committee, without expressing any positive opinion with respect to its contagious or non-contagious nature, agree in drawing this practical conclusion: that in a district where cholera prevails, no appreciable increase of danger is incurred by ministering to persons affected with it; and no safety afforded to the community by the isolation of the sick.

2nd. The disease has almost invariably been most destructive in the dampest and filthiest parts of the towns it has visited. The Committee would therefore urge on the public authorities the propriety of taking immediate steps to improve the state of sewers and drains;—to cover those which are open;—and to remove all collections of decaying vegetable and animal matter from the vicinity of dwellings. They would also impress on individuals, especially of the poorer classes, the great importance of well-airing their rooms, and of cleanliness in both their dwellings and persons.

3rd. A state of debility or exhaustion, however produced, increases the liability to cholera. The Committee, therefore, recommend all persons, during its prevalence, to live in the manner they have hitherto found most conducive to their health; avoiding intemperance of all kinds, and especially the intemperate use of ardent spirits and other intoxicating liquors. A sufficiency of nourishing food; warm clothing, and speedy change of damp garments; regular and sufficient sleep; and avoidance of excessive fatigue, of long fasting, and of exposure to wet and cold, more particularly at night, are important means of promoting or maintaining good health, and thereby afford protection against the cholera.

The Committee do not recommend that the public should abstain from the moderate use of well-cooked green vegetables, and of ripe or preserved fruits. A certain proportion of these articles of diet is, with most persons, necessary for the maintenance of health; and there is reason to fear, that if they be generally abstained from, now that the potato-crop has in a great measure failed, many persons, especially amongst the poor in large towns, will fall into that ill condition, which in its highest degree is known as scurvy, and that they will in

consequence be the readier victims of cholera. The Committee likewise think it not advisable to prohibit the use of pork or bacon; or of salted, dried, or smoked meat or fish; which have not been proved to exert any direct influence in causing this disease. Nothing promotes the spread of epidemic diseases so much as want of nourishment; and the poor will necessarily suffer this want, if they are led to abstain from those articles of food on which, from their comparative cheapness, they mainly depend for subsistence.

On the whole, the Committee advise persons living in districts in which cholera prevails, to adhere to that plan of diet which they have generally found to agree with them; avoiding merely such articles of food as experience may have taught them to be likely to disorder the stomach and bowels.

4th. The Committee are unable to recommend an uniform plan of treatment to be adopted by the public in all cases of looseness of the bowels, supposed to be premonitory of cholera. It is, doubtless, very important that such ailments should be promptly attended to; but since they may arise from various causes, of which a medical man can alone judge, the Committee deem it safer that persons affected with them should apply at once for medical assistance, than that they should indiscriminately use, of their own accord, or on the suggestion of unprofessional persons, powerful medicines, in large and frequently repeated doses. Should the looseness of the bowels be attended with feelings of great exhaustiou and chilliness, the person should, of course, be placed in a warm bed, and the usual means of restoring warmth to the body be assiduously employed, until professional advice can be obtained.

5th. In order that the poor may have the means of obtaining such assistance promptly, the Committee recommend that the proper authorities should at once establish dispensaries in those parts of the town which are remote from the existing medical institutions; and that they should also take steps to provide distinct cholera hospitals, which it will require some time to organize, and which they believe will be found to be absolutely necessary, should the epidemic prevail in this metropolis with a severity at all approaching that which it manifested on its first appearance in England. The Committee wish it to be clearly understood, that they do not recommend the establishment of such cholera hospitals, on the ground of effecting the separation of the sick from the healthy, and of thus preventing the spread of the disease; but solely in order that, should the epidemic prove severe, proper attendance and prompt treatment may be ensured for the sufferers from cholera among the poorest and most destitute class. The existing hospitals, even if the authorities should consent to the admission of persons ill of cholera, could not furnish the requisite accommodation, unless they were shut against persons labouring under other severe diseases—a measure which, at the approach of winter especially, would add much to the distress of the poor.

6th. In conclusion, the Committee would urge on the rich, who have comparatively little to fear for themselves, the great duty of generously and actively ministering to the relief of the poor, while the epidemic prevails; bearing in mind that fuel, and warm clothing, and sufficient nourishment, are powerful safeguards against the disease.

They deem it most desirable that the parish authorities should at once improve the diet, and increase the comforts, of the poor under their charge; and that the wealthy should form societies for the supply of food, clothing, and fuel, to those who, though not paupers, still need charitable assistance in the present emergency.

Such measures, which it is the duty of those possessed of power and wealth to adopt, would, the Committee believe, if liberally carried out, deprive the cholera of half its victims.

JOHN AYRTON PARIS, President.
FRANCIS HAWKINS, Registrar.
College of Physicians, Oct. 28, 1848

POOR-LAW MEDICAL COMMITTEE.

UPTON UNION.

The following is a copy of a memorial which has been forwarded to the Poor-Law Board, by the Committee, on the subject of the recent resignation of Medical Officers of the Upton-on-Severn Union:—

To the Right Honourable Charles Buller, M.P., President of the Poor-Law Board.

The Memorial of the Committee of the Convention of Medical Officers of Poor-Law Unions in England and Wales

Sheweth—

That your memorialists being deputed and authorised at a Convention of Delegates representing nearly three thousand medical officers of unions, assembled at the Hanover Square Rooms on Oct. 27, 1847, to act in their behalf, with a view to obtain an amelioration of the present system of poor-law medical relief, feel it their duty respectfully to draw the attention of the Poor-law Board to the following statement:—

Your memorialists have watched with deep interest the circumstances connected with the recent resignation of the medical officers of the Upton-on-Severn Union, and the subsequent appointment of others by the guardians of that union to fill the vacancies thus created; and the feelings entertained by your memorialists on this subject are so strong that they do not hesitate to address your honourable board, to the effect that the case may be thoroughly investigated prior to those appointments receiving its sanction and confirmation.

Your memorialists, in thus calling attention to the subject, desire, in the first instance, particularly to state that they have taken no part whatever with the medical officers of the Upton Union, as respects any special grievance which they may have laboured under, and that their resignation has emanated from themselves without any bias or influence being exercised by your memorialists, who make this appeal upon public grounds, considering the followieg reasons amply sufficient to justify their doing so:—

1st. That, although the total amount of the salaries paid to the medical officers of the Upton Union may not be below the average paid to medical officers of agricultural districts, the scale of remuneration which is made the standard is so miserably degrading and inadequate as to give general offence to the medical profession, and both jeopardize the interests of the sick poor and prove a short-sighted economy to the ratepayers.

2nd. That the order limiting the extent of the districts of medical officers as ordered by your board has been violated by the guardians of the Upton Union, in assigning to their officers two districts exceeding the proscribed acreage.

3rd. That, as your memorialists are credibly informed, one, at least, of the medical officers appointed by the said union is not qualified in accordance with the judicious order of your honourable board for securing efficient medical aid for the sick poor; and that another of the medical men submitted for your approval was once suspended when holding office on a former occasion, and was even set aside by the very board of guardians which now considers him eligible to fulfil the onerous duties which his appointment necessarily imposes upon him.

4th. That the circumstances of the whole case are such as to foster dissensions amongst the members of the medical profession, and seriously to obstruct their co-operation for the benefit of the sick poor.

For these reasons your memorialists pray that you will be pleased to withhold your confirmation of the said appointments.

(Signed)

Thomas Hodgkin, M.D., Chairman of the Committee.

Charles F. J. Lord, Hon. Sec.

Sept., 1848.

NOTES FROM A PRACTITIONER'S DAY BOOK.*

AN EFFECT OF OPIUM, UPON WHICH SUFFICIENT STRESS HAS NOT HITHERTO BEEN LAID.

Opium increases the circulation of the skin, and diminishes that of the mucous membranes. A person who has taken a full dose of opium at night, will, amongst its other effects, feel himself the warmer for at least twenty-four hours afterwards. I am acquainted with a gentleman who has met with considerable success in his practice on indolent old ulcers, and one part of his treatment consists in his giving his patient a grain of opium thrice daily; this is done upon the principle of stimulating the capillary circulation of the part. In that form of deafness which is attended with tinnitus, and appears to consist in a congested state of the mucous membrane of the Eustachian tube and tympanum, I have often successfully prescribed opium with a view of increasing the cutaneous circulation, and diminishing that of the mucous membranes.

An old lady suffered from a severe attack of influenza, the poison of which seemed principally to operate upon the Schneiderian and bronchial mucous membranes. For four years afterwards she constantly suffered from an obstruction in both nostrils, attended with so profuse a secretion of thin mucous fluid, as to oblige her to use four or five handkerchiefs in the course of the day, and the least exposure of the lungs or surface to a cold atmosphere brought on an asthmatic attack, which was accompanied with a copious frothy expectoration. Though she could smell nothing which was presented to her nostrils, she was troubled with an offensive putrid odour, which she imagined was always present, whilst the sense of taste had become so obtuse, that she could neither distinguish tea from water, nor salt from soda. I had been acquainted with her for a long time, and had frequently prescribed various remedies without success, as a great many other practitioners also had done. The mucous membrane of both nostrils was swelled, redder than natural, and so acutely sensitive, that she could not bear the slightest touch with my probe. These symptoms and appearances might have induced me to the opinion of the case being one of malignant polypus; but though the disease had existed so long without any amendment, it had, on the other hand, made no advance; and besides this circumstance, the history of the case, and the co-existence of the thoracic affection, were not in favour of this supposition. One morning, whilst sitting near her, and witnessing the constant annoyance from which she was suffering, I remembered that, whilst I was attending her for an acute disease, by which she was confined to her bed, she mentioned that her head and chest symptoms had suddenly become much better, for she had barely wet a single handkerchief, and fancied she had perceived the savoury odour of a stew, which was being prepared in the kitchen. I paid no attention to this circumstance at the time, especially as, a few days later, I noticed that she again seemed as bad as ever. But now, and it was at least a twelvemonth afterwards, a bright thought struck me; I remembered that, at the time she spoke of this amendment, she was taking opium in considerable quantities, for a spasmodic pain in the bowels. My opinions on the effects of opium, which I have above detailed, were already formed, and I determined upon having recourse to it in this instance. I laughingly told her that a brilliant idea had come into my head, and that I now knew what would give her relief. The good old soul shook her head doubtingly, and said that she would give me fifty pounds if it did. (She never paid me, if she meant it.) Desirous of concealing the nature of the remedy, I prescribed the Pilula Styracis Composita, in five grain doses, every night at bed-time. Some improvement was apparent in the course of a very few days, and it became continually progressive. In two months she ceased to wet more than a single handkerchief daily, and had even some return of the sense of smell and taste, whilst she had now become comparatively indifferent to a low atmospheric temperature; for although during the whole of the previous winters she had been obliged to confine herself to one room, or to move through the passages with a shawl, or a respirator, before her mouth, during the next cold season she wandered about the house, without finding any precaution necessary. She always had expressed herself with extreme confidence of the benefit she had received, and as a proof of her faith, I may mention the great glee with which, during her last illness, she received the intelligence that I allowed her to have one of her old pills; those pills she believed would cure every malady. She died of another complaint, seven months after the commencement of this treatment, but I believe that the improvement in her head and chest symptoms had been progressive to the last.

Opium eaters generally complain of feeling cold and shrunk up, when they are deprived of their habitual stimulus. These effects of opium on the mucous membrane are well illustrated in the following passage,

* Continued from page 584.

which is taken from the "Confessions of an English Opium-Eater":—

"I must mention one symptom which never failed to accompany any attempt to renounce opium,—viz., violent sternutation. This now became exceedingly troublesome, sometimes lasting for two hours at a time, and recurring at least two or three times a day. It is remarkable also, that during the whole period of years through which I had taken opium, I had never once caught cold, nor even the slightest cough, but now a violent cold attacked me, and a cough soon after."

TRAUMATIC TETANUS.

A man died from traumatic tetanus, following an injury of the foot, produced by his treading upon an upright nail. On a *post-mortem* inspection, the plantar nerve was found torn through one half its diameter, and there was lodged between the extremities of its lacerated fibres, a portion of boot leather, which had been pushed inwards by the nail.

THE INTENTION OF HICCUP.

In the convulsive movement of hiccup, the diaphragm is depressed; the larynx is raised; and the glotttis is closed. What would be the effects of these conditions? The depression of the diaphragm would tend to expand the cavity of the chest; but the glottis being closed, no air can enter the lungs. The two extremities of the œsophagus are, however, still open, and if the hiccup be strong enough, air will enter the œsophagus at both ends. If a person will make a prolonged voluntary effort of the conditions which occur in hiccup, he will find a portion of air sucked, as it were, into the œsophagus, from the pharynx. Now, spasmodic hiccup is a reflex movement, excited, in general, by gaseous irritation of the stomach; under these conditions the hiccup will suck the air of the stomach into the lower extremity of the œsophagus. This, then, is the intention of hiccup,—to pump off the air of the stomach. The movement of the hiccup sucks the gaseous contents of the stomach into the lower extremity of the œsophagus, and an inverted action of the œsophagus propels them upwards, and discharges them at the pharynx.

General Retrospect.

PATHOLOGY.

ON THE ARTIFICIAL INFLATION OF THE LUNGS, IN NEW-BORN CHILDREN, AND ON ATALECTASIS PULMONUM.

Dr. Eulenberg adverts to the discrepancy of opinion as to whether the lungs of a still-born child can be so inflated as to swim in water. The affirmative has been maintained by Bohn, Lieberkühn, and Hunter; the negative by a greater number, and is the prevailing opinion. The present author has repeated experiments, and as the result, has found that the effect of inflation much depends upon the period at which it has been commenced. He states,—1. That the inflation is always easy if undertaken shortly after birth, before rigidity has taken place; the effect being complete in proportion to the force used. 2. Inflation is difficult after rigidity has commenced. Dr. Eulenberg then reviews the points of difference which are usually said to distinguish inflated lungs from those in which respiration has taken place.

1. *Inflation produces a complete distension of the organ.* This in fact depends entirely upon the degree and duration of the inflation, and from its not being delayed until collections of mucus or other causes offer mechanical obstacles to the admission of air. 2. *Abscence of crepitating sound on section.*—3. *Expulsion of air by pressure.* Air is expelled with as much difficulty after artificial inflation as after respiration. In neither case is the buoyancy of the lungs destroyed, but by such an amount of pressure as destroys their texture.—4. *Bloodless colour of the lungs.* This is too variable to form a ground of distinction.—5. *Colour of the distended lung.* This is a greyish dirty red, very different from the bright red of a lung which has respired.—6. *Substance of the lung.* Upon the surface of the inflated lung, just under the pleura, are to be seen small flat roundish vesicles, the size of a millet seed, disposed in groups, forming a vesicular emphysema. The stronger the inflation, the more numerous are the isolated vesicles which are caused by the rupture of the texture of the lungs. When inflation induces this emphysema over a great portion of the lungs it cannot fail to be recognized; but when a small portion only is so affected, it has the greatest resemblance to a pathological condition of the lungs of new-born children. In children born with atalectasis pulmonum, and who have lived for some time, are often found under the fœtal portions of lung, certain emphysematous spots like those produced by inflation. The following are the chief points of difference:—In atalectasis, the emphysematous portions project more from the surface, the lung is of a brighter red, richer in blood, closer in texture, its dark colour being but little influenced by pressure; the mucous membrane of the bronchi is red and swollen. However, in emphysema from inflation, air is found in other parts as in the cellular tissue, near the thymus, œsophagus, &c. In a child with atalectasis, that has lived some time, the lungs, though in a fœtal condition, shew little tendency to sink, while in the inflated lung, all parts not distended sink immediately.

In three cases of atalectasis the author found the bronchial tubes obstructed by viscid reddish mucus, which he is inclined to regard as the main cause of their non-inflation by ordinary respiratory efforts, and for this reason considers tartar emetic as a remedy He objects to artificial inflation in the new-born infant, as if air is blown forcibly, an emphysema will always result.

The author's conclusions in reference to the lung-test are:—1. That we possess sufficient characteristic signs of a lung having been inflated. 2. That decomposition nullifies all tests.—*Medicinische Zeitung*, No. 6, 7, 8, 1848, and *Brit. and For. Med. Chir. Rev.*, Oct.

SURGERY.

INFLUENCE OF ÆTHERIZATION ON THE MORTALITY OF SURGICAL OPERATIONS.

In the April number of the *Monthly Journal*, Dr. Simpson has published tables showing the influence of ætherization on operations. From these it appears that of 230 primary amputations of the thigh, leg, and arm, performed in the British Hospitals *wihout the use of æther* there were 88 deaths, or 38 per cent.; of 388 secondary operations, 95 deaths, or 24 per cent.

Of 302 amputations of the thigh, leg, and arm, *under ætherization*, 73 were primary, and 25 deaths followed, or 34 per cent; 229 were secondary, 46 deaths, or 20 per cent. only.

In amputations of the thigh alone the difference is more marked, the per centage being as follows:—*Without æther*, in the Parisian Hospitals, 62 in 100; in the British Hospitals, 38 in 100. *Under ætherization*, 25 in 100.—*Monthly Journal.*

SUCCESSFUL AMPUTATION OF THE THIGH AT THE HIP-JOINT.

M. Guersant operated, on the 28th December, 1847, for a cancerous affection of the femur by disarticulation at the hip-joint. The child, aged 5, was very much reduced. He was put under the influence of chloroform —insensibility was complete in two minutes. The operation lasted only two minutes. When the ligature was being placed on the vessels the child became pale, a little foam came from the mouth, the eyes were turned up, and the pulse at the wrist disappeared. This state of syncope was dissipated by means of active ventilation, and the introduction of a few spoonfuls of wine into the stomach—and the child began to cry, much to the relief of the surgeon. Twenty-two days after the operation the child was as well as possible.—*Journ. de Méd. et de Chir.*, Fevr., 1848.

DESCRIPTION OF A SIMPLE TRUSS IN CONGENITAL HERNIA.

Mr. Coates, after noticing the difficulty in maintaining a truss or bandage in position, in the case of infants, mentions a simple contrivance, from which he has experienced uniformly good results.

It consists of a skein of Berlin wool, which is made to encircle the pelvis, one end passing through the other at a point corresponding with the inguinal ring; the end thus passed through is then carried between the thighs, and fastened to the cincture behind. This can be worn at all times, and replaced and cleaned with little trouble, and, moreover, is not likely to gall the tender skin of the little patient.—*Medical Gazette*, Sept. 29th.

NEW MODE OF DILATING STRICTURES OF THE URETHRA.

M. Amussat, in a case of stricture which resisted all treatment, and beyond which ordinary instruments could not be passed, finally succeeded in introducing a very fine bougie of half a millimeter, (the millimeter is equal to 1-26 of an inch English,) and, using this as a conductor, on the following days introduced alongside of this successively several others, to the number of six. Between these the urine passed. They were left in for several days, being occasionally withdrawn and re-introduced in a bunch, passing as easily as a single bougie of the same size would. The stricture was now readily dilated with ordinary instruments and the cure rapidly effected. The advantage of this method is, that when once we can introduce an instrument, however small, there is no liability to failure in introducing the bougie a second time if once withdrawn, or in attempting to pass a larger one. Whatever is gained is maintained, and the first introduced serves as a guide to other instruments of the same size. The dilatation can thus be readily accomplished, and the urine passing between the small bougies they can be retained several days without inconvenience.—*Journ. de Méd. et de Chir.*, Fevr., 1848.

QUEEN'S COLLEGE, BIRMINGHAM.

PROFESSORSHIP OF PASTORAL DIVINITY.

We have to record another instance of the munificence of the Rev. Dr. Warneford to this establishment, which, though not immediately connected with the Medical Department, cannot but tend materially to contribute to the efficiency of the College at large. The Rev. Vaughan Thomas, in a communication to a special meeting of the Council, summoned for the occasion, made the announcement of Dr. Warneford's intention of endowing a Professorship of Pastoral Divinity. After noticing the general objects contemplated in the establishment of the College, and the means which had been taken to further these objects, the Rev. Gentleman proceeded to unfold Dr. Warneford's views in relation to the special purpose for which the meeting had been called, concluding his able address as follows:—"In the offer about to be submitted to the Council, our ever watchful benefactor was not unmindful of the Royal example. Her Majesty the Queen, (to whose grace and favour we are indebted for our collegiate existence—and not for that alone, but for that new and increased power of usefulness with which her Majesty has entrusted us by a Charter of greater amplitude,) by Royal Grant to the University of Oxford, bearing date May 3, 1842, assigned out of the Church revenues a large annual income to a Professor of Pastoral Divinity. The very course of his Lectures is set forth in the grant—they are to *comprehend instruction in the Ministerial duties, in the composition and delivery of sermons, in reading the Services of the Church, in the history of Liturgies, in the reason and use of Rubrics, and the like.* He is, moreover, *to give professional instruction, and to make examinations of the pupils according to such scheme or schemes as may from time to time be revised and altered by the authorities of the University.* In these words and acts of the Royal care and concern for the due discharge of the pastoral duties, Dr. Warneford beheld not only the brightness of the Queen's example, but the power of her authority. Having long entertained the pious wish of making the senior department of Queen's College available for the purpose of training good and sober-minded young men,

with scanty pecuniary resources, for Holy Orders, could Dr. Warneford have done better than tread, at whatever distance, in the footsteps of his Sovereign? Could he, in making provision for pastoral instruction in Queen's College, do better than follow the light of the Queen's example, and show respect to the wisdom of her Royal ordinance? There can be but one answer to these questions in a College and in a Council, created by the Queen's grace and favour, to carry out and onwards suitable courses of Collegiate education for the adults, as well as juveniles of the Midland Counties who are intended by their parents respectively for the various businesses of life, spiritual as well as secular. Nothing more remains than now to lay before this meeting Dr. Warneford's proposition:—He proposes, then, to give the sum of £2000 to trustees for the endowment of a Professorship of Pastoral Divinity in the Queen's College, Birmingham, to the intent that students who intend to be candidates for Holy Orders in our Church, may be taught the *Ministerial duties in their various branches, as also the composition and delivery of sermons, the reading of the Church Services, the History of Liturgies, the reason and use of Rubrics, and all other matters connected with, and subservient to, a faithful and efficient performance of what the Church requires of her Pastors and Ministers for the edification of their flocks.* This sum, invested by the Trustees after the manner of former investments of our great benefactor's many former grants, will yield in the shape of rent-charge £80 per annum for the Pastoral Teacher's stipend. In conclusion, a hope may be now expressed, that Dr. Warneford's example in this endowment may be followed, and the appeal made June 5, 1848, may produce endowments of other Professorships in Law, in Civil Engineering, in the different branches of science connected with the making and manufacturing of the articles useful or necessary to the well-being of social life, or which, as works of taste and elegance, add beauty to usefulness, and excite our admiration whilst they supply our wants."

Every effort is making to increase the efficiency of the several departments of this valuable Institution for the midland counties, and the members of the medical profession are especially appealed to for donations of pathological specimens to the medical department of the museum.

MEDICAL ASSISTANT.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Permit me, through the medium of your Journal, to expose the following case to the profession:—

About a month ago, I engaged as an assistant, a person calling himself Mr. S. Saunders: he referred me to Mr. H. Hewson, Reigate, and in reply to a letter thus addressed, I received a letter signed H. Hewson, strongly recommending him. In a few days my suspicions were excited as to the veracity of this letter, and his subsequent conduct having confirmed them, I made inquiries at Reigate, and have ascertained (through the kind assistance of an esteemed member of the Association,) that no one named Hewson is known there. The postmaster had, however, received a note purporting to be written by H. Hewson, and requesting that letters addressed to him might be forwarded to a certain place in London. This note is in Saunders' hand-writing, and the police have ascertained for me that he was resident at the place to which the letters were to be sent!

I have made this statement as concise as possible; but shall be happy to afford further information to any gentleman who may require it.

As a person who has already adopted two names, may, very probably, assume a third, I subjoin a description of him:—He appears about 35 years of age, about five feet eleven inches high; rather thin, and very upright. His complexion is very dark, eyes black, large black bushy whiskers, and, while resident with me, he wore a wig. His voice is very sharp and sonorous.

By publishing the above particulars, you will greatly oblige

Your obedient servant,
R. W. WATKINS, M.R.C.S., L.S.A.

Towcester, Oct. 14, 1848.

THE MEDICAL DIRECTORY.

The great improvement which was evinced in this useful publication last year, induces us to hope that the members of the Provincial Medical and Surgical Association, and others of the medical profession, resident in the provinces, have not neglected to avail themselves of the opportunity of the circular lately issued by the Editors. If any gentlemen should have hitherto omitted to reply, we trust that they will at once afford to the spirited proprietors all the information in their power. The work is one in which all are interested, and as it seems likely to be the only record of qualified practitioners which we are likely, for some time at least, to possess, it is well worthy of some slight effort to make it as correct as practicable.

TRACHEOTOMY IN LARYNGITIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

My attention was attracted by the case, reported in the last number of your Journal, of Laryngitis, furnished by Mr. May, of Reading. It appears that a fatal termination took place in two days. Mr. May says, "Tracheotomy was considered but not performed, in accordance with the prevailing medical opinion in this country." It was ascertained after death, that the inflammation did not extend below the larynx; and Mr. May, in my opinion, very properly remarks, that, "in future cases, unless there existed positive evidence that the trachea and bronchi were involved, he would take the chance of laryngotomy."

In order to encourage him and others to give the patient the benefit of the chance of this operation

in this terrible disease, I beg to relate a case which a few years ago occurred in my practice.

Case.—John Springer, a carpenter, about 50 years of age, of intemperate habits, was attacked with symptoms of laryngitis, but not at first of a severe character. He was not a subject for general bleeding. Leeches and blisters were applied, and calomel and antimony administered. On the evening of the second day a great aggravation of symptoms occurred, threatening speedy suffocation. I sent hastily for my neighbour, Mr. Smith, the surgeon, and in a few minutes I placed a tube in an opening made through the crico-thyroid membrane, apprehending every moment the patient would breath his last, before he could be got out of bed within our reach and the operation performed.

The result was most favourable. Immediate relief followed the operation and the disease rapidly subsided under the constitutional effects of mercury. I saw this man in the street a few days ago; he has been perfectly well ever since.

I am, Sir, your obedient servant,

N. ADAMS.

Lymington, Nov. 3, 1848.

Medical Intelligence.

THE UPTON UNION.

We understand that the three vacant districts of the Upton-on-Severn Union,—namely, Powick, Kempsey, and Eldersfield, have been accepted by Messrs. Wadams, Crosse, and Shuard, without any increase of the original salaries. Mr. West of Great Malvern, who attended the Powick district *pro tempore*, has forwarded the amount of his stipend to the clergyman of Barnard's Green, Great Malvern, for the benefit of the poor of that district.

APPOINTMENT.

Mitchell Henry, Esq., has been elected Assistant Surgeon to the Middlesex Hospital.

ROYAL COLLEGE OF SURGEONS.

Gentlemem admitted Members on Friday, November 3rd:—W. B. Wall; J. Elkington; T. Newham; M. W. B. Coulcher; J. Falconer; J. F. Pellegrin; B. Marsack.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, October 26th, 1848:—James Henry Lakin; Halsted, Atherstone, Warwickshire; Edward Gylles Crooke, Edinburgh; William James Williams, India; Henry Potter.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

BATH AND BRISTOL BRANCH.

John Colthurst, Esq., F.R.C.S., of Clifton, has been appointed Secretary for Bristol, in the room of G. H. Hetling, Esq., resigned.

BOOKS RECEIVED.

An Introduction to Practical Chemistry, including Analysis. By John E. Bowman, Demonstrator of Chemistry in King's College, London. London: Churchill: 1848. pp. 280. Wood-cuts.

Wonders Displayed by the Human Body, in its Endurance of Injury. London: Renshaw. 1848. 8vo. pp. 39. Etchings.

A short Account of a case of Disease of the Appendix Cæci, &c. By Henry Hancock, F.R.C.S.E., Surgeon and Lecturer on Surgery at Charing Cross Hospital, &c. &c. London: 1848. 8vo. pp. 12.

Return of the Mortality in 117 Districts of England, for the Quarter ending September 30th, 1848.

ERRATA.

Page 579, col. 2, line 17 from the bottom, for "teaspoonful" read "spoonful."

Page 580, col. 1, line 22, for "in the sterno-mastoid" read "in the course of the sterno-mastoid." Line 30, for "sheaths" read "sheath." Line 27 from the bottom, for "clearly" read "cleanly." Line 4 from the bottom, for "when" read "where."

Page 601, col. 2, line 32, for "against, in short, the truth of your own recorded opinions; and to," &c., read "against, in short, the truth of your own recorded opinions I appeal to," &c.

Page 606, col. 1, line 34, for "calculation, there were eleven," read "calculation. There were eleven," &c.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

THE TRANSACTIONS: NOTICE TO MEMBERS.

The "Transactions" of the Association, Vol. XVI., Part I., has been issued by the Publishers, and should now be in the hands of every Member whose arrears are paid up. Any gentlemen who may not have received their copies, are requested to give notice of the same.

ROBERT J. N. STREETEN,

Secretary.

TO CORRESPONDENTS.

Communications have been received from Mr. T. Hewlett; Mr. H. Williams; Professor Sands Cox; Dr. J. R. Wardell; Mr. Terry; the Birmingham Pathological Society; Professor Simpson; Mr. N. Adams; Dr. Imlach; Dr. Collins; Mr. Bartrum; Mr. J. Reid; Mr. R. T. Hunt.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels and books for review may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

LECTURE ON THE NATURE & TREATMENT OF CHOLERA,

CONSIDERED WITH REFERENCE TO ITS

ANALOGY WITH CONGESTIVE AGUES OF QUOTIDIAN TYPE.

By Charles W. Bell, M.D., K.L.S.,

Physician to the Manchester Royal Infirmary, &c., Consulting Physician to the Ancoat's Dispensary, One of the Vice-Presidents of the Manchester Medical Society, late Physician to His Majesty's Embassy, in Persia, to the Royal Household and Army of Persia, &c., &c., formerly House-Surgeon to the Middlesex Hospital.

(Read before the Medical Staff of the Manchester Royal Infirmary, and the Members of the Medical Profession in Manchester, October 27th, 1848.)

Gentlemen,—

Both as students of the science of medicine, and as professors of the healing art, we are all at present peculiarly interested in investigating the nature of cholera. Thirty-two years have now elapsed since that fatal disease first became known to our countrymen in India, and through them to the inhabitants of other countries; but it was long regarded by the nations of Europe and America, as belonging rather to another world, than as ever likely to become personally interesting to themselves.

It was only on its actual appearance among us in 1832 that we became convinced of our mistake, and were thrown into all the consternation that attends a mysterious and unexpected object of terror. At that time every human attempt made to arrest its progress proved in vain; and, setting almost every variety of climate at defiance, cholera completed the wide circuit of the world.

No sooner, however, was the danger past, than we relapsed into our false notion of security, until this was again dispelled by appalling accounts of its renewed progress through Asia, and of its having again passed the boundary of the Caucasus, invading Europe by the identical route which it had followed seventeen years before, with no other difference than that its front was now more extended.

It might reasonably have been expected that, after the disease had extended itself over nearly the whole globe, and the press of every country had absolutely teemed with essays upon the subject, some definite agreement would have been arrived at by the profession with regard to its essential nature, and to the principles upon which its treatment should be conducted. It is, then, little flattering to our professional pride, to be obliged to acknowledge that this expectation has been disappointed.

The medical press gives almost daily evidence, that little information of importance has been added to that which had been collected by the earliest observers of the disease; our practice is still almost entirely empirical, the principles on which it should be conducted are as little determined, and the opinions of the profession as little settled as they were on its first visitation.

Even the great question of the capability of cholera being communicated by contagion, is still a moot point, and all the evidence collected on the subject is insufficient to convince our legislature that quarantine regulations in regard to it, are only a useless and cruel grievance. Under such circumstances, and after many of the first medical authorities of the past and present generation have failed to elucidate its nature, it is only natural that every new attempt to throw light upon the subject should be received with distrust, and that any one who now ventures on the discussion, will do so at considerable risk to his professional reputation; I cannot, therefore, but feel much diffidence in doing so, and that much apology is due to you for requesting your attendance here for that purpose.

My reason for making the attempt is, simply that I believe the circumstances under which I have had an opportunity of studying the disease have been peculiar, and such as to lead to conclusions of great importance, and that I should be acting little in unison with the spirit of our profession, and be neglecting a great duty, if I failed in laying that information which chance has accorded me, before its members. I may, it is true, have overrated the value of my opportunities (this is for you to judge,) but believing, as I do, that what I have witnessed, if fairly set forth, will lead to the determination of a *principle*, rather than a rule of practice, I have felt it imperative on me to submit the subject to your consideration, in the same light in which it had appeared to myself.

After becoming acquainted with cholera, under very favourable circumstances, in Edinburgh, in 1832-3, and in London, in 1833-4, it was my lot to be stationed for several years in Persia, a country, situated both geographically, and in point of climate, midway between India and Europe, and there I had the opportunity of observing closely the first approaches of the identical cholera, which is now sweeping irresistibly towards us.

The disease was there ushered in by a regular succession of epidemics, commencing in a fever apparently continued, but by and by assuming more the character of a remittent, and this very gradually changed to an intermittent of quotidian type; of this the cold stage gradually became prolonged, and assumed all the appearances of an attack of cholera, and then came the cholera, as it has everywhere been known, without any *obvious* stages or intermission. This again in its turn disappeared, and the epidemic resumed the character of remittent and continued fever for a time. These various changes occupied a period of eighteen months.

Having thus witnessed the disease analysed and dissected as it were, into its component parts, and seen continued fever gradually resolve itself into cholera, and cholera into continued fever, by slow gradations, in a manner which does not appear to have ever been presented with the same perspicuity to any author, having, too, been obliged to follow each varying type of that epidemic with appropriate treatment, I have been led insensibly to those views of the nature and treatment of cholera, which I shall endeavour to submit to you, as shortly as may consist with my intention of leading you into the same train of reasoning which I myself pursued.

By considering this fatal disease rather as an exaggerated example of others better known, and whose treatment is more familiar to us, than as something anomalous and unlike every other disease, we shall, I trust, escape the necessity for vainly searching for some principle capable of reconciling modes of treatment so much at variance as hot air-baths and warm stimulant potations on the one hand, and snow-baths and iced-drinks on the other. Æther, alcohol, tartar emetic, calomel, lead, lunar caustic, croton oil, naphtha, assafœtida, quinine, opium, peppermint, bleeding, blistering, and the actual cautery, are only a few of the remedies that have been proposed for the same stage of the same disease, all equally failing—all equally recommended as infallible.

Still, there is one valuable conclusion to be drawn from the very contrariety of the means employed, viz., that almost all have felt that the more obvious indications (which the well-marked symptoms of cholera would lead us to follow,) are not to be trusted as guides in the treatment of the disease; that some broader principle is necessary to direct our practice than the fallacious one of opposing the cold of the body by external heat, the collapse and sinking of the vital powers by stimulants, or the purging and muscular spasms by opium. Indeed, the abandonment of this method of treating symptoms, and the loss of faith in heat and stimulants are what chiefly distinguish the more recent works of experienced authors from those of more ancient date, and of less practical acquaintance with the disease.

In concluding these prefatory observations, I beg to remark, that I have endeavoured to avoid discussing the opinions of others, because this is unnecessary to the audience I am addressing, who are not only well acquainted with the works of the best authors on the subject, but also possess a large amount of unpublished knowledge of the disease from their own practical experience.

The similarity of cholera to the cold stage of ague is too obvious not to have occurred to many, but there were, unfortunately, two circumstances which contributed much to prevent this analogy from being pursued to its full extent—the first being the want of any *obvious* stage of reaction, relaxation, or intermission; the other, that quinine and arsenic were not found effectual in the treatment.

It was observed that recovery from the cold stage of cholera in this country, was not unfrequently followed by a low form of continued—I should rather say remittent-fever, and this, instead of being regarded as one of the modifications of the disease, induced by climate, or, as a secondary effect of primary disorder, was considered by too many as the hot fit which belonged to the protracted cold stage that had preceded it.

I shall endeavour to point out that this form of fever not unfrequently precedes and follows cholera as an epidemic, even at long periods, before and after the appearance of the major malady, and sometimes occurs as its substitute; and that while it prevails in a country, the "epidemic constitution" to which it belongs, more or less influences the course of almost every other form of disease, by producing a greater than usual tendency to venous congestion, and diminished or irregular action in the capillary circulation; and that the type of sporadic fever in this country has for several years approached very nearly to this, especially in the last few weeks;—as also in Edinburgh in 1843, in Liverpool in 1844-5, and has been more particularly displayed in those cases of fever that have arisen spontaneously from putrid vegetable matter.

Finally, I hope to convince you that the alliance of cholera with other diseases, of which quotidian periodicity is a marked characteristic, gives us reason to believe that even when apparently most destitute of regularly recurring periods, it is not utterly so in reality. That it is, in fact, by considering cholera as an aggravated congestive ague of quotidian type, that we shall most nearly arrive at just principles on which to conduct its treatment, and that the means by which cure is effected in the one, are both theoretically and practically those which are most appropriate to the other.

DISTINCTION BETWEEN MALARIOUS AND CONTAGIOUS FEVERS.

Before we enter on the consideration of those diseases with which cholera is allied, and of which class it may be considered one of the extremes, it will be well to devote a few minutes to consider the broader points of distinction between this class and those diseases which are communicable by contagion.

By active disease, we mean either the direct effects of toxical or mechanical injury to some portion of the system, or the indirect effects produced by the resistance opposed by the vital powers to the operation of such causes—or, lastly, the effects of the struggle between the noxious influence and the vis medicatrix.

Fever is the most obvious and most frequent evidence of the activity of the vital powers to resist a noxious

influence, and of the attempts of the powers of life to repair the effects or remove the cause of injury; but in considering fever in general, it is usual to limit the term from its wider sense to that condition which follows the absorption of certain poisons into the blood. When, therefore, we find fever to be the consequence of absorbed poison, it is of the utmost importance to endeavour at the outset to ascertain, as nearly as we can, upon what part of the system, and in what manner the effect is produced, and what are the actions by which its influence is resisted.

That the cause of both contagious and sporadic fever is introduced into the system by the blood, few indeed doubt; but the important question is, does the cause produce its effects directly on the blood itself by essentially changing its constitution, or is it only conveyed by the blood, like digitalis, aconite, opium, &c., and without causing any essential change upon the blood, operate by affecting the nervous system?

In an admirable essay on "Spotted Typhus," read before the Provincial Medical Association in August, 1848, Dr. Davies, of Bath, drew a broad distinction between the two classes of poisons which are known to produce fever, viz., animal poison, and malaria. There is one kind of poison, he said, which, arising in the blood, and finding the elements of its reproduction in the blood of another, produces a fever capable of being propagated from man to man; and there is another class of poisons, which, arising in elements extraneous to the blood, does not find its elements there, and though it produces fever, cannot reproduce itself, and is not capable of being propagated from one to another.

The second class is that which is now to occupy our attention, at least, that portion of it which embraces fevers produced by malaria, whose characteristic is periodicity,* and I shall venture to enunciate the proposition with regard to these even more broadly:—That although the first class of poisons—that, namely, which produces the exanthemata,—operates on the blood and changes its constitution, the second operates not on, but through, the blood, and produces its effects by its agency on the sympathetic system.

Both classes no doubt produce effects on the sympathetic, but the first, (the animal poison,) acting by a continuous irritation, produces a persistent effort of the emunctuaries to remove the poison from the blood, or continued fever; the second, (malaria,) acting solely by nervous impression on the sympathetic, produces merely a struggle between the impression which is opposed to vitality, and those sensations and actions that are provided for the maintenance of animal life. This struggle is what we observe to take place in the intermitting and congestive fever, &c.

If malarious poison actually changed the constitution of the blood, it would be as impossible to cut short a fit of ague as an attack of small-pox or scarlatina; but it is possible to cut short an ague, by means which (as we shall see when we consider the treatment of intermittent,) are not one of them calculated to produce an essential change on the blood itself. There would, too, in all probability, be some evidence of an elimination of the poison by the fit, as by the skin in the exanthemata, which there is not; or some difference in the blood drawn several hours before and after the fit; but in both cases it is equally incapable of propagating the disease by inoculation. Besides, it appears scarcely possible to account for the leading characteristic of the whole class of these fevers—their periodicity—on any principle but by the law of nervous impressions,—viz., that long-continued impression of an object upon a nerve of sensation impairs its sensibility, but that a change of impression restores it; as the eye long fixed upon a point becomes insensible to the impression of light, but recovers its sensibility on being turned to other objects.

So the continued impression of the poison on the sympathetic subdues its sensibility to its appropriate stimuli,—namely, that excitability which resides in the vital organs, whose action the sympathetic governs and regulates, but its irritability becomes re-excited, and its energies are restored by the new impression caused by change from a natural to a disturbed condition of the organs, which is the consequence of the withdrawal of the influence that combines and regulates their functions. Like the eye, restored to a sensibility to light by change of object, where the energy of the sympathetic is thus restored by the new impression, the recovery of its natural sensibilities would be permanent, were it not again submitted to the same influence by which it had been paralysed at first; but as the optic nerve will again become insensible when the gaze is again fixed as before, and this sooner or later, as the object is more or less illuminated, so does the sympathetic require to be again undisturbedly submitted to the noxious impression after recovery of its sensibilities before the effect is again produced, and that for a longer or shorter time, according to the power of that impression.

If we shall see reason to believe that the effects of the malaria under consideration are not caused by actual change operated on the blood, it will be evident that they can only be produced through the agency of the sympathetic, for we shall have frequent examples of malaria, affecting at one time the circulation merely, as in ordinary ague; at another only the bowels, as by diarrhœa or nervous constipation; at another the cerebro-spinal system, with convulsion, paralysis, or neuralgia; or, again, we have either two combined, or all three, as in cholera; and we know that with the exception of the blood, there is no other element in the system but the sympathetic, which is in such intimate contact or connection with the organs of circulation, of digestion, and with the cerebro-spinal nerves, as to be capable of producing these effects.

We find, too, that what we should expect from our acquaintance with anatomy, really is the case,—viz., that the capillary circulation is the part of the system which most frequently, most easily, and most completely, submits to the influence of malaria acting

* Some malarious poisons do undoubtedly contaminate the blood itself, and require special action for their elimination, as the Egyptian plague by boils; but these form a distinct genus of contagion, and do not fall under our immediate consideration. Those now to be discussed are all characterized by intermitting action till they reach their climax in cholera.

through the sympathetic, because almost every other part of the system,—the heart, stomach, lungs, viscera, &c., are all supplied by other nerves, the capillaries alone depending entirely on the agency of the sympathetic, whose branches are distributed to every, (even the minutest,) vessel in which our instruments enable us to trace it. This view is further borne out by considering the change from the healthy functions of this part of the system that are manifested when influenced by the morbid impression. In a state of health we know that certain chemical reactions take place between the blood and the terminal structures of the capillaries, by which perpetual slow absorption and deposition of the tissues, is effected, certain secretions are produced, and animal heat is evolved, and that while those actions go on undisturbed, the blood flows freely and unimpeded through the gently distended, but still very minute, veins, without exhibiting the least tendency to adhere to them, as would be the case in inanimate capillary tubes of equal diameter; neither does the contained blood exhibit any tendency to coagulate. We know that this property of preventing capillary adhesion of the blood to the coats of the vessels, and of preserving the fluidity of the blood, is peculiar to the living inner coat, and not to living structures generally, for extravasated blood, in whatever part of the body, immediately coagulates. We are also aware that the capillary circulation possesses local excitability, (independent of the heart,) and the power to resist injury or repair its effects, and that excitability is a reflex action, commencing in sensibility, therefore that this latter quality depends upon the nerves of the vessels.

To prove that all these qualities are bestowed by the sympathetic nerve would lead us too far from our present object; suffice it to remark, that the first stage of ague and cholera is marked by diminution, or cessation of all these qualities and actions. Of the effect of this on the change of the tissues we have little evidence, but we see secretion stopped and converted into exudation, which physiology teaches is directly the opposite of vital action; the evolution of animal heat ceases; the veins contract like those of the dead body; the blood returns from the terminal structures in a condition very different from that of health—not coursing freely through the vessels, but slowly, and as if adhering to their coats, and in a half coagulated state; and, lastly, by the application of stimuli, which would produce immediate reaction in the healthy skin, we find it almost impossible to excite these vessels in cholera. The direct conclusion from all this is, that impaired excitability, nervous energy, and vitality of the capillary circulation, is the first and most essential effect which we perceive of the impression of ague or cholera, and that the change produced upon the blood is more probably the secondary effect of the cessation or diminution of those changes which are produced upon it in the capillaries of the lungs, and of the system in health, than in any way attributable to direct influence of the poison on the blood. In the whole class of diseases now under consideration, we shall find evidence of disorder of the sympathetic system in one or more of its vital functions, displayed either in the capillary circulation, the digestive, or in the cerebro-spinal system; but in not one of them is any conclusive evidence to be found of a poison eliminated from the system by the fit, in any way resembling that which is thrown off from the blood in fevers produced by animal poisons of the class exanthemata, nor can we conceive any source of constant and universal irritation to the constitution, such as would result from essentially diseased condition of the blood, to be characterized by intermissions, or to be capable of cure by means addressed to the mere interruption of periodicity. In such a case, on the contrary, we should expect only a continued and persistent action, till the end to be accomplished by the elimination of the poison is attained. Moreover, if it be granted that continued fever is the effect of a constant source of irritation existing in the blood, it would appear to be a corollary to the proposition that intermittent, as opposed to continued reaction, is direct evidence of the absence of a source of irritation in the blood, and produced by means diametrically opposite, which we have fair grounds for concluding to be the absence of that irritability in the very structures which become excited by a source of irritation existing in the blood in continued fever, or by their natural stimulant in health, viz., distension by the *vis a tergo* of the heart*

On these grounds, considering simple ague as the type of the whole class of diseases which we are about to study, we shall proceed to examine its symptoms and the indications for treatment.

SYMPTOMS AND TREATMENT OF INTERMITTENTS.

Intermittent fever has been generally described as consisting of a cold stage, with shivering; a hot or febrile stage; and a stage of perspiration and relaxation, followed by intermission. This description cannot, however, be received as a definition, because of these stages there is only one that is constant,—viz., periodical return of the cold stage, while the febrile and sweating stages are only the consequences of subsequent reaction and relaxation, and sometimes they are altogether absent. But shivering is by no means an essential to the cold stage; on the contrary, in the most dangerous forms of ague, shivering is often absent, as it is in cholera, because the disturbance of the circulation in the cold stage is such as to overpower this symptom.

Shivering may practically be considered not so much a symptom of the impression of cold on the body in health, or of the cold stage of ague, as an evidence that reaction is taking place in the system, and that the heart possesses the power to overcome the obstruction opposed to its action; it is, in fact, the first step of the febrile stage, and in the more malignant forms of ague, is the surest harbinger of recovery, and the best evidence of reaction.

* The above reflections may serve to suggest the question to physiologists,—whether the circulation of the blood by successive pulsations of the heart instead of by a continuous action, may not be a wise provision of nature to avoid the exhaustion of nervous sensibility in the capillaries by continued impression.

In the medical treatment of ague, little is generally attempted in the cold stage beyond giving a stimulant diaphoretic, or in the febrile beyond cooling diluents. It is customary to trust entirely to the means of prolonging and confirming the intermission by the use of antiperiodic medicines. But this routine method of treatment is not applicable in all agues, for these differ materially in the urgency of their symptoms, according to their various types, and the duration of their period of intermission.

Thus, both in quartan and in tertian ague, febrile reaction generally runs so high as to cause this stage to be most dreaded by the patient, and the congestive stage is of comparatively little moment, being accompanied with shivering almost from the first; but in quotidian the case is very different, the fever, where it exists, being slight and of short duration, and both this and the sweating stages often absent or imperceptible, and the interval between the fits is sometimes so short as to be insufficient to restore natural irritability to the system by repose. The congestive or cold stage is, on the other hand, extremely severe, and such as to endanger the vital organs, and even to give rise to the dread that the attack may prove fatal before it reaches the stage of reaction. In such a case, then,—and such it will appear is cholera,—not fever, but the opposite condition, is to be feared, and all our efforts must be directed to obviate or relieve congestion.

There cannot be a doubt that this is the most essential part of cholera, and the great source of danger in congestive ague; we shall, therefore, devote the remaining portion of this lecture to the consideration of the congestive stage in its cause, course, symptoms, and effects, and to the mechanical means of relieving and curing it, whether natural or artificial, reserving what we have to say on the medicinal part of the treatment for a future lecture.

It is customary to date the commencement of a fit of ague from the commencement of shivering, and of cholera from the first purging, but this is an important error, for long before this symptom comes on, a certain shrivelled appearance of the skin may be observed; the expression of the eyes changes; there is a feeling of malaise and confusion in the head; the nails look blue and bloodless, and are marked with a red and white streak, and there is a tendency to yawn, and a feeling of oppression about the heart, accompanied with sighing.

The essential part of ague has begun, perhaps, as much as two hours before the shivering occurs; the blood is gradually forsaking the extremities, and is driven in upon the heart more quickly than it can be sent through the pulmonary circulation, whose capillaries also resist the free transmission of blood; it therefore accumulates in the great veins, so that a great part of that fluid which a short time before was circulating in the extremities, being now rejected by the capillaries, is forced to find room in the venous reservoirs, and great vascular organs of the chest and abdomen, while the arterial system is left comparatively empty.

The consequence of this congested condition of the great veins is the disturbance of the circulation in the thoracic and abdominal viscera, and oppression of the action of the heart. This disturbance of function produces an excitement in the organs themselves (that is, upon and through the sympathetic nerves,) to resist oppression, by increased efforts to preserve life, or what is called reaction. When this effect is felt, the whole frame partakes of the influence, and manifests it by convulsive shivering. The struggle of the powers of life against the disturbed or oppressed action of those organs whose office it is to sustain life continues, till at length the highly-excited powers of the heart and arteries overcome the inertia of the capillary circulation, and the blood once more courses freely through the veins. But this excess of action does not immediately cease with its victory, a period of fever succeeds, till at length, exhausted, the capillary circulation becomes relaxed, perspiration bursts from every pore, the excitement of the heart subsides, and the circulation returns to its natural condition for a time. This period of repose is not, however, permanent; by and by the capillaries again succumb to the effects of renewed impression, the same effects are produced as before, and the same struggle ensues. The duration of the cold fit depends upon the susceptibility of the sympathetic, to be sooner or later roused to perception of the disturbance of the vital functions which is taking place, and on its ability to excite the organs of circulation to more healthy action, for according to this will the struggle be more or less severe and protracted, and in like manner the severity of the congestion and abridgement of the period of intermission will be in proportion to the power of the impression to produce the paralytic condition of the capillary vessels by its agency on their nerves, till the climax is reached in cholera where intermission is either wanting, and consequently fatal, or very imperfect.

If, then, the cold stage commences in disturbed capillary action, and contraction of the veins of the extremities, by which the blood is forced into the interior sinuses of the chest and abdomen, distending the spleen, oppressing the heart's action, and disturbing the circulation and functions of all the viscera, it is evident that to prevent or remove this disordered capillary action before it produces the above effects, will be to prevent or cut short the fit.

If again capillary disturbance have taken place, but blood from the extremities be prevented from reaching the interior in great excess, and from producing more than mere disturbance in the circulation and action of the vital organs, the symptoms of congestion, or the fit, will be prevented, or so far mitigated that reaction will take place with comparative ease.

Or, thirdly, congestion and oppression to the heart having taken place so severely as to prevent reaction from being evinced by shivering, the removal of some part of the blood which is producing it will enable reaction to take place, and this last is the use of bleeding in cholera, as well as in the cold stage of ague. In the cure of ague, therefore, the three intentions we have to fulfil by treatment are—

1st. To prevent disturbance of, or restore natural action to, the capillary circulation.

2nd. To prevent excessive congestion, by anticipation.

3rd. To relieve this if it have taken place.

The first has been accomplished sometimes by producing a sudden general impression on the nervous system,—as for example, by unexpectedly plunging the patient into cold water; but the more usual method is to give those medicines which possess a peculiar power in preventing periodicity, such as arsenic, and quinine, or if we consider their *modus operandi*, we might say those which possess a peculiar tonic effect upon the capillary circulation, or upon the sympathetic nerve in *that* part of its functions, and which, by producing an effect directly opposed to that of malarious poison, act as antidotes to it, in the same manner as diffusible stimulants will oppose the depressing effect of digitalis or aconite on the action of the heart.

The first, then, is chiefly the medicinal part of the treatment, which shall be considered hereafter; the second and third rather mechanical than medicinal, for the second intention is attempted to be fulfilled by the application of tourniquets to the limbs in such a manner as to retain as large a quantity of venous blood in the extremities as possible, but is still better effected by the early use of venesection before the more prominent evidences of congestion have been manifested. The third is, after the congestion has taken place, to draw blood rapidly from both arms, in order to relieve the congestion.

The mechanical treatment of ague by bleeding, therefore resolves itself into this, that if we can bleed after disordered action in the capillaries has commenced, and as yet has only disturbed but not oppressed the action of the heart, but before the great struggle of the system which ensues on established congestion has begun, the abstraction of blood is easy, safe, and effectual in preventing congestion and producing immediate cure; but after SHIVERING has begun bleeding is unnecessary and may be injurious, because it will then disturb the healthy reaction of which this is an indication. If practised after the commencement of shivering, the first effect of bleeding will be to bring back the congestive stage with tendency to collapse, and afterwards to relieve it; but this is done at unnecessary expense of blood, and although generally successful in cutting short the ague, is practically neither so safe nor so effectual as bleeding just before shivering begins, and therefore it is better to delay till the next antecedent period.

When, however, the evidences of extreme congestion exist without shivering, shewing that it is becoming dangerous, and that due reaction is prevented by the mechanical obstruction offered to the heart by excess of blood, bleeding from the veins cannot be had recourse to too promptly, in order to relieve it and the other organs from the pressure. But although in an early stage these are perfectly good and intelligible reasons for bleeding where congestion is severe, the practice is not to be recommended after it has existed for a long time, and the reason is this,—

Experience has proved, that often in cholera, where scarcely any external evidence is given of reaction, or restoration to a more natural condition of the circulation, such restorative action is nevertheless really taking place, and if the powers of life can only support the oppression without utterly failing, for a certain period, the disturbed circulation of the capillaries will by and by cease, the heart be freed from obstruction and the general circulation be more or less restored. Practically, therefore, it is better and safer not to use the lancet if congestion have existed for several hours, lest by bleeding we disturb the natural tendency to recover, so far as to reach a second period of relief at least, if not of reaction; and lest instead of relieving oppression, we should thereby produce syncope. Under such circumstances it is more adviseable to trust to medicine and to nature, until the 18th or 20th hour in quotidian disease, or till an hour or two before the next anticipated fit in other forms, shall afford us a safer and more advantageous opportunity of pursuing the same practice with a view to arrest the congestion in its renewed accession. The case, however, is very different when early called to a patient in whom this condition has existed but a short time, and when there is reason to believe the heart to be in full possession of its energies and only in want of mechanical relief to enable it to resume its powers. In such circumstances there is not only no danger from bleeding, but its effect is little short of miraculous, and in the course of a few minutes, the patient arises from a bed of death and torture, to the full enjoyment of life and health.

In a case like this, no mistake is so fatal as delay, which is unfortunately the most general one, for here the timid practitioner fears to bleed when he can hardly feel the pulse; he hesitates and waits until he observes it rise a little, and then acting on the rule, rather than on the reason of the practice, he opens a vein, cuts short the feeble attempt at reaction, and kills his patient in the attempt to cure him. Some have even carried culpable ignorance of the intention of bleeding in cholera so far, as failing to obtain blood from a vein, to open an artery, little thinking how much reduced is the quantity of properly arterialized blood that amid the disorder reaches the left side of the heart, and that upon the capability of that little to sustain life through the struggle depends the life itself. By taking arterial blood he takes the life of his patient, produces syncope, and having removed the feeble resistance to death which still existed, his patient sinks at once and invariably into complete collapse. Of this fact there is no want of examples on record. Be assured that the rising of the pulse after it had been lower, in cholera, as in congestive ague, is positive reason against bleeding, and the best evidence that the constitution possesses the power to carry the patient over that days' attack, to enable him to reach a second, if only let alone, and not worried to death with over-treatment.

When, however, we decline to bleed after the patient has been labouring under severe congestion for five or six hours, we must search for the practical reasons against doing so, in the effects produced by bleeding in the hot stage of intermittent. This is a subject on which I can speak from sad experience, and one on which unintentional evidence is borne by many cases

reported in various works on cholera, where bleeding has been practised in a late, but yet too early, period of the attack.

In ague, when the period of congestion is over, and the febrile stage marks the progress towards a return to natural action, but where the impression which produced the cold stage is as yet only partially recovered from, it is evident, if the theory be correct, that the effect will as readily be renewed as that of light upon the half-dazed eye, which, having been fixed on an object till insensibility is produced, and only half restored to its sensation by removal, is again subjected to the impression, without sufficient interval fully to regain its powers, it becomes almost immediately re-affected as before, and insensibility is nearly instantaneous. So it is with bleeding in the hot stage of ague; syncope and return of the congestion are the immediate consequence; or in less severe cases, or later in the hot fit, the intermittent is in danger of being converted into remittent fever of a low, irritative, and dangerous character. Much more might be urged on this subject to show that, independently of the above considerations, that period which immediately succeeds to a long and exhausting struggle of the heart and arteries is not the most favourable time to expect a greatly increased effort, but that on the contrary, *when* the tone of the exhausted vessels, now long accustomed to an overcharge of blood, has become impaired, syncope should be a more probable consequence of venesection than relief and reaction.

If then we have reason to believe that there is a natural tendency to recover from this condition, and to dread and expect its renewal at a certain future period, we must be exceedingly careful not to run into the dangers we have indicated by mistimed bleeding, but rather trust for a time to medicine alone, and await that more favourable period, which, with proper care, will arrive with certainty in by far the greater proportion of cases of congestive ague, and also, I feel assured, from my own observation, in cholera.

We shall have occasion again to return to this subject, but were I called on to give a rule for bleeding in the congestive stage, it would be to bleed early and boldly in the first, or even the second, hour, but no later, till the eighteenth or twentieth, after its first manifestation, when the same rule will again apply after the twenty-fourth.

The above remarks have been addressed chiefly to the consideration of the cold stage of intermittent fever, and their application to cholera has been only incidental; nevertheless I have stated, that I believe cholera to partake also of this character,—viz., a tendency to intermission, however slight and imperfect. I am unwilling to state a fact of this importance on my own observation only, and, prefer to rest the argument on the near relation of cholera to quotidian ague, and on its connection with diseases of an intermitting character, with which it was associated in its first onset in Persia, in 1842-3. This will form the next part of our enquiry. For the present I shall content myself with stating that the perusal of cases by a great variety of authors, has not tended to change this opinion; and I conceive, that if read in the same spirit with which I perused them, this will also become your opinion of the disease, both as it has appeared elsewhere, and as it will probably appear here. In the usual form of cholera, I must allow that the symptoms of this condition are very slight indeed, and I cannot expect them to be conclusive with most, because only to be recognized, if recognized at all, on being sought for with the desire to find them, which undoubtedly is not good evidence. The obvious and external signs of its existence, merely amount to this,—that in most cases of cholera, not rapidly fatal, if visited about the eighteenth or twentieth hours after the commencement, the patient will be found lying in a sort of lethargic condition, apparently more sunk and more resigned than he had been for several hours before; but on examining the action of the heart with the stethoscope, you find it more natural, and less excited;—you find the warmth a little more extended on the chest, and the patient rather sulky than insensible. If, finding him in this condition, you sit down by him, and watch what takes place, you observe this apparent lethargy cease, he again becomes agitated, throws off the bed-clothes that he had latterly permitted to remain upon him, the action of the heart again becomes tumultuous, and the previous signs of suffering are increased. This certainly is but small evidence of intermission, nevertheless it is some, and considering it as such, the efficacy of bleeding in this stage of repose, or just as the agitation is beginning, has been such in my own practice, as to my mind, to corroborate the opinion; whereas the result of the practice of bleeding, as the pulse begins to rise very slightly previous to the period when this kind of repose might be expected, (as I have seen practised by others, and which you will find recorded in many published cases,) is very much the reverse. I can only endeavour to reason on this subject, which must be left to the general experience of others to decide. I am satisfied, however, that as far as my own has gone, the rule I would attempt to impress, with regard to the most favourable times for bleeding, is correct.

There are, however, other objections to this belief, as, for instance:—Why should not a man recovered from cholera be subject to continued daily accessions? This I confess myself unable to explain, but such is the case with many other diseases, such as ague cured by bleeding; and it is not always the case in cholera, though the character of the accession may differ. It would be too much to attempt to explain everything of what is confessedly so obscure, that even the smallest contribution to its history is looked for with anxiety; but while upon this subject, I may merely mention one point of observation, which, if more extended experience tend to confirm it, may aid in explaining the natural mode of cure in cholera. This is, that in all forms of quotidian ague with which I am acquainted, there appears a marked tendency to run a course of three days; and you will find many recorded cases of cholera which will bear this interpretation, where, after three accessions, or, if you please, three days' continuance, of the symptoms of cholera, the coldness and

purging cease. Thus, a man has purging one day and gets better; next day he is attacked with algide cholera, he struggles through this, and there is imperfect attempt at reaction, but the purging, cramps, and coldness again become severe on the third; if this day's accession be not fatal, he goes on into the stage of consecutive fever on the fourth day. Many cases appear to confirm this view, and many to oppose it, as may very naturally be expected, for it is by no means easy to distinguish the effects of the very active treatment pursued, from those of a very active disease.

In treating of cholera, one of the greatest difficulties arises from its unfortunate and most inappropriate name, which would seem to point to the diarrhœa and disturbance of the bowels as the essential part of the disease; and if we look merely to popular opinion, and to that countenanced by documents issued by authority, it would appear as if no room were left for doubt upon this subject, and that the great matter to be attended to in the cure, is the arrest of diarrhœa, as if that were an invariable symptom, and the most imminent source of danger. It is undoubtedly very right in popular treatises and directions, to fix public attention upon this symptom, because in the epidemics best known, this has been one of the most frequent early effects, and it is well that it should be looked upon as most dangerous, and as a good reason for applying for medical aid before worse follows; but it does not become the professors of medicine, as a science, to adopt such an opinion without examination. We have endeavoured to shew, that, according to particular circumstances, of which we are ignorant, a very considerable derangement of a part may exist without that general disturbance of the whole capillary system, which we observe in the cold stage of ague or a confirmed attack of cholera,—that exudation may at one time take place from the bowels; at another into the cellular texture of the body generally or locally; at another, that this peculiar condition may chiefly affect the cerebral system, with extremely little or no evidence of the capillary circulation of the extremities partaking of the influence,—that in fact, the force of the disease may at one time be directed on one class of organs, at another on another, just as we witness the fever of one year to be attended with ulceration of the ileum,—of another in the colon,—of another with pneumonia,—and yet, another with cerebral affection, &c. So when we come to consider the different modes in which the system may be and is affected by the impression of a choleric influence, we shall find it producing the same effect on the general capillary circulation, and the same consequent congestion of the interior organs; but we shall observe that this oppression does not always seek the same mode of relief, although the end attained is still the same—viz., diminished quantity of the venous blood; and that it does not uniformly expend its force by exudation into the intestines, which is the form we are most familiar with, but that in like manner exudation will take place into the serous tissues and from the skin. These are my reasons for not insisting so much as is usual on the diarrhœa of cholera. Even those authors who lay most stress on this symptom, constantly inform us that the most malignant cases are those in which there is neither vomiting nor purging; such, for instance, as those extreme cases which almost always occur on the first arrival of cholera in a district, where the patient is seized with sudden pain in the epigastrium and expires in a few minutes, with the word "water" on his lips, but without either vomiting or purging,—that is to say, without the more ordinary means of relief to the congestion having come to the aid of the vital powers. Thus, Mr. Parkes, who is one of our most recent authorities in cholera, but whose views are very different from those now advocated, says,—"There is no one who has seen much of cholera who does not know that, exclusive of the mildest forms of the disease, a case with little vomiting and purging is more malignant and more rapidly fatal than one in which these are prominent symptoms;" in other words, this might be expressed, that where natural relief to the congestion does not take place, the congestion proves more fatal. Premising then, that we do not look upon purging as essential to cholera, but only as the most common mode of relief to the circulation, and that it takes place earlier or later in the stage of congestion, according to the peculiar tendency of the epidemic and condition of the individual attacked, we shall trace the ordinary course of the first stage of cholera up to this point, passing over those cases of diarrhœa in which it would appear that the relaxed condition of the enteric vessels proceeds so *pari passu* with the general tendency to congestion, as to prevent any serious amount of internal congestion from occurring, such as is very frequent in the first day's attack of cholera, and from which many recover without passing into the algide stage.

When a man is attacked with cholera there is something in his appearance which another, who has had experience, may recognize, even before the patient himself is aware of it; there is a sunken clay-coloured cast in his features; he looks stupid; perhaps has slight dimness of vision, or dulness of hearing; his hands look shrivelled, the nails blue, and the veins on the back of the hand are dark and contracted, like lines traced with ink upon the skin; it is cold and damp to the touch; if you look at the tongue you find it clean, pale, and watery, as if macerated till deprived of blood, and the conjunctiva is bloodless. He, perhaps, now feels a sudden but slight pain dart occasionally through the left breast and arm, and if you press upon the epigastrium, especially over the spleen, he complains of pain; he has then sudden call to stool, perhaps vomiting, or according to the character or type of the disease, there may be intense pain and sense of burning in the stomach, &c. Let it suffice for the present to trace the course of these symptoms up to this point.

The shrunken condition of the skin indicates the state of the peripheral capillary circulation, and when the minute vessels reject their blood, it accumulates in the vena cava, overcharges the right auricle and ventricle, and interferes with their action; it distends the spleen to its utmost capacity as the reservoir provided by nature to relieve the circulation

when oppressed by too great accumulation of venous blood. Hence pain referable to the heart, and that produced by pressure on the spleen; the pulmonary capillaries partake of the inaction, and resist the passage of blood through them, the accumulation of blood continues from the exterior, and the inferior cava is so distended that it is impossible for blood to enter it by the renal veins; the circulation of the kidneys being thus suspended, their secretion is arrested, hence suppression of urine. Still blood accumulates which cannot revert through the well-valved veins of the extremities, and it must go somewhere. The portal circulation already oppressed, so as to prevent the secretion of bile, now yields still further, and the blood is forced back in a retrograde course along the mesenteric veins till their minutest terminations on the villous coat of the intestines are injected as with a syringe, and their natural action is at an end; a little more blood suffices to make the watery particles filter through the membrane, carrying with it the mucous epithelium, which gives that peculiar character to the cholera evacuation that has been so aptly described as the rice-water purging. No sooner, however, has a large evacuation of this kind been produced, than immediate relief is, in the great majority of cases, experienced by the heart which had been struggling with the load of blood that oppressed it; the same effect is produced directly, which we endeavour to produce indirectly by opening the external veins, and the heart is thereby enabled to overcome the resistance of the capillaries, (already as I think disposed to relax,) thus a natural cure is often effected which the well-timed administration of a stimulant may hasten and confirm. If, however, this first evacuation of the fluid particles of the blood does not suffice to give relief, the same effect of increased congestion and attempted relief by purging takes place again and again, till the power of reaction ceases, and the patient dies in the stage of collapse. Perhaps, however, he is more fortunate, and though ineffectual to produce complete relief, and restore the power of the circulation, these frequent drainings of the interior veins may suffice so far to relieve him, that the congestion does not destroy life, and there may yet be sufficient blood pass through the pulmonary capillaries to maintain life through this emergency, and so far to restore more natural action, as to permit of something approaching to repose to the patient from his sufferings, and partial return of the organs to their natural functions. This would doubtless proceed gradually to reaction, and sometimes does, when there is no fresh accession of capillary disturbance to renew the congestion, and the consequence is the low form of fever alluded to; but unfortunately there appears to be a tendency to relapse, which my observation leads me to believe occurs just twenty-four hours after the first commencement of capillary disturbance, the weakened powers now more readily yield to the oppression, and about the twenty-sixth or twenty-eighth hour is one of the most frequent periods of death in those who have escaped during the first eight hours. After this the period of death must be uncertain. I find that Mr. Parkes gives the average period of death in forty-one cases as twenty-seven and a half hours from the commencement.

Having now considered the subject of congestion at great length,—first, in its probable origin; secondly, in the effects on the peripheral circulation; thirdly, in the effects and symptoms of the distension of the thoracic and abdominal veins and viscera; and fourthly, the artificial and natural means of mechanical relief and cure, we have now, I think, only to consider the symptoms of recovery and of death in cholera, and of the *post-mortem* appearances, before we proceed to the medical part of the treatment.

The symptoms of the disease, if traced in their natural order of succession, are as follow, and those of recovery these reversed:—

1st. Constriction and bloodlessness of the capillaries—of the skin first, and afterwards of other organs, with coldness of surface.

2nd. Oppression of the heart and pain in the epigastrium.

3rd. Suppression of urine.

4th. Suppression of bile.

5th. Vomiting and purging—one or both, or neither.

6th. Muscular spasms in connection with spasmodically contracted colon, and with the state of the bowels.

7th. Especially where the purging has been absent or scanty, tetanic convulsion of the whole body, from the influence which at first was confined to the circulating system, proceeding onwards to attack the nervous system, as the circulation of arterial blood ceases.

8th. Death by mere cessation of action of the heart, &c., or by affection of the nervous system in tetanus, or both combined.

9th. Returning warmth to the skin after death, which in life had been icy cold. This, as far as my own experience goes, is always the case, commencing in the extremities, but, perhaps, does not occur so remarkably when purging has been very long continued, and the disease much prolonged. Of this I cannot speak with certainty. Partial return of warmth to an isolated part of the body is mentioned by several authors as a sign of extreme malignancy in the attack, and a certain forerunner of death. In all the cases where I have witnessed death from a rapid attack of cholera, whether in this country or in Persia, where there was either no purging, or where it had soon ceased, I observed the feet begin to get warm some minutes before death, and sometimes the warmth spread even above the knee, while the thighs and body remained cold, and the patient yet lived. This I look upon as a sign of death, beginning in the extremities, and I have invariably observed, that after the occurrence of this symptom, the least interference was apt to induce tetanic convulsion. I have twice attempted to draw blood under these circumstances, but am now convinced that this symptom always is a sign of death, whether the patient appear to live or not, and I feel much inclined to consider that hope still exists, so long as this symptom is absent. We shall again allude to the subject in speaking of the treatment by heat and cold.

Post-mortem spasms in the muscles not unfrequently

occur, even some hours after death. These do not appear to be the mere effect of relaxation of spasmodically contracted muscles, but rather resemble the jerking spasms produced by galvanism on an animal recently killed, and are probably intimately connected with the cause of warmth returning to the corpse, which in life had felt icy cold, and afford some reason to believe that the condition of the capillaries produced in life by cholera is not a mere cessation of vitality in them, as we have considered it; for the cold, where purging is scanty, exceeds that of any dead body, insomuch as to suggest a question, whether the chemical or electrical actions in the capillaries which belong to health may not be not only impaired, but actually reversed in the disease, and heat absorbed instead of being evolved.

On opening the body after death, the appearances are exactly such as we should expect from the symptoms. The right side of the heart is found gorged and dilated, the dilatation and softness of the coats being greater as the case has been more protracted. The superior and inferior cavæ, and all their larger branches are loaded with dark, tarry, half-coagulated blood. The minute vessels of the lungs are empty, and the parenchyma often shrivelled and contracted, being pale on the surface, while the pulmonary artery is quite full of blood. The left side of the heart is contracted, and either empty or contains firm coagula, indicating a greater amount of life in the arterial than venous blood, which forms no solid coagulum; and the contraction of its auricle and ventricle a less amount of exhaustion of the muscular fibre in the left than on the right side of the heart, which is flabby and distended. The amount of congestion of the portal circulation, &c., is always considerable in the large vessels, but the smaller ones are more pale and bloodless in cases in which there has been much exudation. The gall-bladder generally contains bile. The spleen is commonly congested, but sometimes found empty, which is, probably, a *post-mortem* effect of its peculiarly elastic structure; when death takes place from consecutive fever, however, it is soft and friable, an almost invariable condition in death from malarious poisoning by tropical fever, &c. The intestines present a peculiar appearance, the colon much contracted and empty, the small intestines containing fluid similar to that passed in life, mixed with a denser material, probably the fibrin and albumen in peculiar chemical combination from which the more fluid part of the blood had been drained off, the submucous coat is distended in different places with the same material, sometimes mixed with broken-down red globules. The kidney is nearly normal, and the bladder contracted; the brain seldom presents anything peculiar. These appearances require no comment beyond that which has preceded their description in relation to the symptoms.

It would appear, then, that congestion and oppression to the circulation is always the cause of death, and that congestion is a consequence of disordered capillary circulation. We have sufficiently discussed the modes, both natural and artificial, of relieving this congestion, but as yet we have left the means of removing its *cause* in the capillary circulation altogether unconsidered, although it is perfectly evident that this must be the main object of medical treatment. The patient is cold, nothing can be more natural than to try to warm him, and the circulation being nearly at a stand, what is more natural than to rouse it with a stimulant? But then he is cold only to our sensations, not to his own; he is burning and suffocating, and cannot bear even clothing, much less external heat; he is craving for ice and cold water, and the hot stimulant draught which we force upon him is torture; he is vomiting, yet anxious to drink.

Are we then to treat him according to our sensations or to his?—to torture him, or indulge cravings that appear to us so opposite to what his condition requires?—or are we to disregard alike his sensations and our own impressions, and seek for the means of removing the cause of this anomalous condition?

These are questions of which we shall defer the consideration till our next meeting.

CASE OF FUNGOID DISEASE OF THE PANCREAS.

By George Norman, Esq., F.R.C.S., Senior Surgeon to the Bath United Hospital.

(Read at the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, September, 1848.)

A gentleman, aged 31, consulted me in the beginning of July, 1848, for an uneasy feeling after eating, and a degree of nausea, which he had experienced during the previous fortnight, having always before enjoyed good health. There was nothing to induce a belief that it was more than a temporary derangement of the stomach, but in a few days after, the tunica conjunctiva became yellow, and in less than a week he had complete jaundice. There was no enlargement or fulness about the region of the liver, nor any pain felt on pressure. An active purgative plan did not diminish the jaundice, and the evacuations exhibited a total absence of bile, and, excepting on two or three occasions, there was never afterwards any evidence of the bile getting into the alimentary canal.

On the 1st of Augst, I again made a careful examination of the abdomen; there was still no evidence of disease of the liver, but by pressing very hard on the region of the stomach, I could feel an oblong tumour, crossing the spine, hard, deep-seated, immovable, and not painful on pressure; its situation was that of the pancreas, but it was difficult to believe that that organ could be felt in a person not emaciated.

He was put on a course of mercury, and his bowels kept relaxed by taraxacum. During the whole of this time he never complained of pain; his appetite was good, and his nights very tolerable. The mercury was continued till the gums became tender, but without any mitigation of the jaundice, and the tumour, when again examined, was found to have increased in size. On the 13th of August, Dr. Davies saw the case with me, and in examining the abdomen, a hardness and

fulness were found below the ribs in the right side, and it appeared to us that the liver was enlarged and extended some way below the rib. On the 16th, on examining, we found what appeared to us to be the edge of the liver, extended as low as the umbilicus, and that there was also enlargement and hardness in the situation of the left lobe of the liver. The day after this he was suddenly seized with violent pain in the left side, extending round to the back, which continued the whole night, and part of the next day, when it ceased, and was no more complained of. On the 19th he vomited his food, and from that time he scarcely kept anything on his stomach. On the 20th, Dr. Packman, of London, saw him with Dr. Davies and myself, and he considered with us, that there was great enlargement of the liver, but he thought there was also disease of the pylorus. On the 22nd the patient died.

The body was examined, and from four to five pints of fluid, deeply tinged with bile, were found in the abdomen. A large tumour was discovered stretching across the spine, extending under the ribs on the right side, and downwards as low as the umbilicus. To this tumour the transverse arch of the colon adhered, the coats of which were indurated, and partook of the nature of the tumour. The pyloric portion of the stomach was pushed upwards out of its natural situation by the tumour, and the liver also was forced up higher into the chest than natural. The tumour was the pancreas greatly enlarged, and indurated in nodules of a true scirrhous character. Embedded in its substance was the termination, and a good portion of the common duct of the liver, quite impervious, from the point where it entered the tumour. The hepatic duct was so distended with dark-coloured bile, that it was more than an inch in diameter; the gall-bladder was also distended to its utmost with dark-coloured bile. Attached to the pancreas, and forming a considerable portion of the tumour, was a large mass of the soft broken-down substance denominated fungus hæmatodes, occupying principally the left hypochondrium. Some of the vessels in this substance had given way, for there was a large coagulum of blood behind the peritoneum, which had no doubt been the cause of the violent pain felt in the left side and in the back, three or four days before death, and the cause of the rapid exhaustion of strength. In the mesentery were masses of considerable size of soft medullary matter; the liver was harder and larger than natural, but otherwise exhibited no evidence of disease.

INTERNAL USE OF CHLOROFORM IN DIARRHŒA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I imagine the only means of arriving at anything like a satisfactory conclusion as to the effect of any new mode of treatment is by each recording his experience of it, that by an accumulation of facts we may be enabled to establish such practice. In the present instance I lay no claim whatever to originality as to the mode of treatment, (as indeed the readers of your Journal will be aware, for it was in consequence of having seen two cases recorded in it, by Mr. Brady and Mr. Stedman, that induced me to try chloroform in the following case):—

I was requested to see an old woman, aged 78, who had been suffering from excessive diarrhœa and sickness for four days, and could keep down nothing but a little brandy. She had had a little cramp. As I was not able to see her immediately, I sent a powder containing calomel, opium, capsicum powder, and Pulv. Cinn. Co., which was rejected instantly. When I saw her two or three hours afterwards, I found her exhausted to the last degree, the bowels were acting every half hour, and the excretions of a frothy serous nature, with a perfect absence of bile, the sickness was incessant, the urine scanty and with a very copious deposit. In this state of things it was evident that unless the symptoms abated she could not last long, and I therefore resolved to try chloroform as a stimulant, and calomel upon the principle so ably advocated by Dr. Searle. I accordingly gave her ten minims of chloroform, with half a drachm of Tinct. Zinzib. and two drachms of Aq. Cinn., in a little brandy and water, at the same time putting on the tongue, a powder containing two grains of calomel, and three of campound tragacanth powder, which latter was repeated twice at intervals of two hours, and the chloroform draught again at bed-time. The diarrhœa and sickness both ceased after the first draught and powder. She passed a comfortable night and kept down some toast, &c. On the following morning I found her much better, the pulse firmer and a nice warmth of surface; there was no action on the bowels or sickness during the whole day. I gave her two more draughts of chloroform and two calomel powders in the course of the day; she had again a very comfortable night, had two natural and healthy motions on the following morning, and the urine was perfectly clear and sufficient in quantity. They omitted sending me a report on the following morning, as they were instructed to do, and consequently she had no medicine to take until the afternoon, when I saw her and found her much exhausted with a feeling of nausea. I ordered the chloroform draught to be repeated, which relieved her instantly, (or to use the expression of her nurse,) "seemed to put new life into her." She passed a very comfortable night, kept down everything she took, and the secretions were quite healthy and regular. She continues taking a mixture, containing small doses of chloroform, with Tinct. Cardamomi Co., and Tinctura Zinzib., and is now fast convalescing, and can take meat and porter in small quantities.

I should mention, that before I saw her, she had been taking, by the advice of a lady, laudanum in brandy, several times, but without the slightest effect, although it was retained on the stomach; I think, therefore, we may fairly attribute the abatement of the symptoms to the combined action of the chloroform and calomel. I can also state, that I have since tried the same remedies, under similar circumstances, with equally satisfactory results.

I remain Sir,

Yours faithfully,

S. GEORGE SLOMAN.

Farnham, November 18, 1848.

CHLOROFORM IN DISLOCATIONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The idea of using chloroform in cases of dislocation has, I think, been several times suggested in the Journal, and, if I am not mistaken, instances of its successful application have been reported, though I am not able immediately to refer to them. But this need not prevent me from giving the following brief account of a case which has lately occurred to me at the Northampton Infirmary, in which the efficacy of this agent was certainly wery signally and satisfactorily marked.

Thos. Fisher, aged 28, from the parish of Hargrave, near Thrapstone, 21 miles from Northampton, was brought as a patient on Saturday, the 7th instant, having a dislocation of his left hip into the ischiatic notch. He was accompanied by a highly intelligent and practical surgeon, who had been called to him on the occurrence of this accident at half past six o'clock, the preceding evening, and who, on ascertaining the nature of the case, had immediately adopted the usual mode of treatment, keeping up a very powerful extension by means of double pulleys for nearly three hours, but without success. He consequently brought his patient to this infirmary, where the same means were again had recourse to, about twenty-two hours after the accident, together with a copious bleeding from the arm, and tartar emetic in doses of one grain every ten minutes, to the extent of eight grains. No faintness nor sickness were produced. The force of extension was carried to an extreme degree, and it was persevered in for an hour and a half, but without any success. At this period, a part of the apparatus having become rather faulty, the patient being a good deal fatigued, and the hour of the day being late and inconvenient, it was thought advisable to postpone further treatment till the next morning, with the intention of then having recourse to chloroform.

On this occasion, Sunday, October 8th, about forty hours after the accident, having duly arranged the apparatus, chloroform was administered on a pocket handkerchief. Its specific effects were produced in a very short time, when the extension was begun, and in ten minutes from the commencement of the inhalation the reduction of the bone took place, with a very distinct and audible sound; the patient having been entirely spared from all the pain and distress which he had suffered on each of the two preceding operations. The case went on in all respects satisfactorily, and I cannot but think it probable that chloroform may be found more extensively valuable and more unexceptionable in the treatment of dislocations, than even for any of those many other cases in which it is so beneficially made use of. I am induced to take this opportunity of referring to the very great advantage of a "click wheel," attached to the rope of the pulley, concerning which I made a short communication to you two or three years ago. The perfect facility with which any degree of extension may be accomplished, the safe and gradual mode of increasing the stretch, and steadily fixing it for any length of time, without occupying the attention or injuring the hands of the assistants, are important points in the treatment of dislocation, and the cost of the wheel is but a few shillings.

I am, Sir, your obedient servant,

H. TERRY, F.R.C.S.,

Surgeon to the Infirmary.

Northampton, Oct. 31, 1848.

ON THE NECESSITY OF EMPLOYING THE CHLOROFORM IN A STATE OF PURITY.

By H. IMLACH, MD., Liverpool.

Several cases and various letters, published in our weekly medical periodicals, compel one to believe that the administration of chloroform by inhalation, is not found, by many English practitioners, to be so entirely free from unpleasant consequences, nor so invariably followed by full anæsthesia, as our Edinburgh friends have found it, ever since it was introduced by Dr. Simpson, in November last. The cause of this difference I believe to be twofold,—first, the purity of the drug; and, second, the mode of using it. Although both of these matters have been most particularly insisted on by Dr. Simpson, in his various reports upon chloroform; and although Dr. Letheby, in a lecture recorded in the *Lancet*, has well pointed out the chemical tests whereby we may detect the more usual adulterations, still the fact remains, that properly purified chloroform is seldom to be found in the shops of even the most respectable druggists. Patients who have inhaled this common chloroform, are frequently much distressed with cough during its inhalation, by vomiting and faintness, and subsequently by headache and prostration during the remainder of the day. Some also complain of a sense of fulness and heat remaining in the chest for hours after they have ceased to respire it. Practitioners object to its use, because spasms, screams, and struggling interfere with the progress of operations; and several have also reported, that not only have their patients noses and lips been blistered by the chloroform, but that the handkerchiefs on which it has been poured have been injured in their texture and colour by it.

Chloroform has been manufactured in this town from naphtha, or pyro-acetic spirit, and great attention has been given to the purification of it, but, in spite of all washing and re-distillation, it retains something of the peculiar disagreeable smell of naphtha, probably from some of the more volatile empyreumatic matters coming over unchanged during the first distillation. This chloroform is not pleasant to inhale, but I have not seen any bad effects arise from its use.

Every other variety of chloroform I have procured here has contained somewhat of free chlorine, which attaches itself to the handkerchief, and may easily be recognized by pouring a little of the chloroform upon the palms of the hands, allowing it to evaporate, and then the smell immediately attests the presence of this poisonous gas. I have been informed that chloroform has also been sold by very respectable persons in

London, so impregnated with muriatic acid, as instantly to redden litmus paper, and to be almost irrespirable from the coughing which it excites. Such being the case, we cannot impute to *pure* chloroform those dangerous or unpleasant symptoms which are now and then attributed to the free use of this remedy, and which are duly reported to warn the public from believing that "physiological pain" can be escaped with impunity.

It would be waste of time and space to repeat the arguments which have already been so fully adduced by Dr. Simpson and others, to shew that "physiological pain" is philological nonsense; and I am satisfied that no one *sanæ mentis* now believes that it is more sinful to escape the pains of child-birth by means of chloroform, than to escape from toothache by the extraction of the offending member, or by applying to it creasote or tobacco. My present object is chiefly to draw the attention of the profession to the necessity of not being contented with the ordinary chloroform of commerce, but to insist that more care and attention be bestowed upon its preparation by every person who manufactures it.

While conversing upon this subject with a friend, some time ago, he urged that there were as careful druggists and as good chemists in Liverpool as in Edinburgh. I most thoroughly agreed with him as to the honesty of our local manufacturers, who bestow their best attention on this matter; but still the fact remains, that they are not successful in their endeavours, and the chloroform is not sufficiently pure for use; I have therefore been in the habit of getting it sent to me from Messrs. Duncan and Flockhart, of Edinburgh, and shall not use any that is less pure than theirs. Three weeks since I was called in consultation upon a difficult case of midwifery. My friend who was in attendance, had been administering chloroform for several hours to the lady, but as his store was exhausted, the handkerchief was replenished from the bottle of chloroform I carried with me. The lady subsequently assured me that while using the first chloroform she was quite conscious of a very disagreeable heat in the chest, which, however, disappeared entirely as soon as she commenced inhaling the chloroform I had brought. The first was manufactured in Liverpool, by one of our most respectable druggists, and the second by Duncan and Flockhart, of Edinburgh.

The proper mode of administering the vapour from a pocket handkerchief, which is the only good instrument for the purpose, the dose of chloroform which must be measured, not by drops nor by drachms, but by the effect produced upon the system of the patient, and the perfect quiet and stillness which must be observed by all within the room during its application, have been already so fully insisted on by Dr. Simpson, and by my brother in the *Edinburgh Monthly Medical Journal*, that I can merely add, that, if after reading these directions and attending carefully to them, any person fails in producing the desired anæsthetic effect, he must lay the blame upon his own *gaucherie*, and take the first opportunity of seeing it administered by those who are more conversant with its use. Dr. Clay, of Manchester, and others, have not hesitated to state that they were unsuccessful in using it, till they witnessed its administration by Dr. Simpson, in Edinburgh.

On Monday last I had an opportunity of giving chloroform to a parturient woman, who, at the time of her accouchement was labouring under a somewhat severe attack of asthma. Three or four months ago I relieved, in a very short time, this patient from extreme dyspnœa, by making her inhale a few drops of chloroform, and by giving her at the same time a good strong dose of it rubbed up with mucilage. At her confinement, therefore, although earnestly dissuaded by her mother and her nurse, she was glad to take advantage of the chloroform I had promised her, and she not only escaped, for more than two hours, the anguish of labour pains, but breathed quietly and pleasantly, without any of the wheezing, which was loud both before and after the state of anæsthesia. The case has since then progressed as well as possible.

I am sorry I have it not in my power to state what effect will follow its use in cases of heart disease. I do not believe that it had any effect whatever in the case of the late Mr. Barber, of London, who died without ever having come under the influence of chloroform, either pure or impure; nor do I think that unpleasant symptoms are likely to result from its use in similar cases. Last year I prescribed, with very great success, the inhalation of æther vapour to a poor man who was at the time dying from great dilatation of the heart. Effusion had taken place largely into the thorax, abdomen, and general cellular tissue of the body. No medicine gave him any relief from orthopnœa, or from the severe occasional attacks of pain which he called spasms of the heart, and which were often followed by stoppage, for a few moments, of the heart's action. But the inhalation of æther from his pocket-handkerchief mitigated during the last six weeks of his life, his sufferings, and frequently enabled him to enjoy two or three hours of comfortable sleep in bed. According to the pre-conceived notions of some persons, such treatment ought to have killed this patient at once, but for six weeks he was very grateful for the relief he always experienced when he used the æther.

There are some few operations in which it is not convenient to use chloroform; for example, in slow and difficult dissections about the mouth and fauces, in which it is impossible to prevent the blood from trickling down the throat, and suffocating the patient, as the brandy-and-water did the unfortunate girl at Newcastle, and in cases in which some effort is necessary on the part of the patient. Thus, in operating for internal hæmorrhoids, the tumour generally requires to be seized before the chloroform is given; and when the internal rectus muscle of the eye requires to be cut for the cure of squinting, I have seen much time lost while waiting for perfect consciousness on the part of the patient to show whether the whole of the muscle has been divided or not.

These are trifling exceptions, however, to the infinite number of painful operations which are daily perpetrated upon suffering humanity, and I have little doubt that philanthropical ingenuity will soon devise such aids, as will for ever obviate the necessity of the surgeon

or accoucheur ever inflicting or witnessing a moment's pain, while pursuing his blessed work of saving human life, and of relieving those many ills that flesh is heir to.

61, Chatham Street, Liverpool.
November 3, 1848.

SHORT NOTES ON THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

By W. S. Oke, M.D., Physician to the Royal South Hants Infirmary.

Ischuria Vesicalis, from Mechanical Causes in the Bladder and Ureters.—This species may be caused—firstly, by the passage of large stones through the ureters. These sometimes produce such distension of the canals that they lose their obliquity of insertion into the bladder, and allow the urine to regurgitate into them. Such patients usually complain of a sense of weight and uneasiness about the loins, together with the symptoms of vesical irritation. After death the bladder is found to be small, and perhaps not above half its natural size, whilst the ureters and pelves of the kidneys are much enlarged and dilated. The cure must be attempted upon general principles; but there is little to be done in such cases. [Many years ago, the late Mr. Corfe, a highly respectable practitioner of this town, shewed me a box containing at least one ounce of renal calculi, of a pale colour, and the size of large peas, which had been passed from time to time by an elderly man, whilst taking the "Haerlem drops," which is a balsam of turpentine. This medicine, I suppose, by increasing the secretion of urine, washed the calculi from the pelves of the kidneys, and not being too large to pass the urethra, they found their way out of the body. Terebinthinate medicines are well adapted, and will probably be found efficacious, for the expulsion of retained calculi, which form in the pelves of the kidneys, from an atonic condition of their membranes.]

Secondly, by vesical calculi. The effects of calculi in the bladder, being well-known, will not be enlarged upon here. There are instances where the stone has adhered to the bladder, and the bladder has contracted adhesions to the abdomen; so that an abscess has formed, and the stone has been discharged above the pubes.

Thirdly, from excrescences. These occasionally form in the orifices of the ureters or in the neck of the bladder, causing either ischuria or dysuria. The urine will be loaded with mucus or a purulent fluid, and the symptoms will be very similar to those of stone—so much so, that the two diseases are easily confounded, before the introduction of an exploring instrument to ascertain the true character of the case. The introduction of a sound into the bladder may lacerate the excrescence and give rise to a fatal hæmorrhage.

Ischuria vesicalis may arise—secondly, from causes contiguous to the cavity of the bladder. Firstly, from enlargements of the prostate grand.

When the size of the prostate is much augmented, it materially affects the exit of the urine. The disease frequently begins by increased sensibility of the gland and pain in the perineum; but such symptoms are so equivocal, that it is often difficult to recognize the disease by them; indeed the complaint may continue many years without any particular enlargement or obstruction to the urine.

As the disease advances, there will be an irritability or smarting in expelling the urine or semen; and sometimes a discharge of blood at the same time.

An enlargement of the prostate rather increases than contracts the size of the urethra; but it prevents the proper action of the vesical sphincter and the acceleratores urinæ muscles, so that the last drops of urine are with difficulty expelled, and the patient, consequently, is not able to resist the frequent calls to pass the urine. When he begins to make water, it flows properly; but when the bladder is nearly emptied, it passes guttatim. At the same time there is generally a sense of weight and fulness about the anus, with an obscure and throbbing pain. In evacuating the fæces the patient feels as if something filled up the rectum; and the anterior part of the stool is marked by a sulcus. After the expulsion of the motion, the evacuation does not seem to be complete; and during the voiding of the urine, there is a strong desire to go to stool, as if a considerable quantity of fæces could be evacuated; but this inclination arises from the pressure of the enlarged gland. When the enlarged prostate has become so bulky as to prevent, in a great measure, the egress of the urine, the efforts of the patient will often obstruct it altogether; the sides of the canal will contract, and the abdominal muscles will press upon the neck of the bladder against the prostate, and close the canal; the patient therefore will void his urine better when no efforts are made.

This disease cannot always be ascertained by anal examination, as the enlargement sometimes projects into the neck of the bladder, and this enlargement consists of its third or middle lobe, but by an examination with the sound, it may be ascertained very distinctly, the anterior projecting part of the prostate proving an obstacle to its introduction. In this case it will be necessary to give the instrument a greater curve than is usual, or assist it to tilt over the gland by pressing the beak upwards by the finger passed into the rectum. The obstruction ought never to be overcome by violence with the catheter, or a false passage may be made through the gland.

* Continued from page 568.

An abnormal coldness and lividity of the glans will sometimes be found symptomatic of an enlargement of the prostate. As there are different stages in the progress of the disease, they will be considered separately.

Inflammatory Stage.—It is not asserted that there is a plegmonous inflammation in every enlargement of the prostate, nevertheless it does sometimes occur, and it is indicated by pain and tumour in perineo, and by retention of urine.

This condition of the prostate will best be subdued by local bleeding, especially by a large number of leeches applied over the site of the gland, by the warm bath, and by brisk purgatives. The patient is to be kept on low diet, in perfect rest, and in the horizontal position. After the evacuation by the bowels, if there be much pain, opiate enemata should be employed; at the same time it will probably be necessary to draw off the urine with a small elastic-gum catheter; at any rate the urine should never be suffered to remain in the bladder longer than twenty-four hours. If the disease should not yield to the above treatment, blisters may be applied to the perineum.

Abscess of the Prostate.— When suppuration has taken place in the gland, besides the ordinary disturbance of the system, indicative of the formation of matter, a soft tumour will be felt in the perineum, and by pressing the gland between the rectum and perineum, a fluctuation can sometimes be felt. The abscess may open spontaneously into the rectum or urethra, or through the perineum.

If there be great tension, evident fluctuation, or a tendency to gangrene, an opening must be made through the perineum, as it is desirable that the outlet should take place there.

Sometimes gangrene of the bladder takes place near the prostate, and the slough separates. If this happen at the lateral parts of the bladder, a permanent incontinence of urine is to be dreaded. The sore should be dressed down, and a catheter kept in the bladder. It may also be useful to introduce a bougie occasionally, to keep the perineal passage perviable.

From the violent efforts of the patient to make water, the abscess may burst into the urethra; if so, he finds ease at once, and speedily recovers. The same thing may happen from the introduction of a catheter or bougie. Sometimes a large quantity of matter is discharged per anum. In this case emollient injections may be used, but no advantage will be derived from external applications. After the rupture of the abscess bark may be given, with a nutritive diet.

Enlargement, with Induration of the Prostate.—In this condition of the gland, the patient suffers principally from the effects of pressure. The pain is less severe, and the disease less rapid, than in the former case. The indications are, to attempt a resolution, and if this cannot be accomplished, to palliate the symptoms.

It is to be feared that no remedies are possessed by medical science of any determinate power to act upon the prostate gland affected with enlargement and induration. It is usual to give small doses of mercury, with the extract of hemlock, but the former often exasperates the disease, and particularly when used locally as an ointment. The chief remedies from which benefit is derived are blisters and a seton. These, especially the latter, have been found useful in several instances. If the patient is not able to make water, or to empty his bladder, it will be necessary to pass the catheter three times daily, and occasionally it may be useful to leave the instrument in the bladder. Frequent attacks of strangury ought ever to be prevented,—that is, voiding his urine six or seven times a day, drop by drop, after powerful efforts. Sometimes the introduction of a bougie, by separating the sides of the cavity, will enable him to discharge his water. The bowels are to be kept open, and opium may be given.

The best way of administering opium is to make up two or three grains in a pill, and to use it as a suppository. One or two of these may be introduced up the rectum every day, when there is any great degree of irritation. The pill may be placed upon the top of a glyster-pipe, and so pushed up the rectum, and then anything (a bougie for instance,) passed through the tube will dislodge the suppository, and leave it near the posterior part of the prostate.

This plan of applying opium locally has been adopted with much palliative advantage in cancer of the uterus.

Constipation may become the cause of retention of urine. Some persons have a stool only once in seven, ten, or fourteen days. The fæces thus accumulated may press on the neck of the bladder, and obstruct the passage of the urine.

The water is to be drawn off with the catheter, but so long as the fæcal pressure remains, the ischuria will continue. A glyster is the best remedy, and by evacuating the fæces, will effectually relieve the patient.

Hæmorrhoids.—The veins of the rectum being in a congested and tumefied state, may also compress the neck of the bladder, and if they are high up and varicose, suppression of urine may supervene, and be attended with alarming symptoms.

There may be no external appearance of piles, and yet, upon examining the rectum, it may be found filled up with grape-like tumours. These sometimes suppurate, discharge largely, and then get well. Occasionally, from continued pressure, they become gangrenous, and drop off.

Piles are often relieved by clysters; if not, leeches, or the lancet, may be employed. Clysters will be found the best purgatives. When they cannot be used, the mildest aperients are to be substituted,—such as manna, or the precipitated sulphur; the

patient should at the same time sit over the steam of hot water. Suppositories are hardly admissible, but should there be much pain, a solution of opium may be injected into the rectum. The best clyster will be a pint of broth, a fluid-ounce of castor oil, two drachms of the balsam of copaiba, and a few drops of laudanum, (if there be much pain,) thrown up twice a day.

Ischuria Urethralis.—1. *Inflammation of Cowper's Glands.* These are situated near the bulb of the urethra, and are often affected in violent gonorrhœa.

The nature of this disease may generally be known by the seat of the tumour. If suppuration takes place the matter may be evacuated by the excretory ducts of the glands into the urethra, or adhesions having been formed in the cellular membrane below, it may be evacuated externally.

In the onset of the disease resolution should be attempted by purging, leeching, enemata, and the hip bath; and if required, blood may be taken from the arm. If matter should have formed, it should be let out by the lancet as soon as fluctuation can be felt, lest fistula in perineo be produced.

When first called to this case of retention, it will be proper to pass a small gum catheter to evacuate the urine; or a fine bougie may be substituted, and the water will frequently flow by the side of it. The catheter should always be passed with caution, keeping the point as much as possible against the upper part of the urethra that it may glide over the enlargement; but it will sometimes unavoidably take a false route.

If, when the abscess is opened externally, no urine passes through it, it proves that the urethra has not been perforated; but though no urine passes through the opening at first, a slough may separate several days afterwards, and then the urine may escape through the aperture. Fistula in perineo will of course be the result.

When the urethra has been perforated, and, is consequently contracted, it will be necessary to employ bougies; and when induration remains about this part of the urethra, it will often yield to mercury, but is very apt to return from any occasional cause.

2. *Abscess in the Cellular Membrane between the Urethra and Perineum.* This may be the consequence of gonorrhœa, falls and blows, or from obstructions or erosions of the urethra.

If, from either of these causes there be an opening into the urethra, the urine may not only make its way into the cellular tissue, but extend as far as the tuber ischii and sphincter ani, the patient, perhaps, being able to make water in some degree all the time. Sometimes the urine will fill the cellular membrane of the scrotum and penis, which will quickly run into mortification, or produce the erysipelatous œdema or abscess.

The treatment of this case is to evacuate the infiltrated urine by adequate incisions into the scrotum and perineum, or else there will be extensive sloughing. The patient is to be purged, and if necessary, the urine is to be drawn off; but the catheter ought not to be left in the bladder lest it should irritate the urethra. The parts are to be bathed with spirit and hot water and bark should be administered internally. Sometimes the perineum and part of the urethra have been destroyed; and yet with care the patient has recovered.

If there be no stricture between the aperture and glans penis, no particular advantage can arise from keeping the catheter in the bladder, or the employment of bougies before the inflammation has subsided, and the parts are beginning to heal; if, however, the parts are long in healing, the catheter may be kept in, and when the abscess has nearly healed, a bougie may be introduced every day.

If the aperture remain fistulous, the daily introduction of a catgut bougie into it, smeared with blistering ointment, may perhaps dispose the sinus to heal.

3. *Effusion of Blood into the Cellular Membrane.* This cause may prevent the evacuation of urine, and it generally arises from violent contusion of the penis. Free scarifications are to be made so as to evacuate the fluid, which has flowed into the tissue, and such dressings are to be applied as are adapted to contused parts in danger of gangrene.

4. *Sloughing of the Corpus spongiosum.* This may become a cause of ischuria. When an ulcer has destroyed the glans, or a part of the urethra beneath the integuments, the aperture of the canal will become so contracted, that the stream of urine will gradually diminish, and at last become obstructed altogether. The part of the canal behind the contraction will be dilated, whilst the urine will issue in a very small stream through the integuments. This state of the parts may be relieved by introducing a fine probe through the aperture, and by cutting upon it so as to divide the urethra sufficiently; a bougie must then be introduced, taking it out when the patient has occasion to make water.

5. *Phymosis Infantum* may be considered another cause of ischuria.

Infants are born with a prepuce generally so narrow as to prevent the glans being uncovered; and if there be room for the urine to pass out, it is all that is necessary; but if there be no aperture, or if it be too small, retention must take place within the cavity of the prepuce.

This tightness of the prepuce will not be perceived till three or four hours after birth, when the child will appear uneasy, and a swelling will begin to form between the glans penis, and pubes, which goes on increasing till it appears like a hydrocele, the narrowest part being towards the symphisis pubis, and the broadest at the extremity.

When there is any (the least,) aperture, a fine probe or small director should be passed through it, and the

prepuce divided up to the corona glandis; if it be quite closed, an opening must, of course, be first made into the cavity.

6. *Calculi in the Urethra* is another cause of retention of urine; and there are other causes peculiar to women, such as excrescences about the meatus urinæ, prolapse or retroversion of the uterus, prolapse of the vagina, and accumulation of the menstrual fluid in cases of imperforate hymen, all of which are to be treated according to their respective requirements.

Rupture of the Bladder.—Both sexes are liable to this sad result. When it takes place from the pressure of the cervix uteri on the neck of the bladder in cases of retroversion, there must, necessarily, be great inattention on the part of the practitioner. There may be, certainly, some difficulty in introducing the catheter, but this may generally be accomplished, and if it cannot, the bladder may be punctured.

Rupture may be also produced by pressure of the child's head in a labour which has lasted many days; when, therefore, but little water is passed, whatever may be said by the nurse in attendance to the contrary, it is probable that the urine is accumulating in the bladder, and the catheter ought to be introduced without delay.

[The young practitioner, when conducting a tedious labour, ought frequently to examine the state of the bladder, otherwise it may gradually become distended without his being at all aware of it, and suddenly burst into the abdominal cavity.]

The bladder generally ruptures near the fundus. The symptoms indicating the event are a sudden sensation of something having given way, severe peritonitic pain, tension of the belly, and constant vomiting of a dark-coloured fluid, and if the catheter be introduced, no urine, or else a very small quantity of turbid and fœtid urine will be evacuated.

Patients in general die in three days after the rupture. The abdominal viscera, as well as the peritoneum, are found after death highly inflamed from the irritation of the acrid urine.

Rupture of the bladder may be occasioned by falls, and such a result may be suspected by the pain and tension of the abdomen, and by there being no desire to make water. Death always follows this result in a few days.

It seems rather extraordinary that after rupture has taken place, a patient shall void a few ounces of urine through the catheter; but as the rupture usually takes place at the fundus, it may easily be supposed that a small quantity of urine may remain towards the neck of the bladder.

The bladder is sometimes ruptured from a stone in its cavity. Whenever the bladder is in a morbid state and retention of urine comes on, mortification often takes place in forty-eight hours.

In the treatment of this case, no especial good can be done. Pain may be alleviated by the warm bath and opium; but no particular advantage would be derived from puncturing the abdomen to evacuate the water.

[I cannot agree on this point with Mr. Pearson. Puncturing the abdomen and evacuating the effused urine, and washing out the peritoneal cavity by means of a stomach-pump, at the same time keeping a catheter in the bladder would, at the very least, give the patient the possibility of an escape from death, which must inevitably follow if no attempt be made to evacuate the urine from the peritoneal cavity. If the stomach can be cleared of a poison by this means, through a natural channel, why should not the peritoneal cavity be cleared of the poison of urine through an artificial one?]

If the bladder has been wounded by a ball near the pubes, the water may be evacuated through the wound, and the patient might recover.

Cystocele.—This is a displacement of part of the bladder, and was not understood by the ancients, except Lanertus, who gave a good account of it. It consists of a partial prolapse of the bladder, either through the abdominal rings, or into the vagina.

The part recedes under pressure, which causes a desire to pass the urine. This protrusion may be incarcerated as an intestinal hernia, but in its incipient state it may generally be remedied by the application of a proper truss or pessary.

[Some years ago I met with a case of vaginal cystocele, in an elderly lady, which for a long time passed unnoticed, and became extremely difficult of management.]

(*To be continued.*)

CASE OF POISONING BY YEW BERRIES.

By John Lloyd, Esq., Surgeon, Bath.

(Read at the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association.)

I was requested a few days since by your Honorary Secretary, Mr. Bartrum, to present to this meeting the particulars of a case of poisoning by yew berries, and as but few cases are on record, and this being the only one in sixteen years of extensive practice I had met with, I did not hesitate to comply with his desire, and considered a brief history of the tree and its qualities would not be uninteresting to this Society.

Taxus baccata is the Latin name of the tree; derived from τοξον, an arrow. The common name yew is derived from the Celtic word iw, meaning green, its leaves being persistent. It is of the coniferous order. It and the savin, I believe, are the only two poisonous plants of that order in this country. It was planted by our ancestors in churchyards, as a place of security, on account of its furnishing the best bows; and I see in "Castle's Botany," that by a statute of the 5th of Edward the 3rd, every Englishman was directed to have a bow

of his own height, and the supply of them being too scanty, it was ordered that all ships trading to Venice should be obliged to bring home ten bow-staves. It is very long lived, and grows to a very large size. In the neighbourhood of Bath there are a great many trees, mostly of small dimensions. It has for ages been deemed poisonous. The physician Dioscorides, in Nero's time, (who, for that age was a learned toxicologist, and wrote on the Materia Medica,) Galen, and Pliny, also attribute the most poisonous effects to it; and Cæsar, in the sixth book of his Gallic war, speaking of the defeat of Cativolcus, king of part of the Eburones, mentions that he poisoned himself. His words are—"taxo, cujus magna in Gallia Germaniaque copia est, se exanimavit." Virgil, in his Georgics, expresses himself—"Si fugeant examina taxos."

Dr. Loder states the extract to have narcotic properties, and to be useful in rheumatism, and some other diseases Dr. Percival relates that the fresh leaves were administered to three children for worms. Yawning and listlessness soon came on; the eldest vomited a little, and complained of pain, but the others expressed no pain. They all died within a few hours of each other. Gerard, in his "Herbal," speaks of its poisonous qualities; and a very interesting case is related by Mr. Hurst, of Mansfield, which resembles my own in some particulars, and both were induced by the nuts of the drupe.

Experiments.—From my time being limited, I was only able to perform a few experiments on fishes, which I now lay before you.

1. I procured some perch, and put three in six gallons of river water, and mixed with the water three ounces of the macerated drupe. Two of the fish died in twelve hours, the other is now living.

2. Three fish were put in six gallons of river water, and two ounces of leaves, previously macerated, were mixed in it. They lived eight hours.

3. One ounce of the nuts of the drupes, not bruised, were macerated, and placed in six gallons of river water; three fish were put in. They lived seven hours.

4. Three fish were put in six gallons of river water, and one ounce of the bruised nuts, previously macerated, mixed in it. They lived two hours.

Now, the effect of the drupe on the three fish, was not well marked; one lived, the others died, and were, after death, flaccid, their pigment remaining unimpaired. Not so on those of experiments 2, 3, and 4; they all died, and were very rigid, more so than is generally found in dead fish, for it is well known in their natural state their skins are tensely stretched over, and closely adherent to the muscular substance underneath; this rigidity was accompanied with their pigment, losing some of its brilliancy.

In speaking to a gentleman of the effects of the yew poison, he related the circumstance of a man, coming with a donkey to sell sand, when the animal ate of the leaves for some time, and after it had finished, in half an hour it died.

I now purpose giving you the history of the case occurring to myself.

On the 22nd of August last, a fine boy, 4 years old, ate many of the berries and nuts of the yew; two hours after he vomited, and was seized with convulsions, coma, and purging; dilated pupils; respiration frequent; lungs engorged; tongue excoriated; countenance pale and depressed; pulse small and wiry; extremities cold. This was the state I found him in. An emetic was given, which cleared his stomach. Leeches were applied to the head, with abatement of the convulsions. Purgatives were given, to assist the natural efforts, and a teacupful and a half of drupes and nuts were voided; convulsions still continuing; leeches during the first day were again applied, with marked relief. Forty or fifty mucous evacuations, with many nuts in them, were passed for several days, accompanied with tormina and tenesmus of the most excruciating kind; these continued, with great prostration, for seven or ten days, allowing only of castor oil and anodynes, with wine, and a farinaceous diet, to be administered, at which time the evacuations began to contain vast quantities of pus, and petechiæ made their appearance on the fingers and toes, also ecchymoses. The vital powers from the beginning were so depressed, as to baffle anything like an active curative plan from being used, notwithstanding violent gastric and muco-enteric inflammation existed. There was pain to the last, before and after each evacuation, with prolapsus ani. He died nineteen days after eating the drupes and nuts.

I have much to deplore, notwithstanding the utmost endeavours of the Coroner and myself, that no *post-mortem* examination could be obtained.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, NOVEMBER 29, 1848.

We have received a letter on the subject of the gross injustice done to the medical profession in the appointments made under the Public Health Bill, to which it had been our wish to direct the attention of the Members of the Association in the present number at some length. The desire, however, of giving insertion without curtailment, to the admirable, and at this crisis, vitally important, lecture of Dr. C. W. Bell, on the nature and treatment of the epidemic cholera, together with some other considerations, which it is unnecessary now to enter into, has interfered with our purpose, and we have been in consequence compelled, not only to defer this subject to another, though we hope not distant, period, but also to make other alterations in respect to some communications intended to have been inserted in the present number of the Journal, which we trust their respective authors will excuse. All omissions of this kind it will be our study to remedy as early as opportunity and attendant circumstances will permit; but there is one point which we trust

our valued correspondents will endeavour to bear in mind, that lengthy controversial discussions must ever be inconvenient, while they are for the most part as distasteful to the generality of readers, as they cannot but prove unsatisfactory to the parties engaged in them. One of these discussions which bas been for some time going on in our pages, closes, we are happy to say, with the present number. Another will, we fear, yet occupy a few more of our columns, but we entreat the combatants on either side to remember, that high as they both stand in the estimation of their professional brethren, such displays from men of their acquirements can scarcely take place, without, in some degree, compromising the distinguished consideration in which they are both held, and bringing into disrepute researches of unquestionable value.

Reviews.

An Introduction to Practical Chemistry, including Analysis. By JOHN E. BOWMAN, Demonstrator of Chemistry in King's College. London: 1848. 18mo, pp. 280.

In this work we find instructions for performing the principal analytical operations of chemistry. It is chiefly intended for the student, and contains in the introductory part a full explanation of the chemical symbols now in use. The author divides his subject into five parts, in the first of which is treated of, in succession, the operations of pneumatic chemistry, of distillation, glass-working, the blow-pipe, specific gravity, of heating substances in gases, and of estimating the quantities of alkalies and acids. The second part treats of the actions of re-agents on bases and acids; the third part, of the qualitative analysis of substances, the composition of which is unknown; the fourth part of quantitative analysis, and the fifth part, is devoted to the examination of calculi, and of reagents. An appendix is added, comprising various tables of weights and measures,—of the strength of certain acid and alkaline solutions, and of alcohol and æther, at different densities,—of freezing mixtures, &c., together with a glossary of chemical terms.

The work is illustrated by numerous wood-cuts of the instruments used, and the operations performed, and is altogether well calculated to prepare the student for the study of the more elaborate treatises on chemical analysis, by Rose, Faraday, Fresenius, &c. Both as an introduction to experimental and analytical chemistry, and a useful guide in the acquirement of the practical facts of the science, we have great pleasure in commending it to the attention of our readers.

Wonders displayed by the Human Body in its Endurance of Injury. From the Portfolio of Delta. With numerous etchings by the Author. London, 1848, 8vo, pp. 39.

This is a curious pamphlet, written in a quaint style, and is intended to exemplify by many extraordinary narratives, collected from various sources—ancient as well as modern, the powers of endurance possessed by the human body. We have thus brought before us a record of extraordinary cases of the manifestation of animal electricity, of spontaneous combustion, of the endurance of injury as shown in the swallowing and partial digestion of spoons, knives, cups, &c., in remarkable gun-shot wounds, and in cases of substances lodged and retained in various parts of the human body.

We observe that almost the last case noticed in the work, is that of the boy William Mills, recorded by Messrs. Davis and Sheward, of Upton-upon-Severn, in one of the early volumes of the "Transactions of the Provincial Medical and Surgical Association." In this case, as many of our readers will recollect, a portion of a telescope toasting-fork, which had been converted into a gun by the unfortunate youth, was blown off, entering the chest between the third and fourth ribs of the right side, and was ultimately found firmly fixed in the right ventricle of the heart, the boy living thirty-seven days after the occurrence of the accident. An etching from the original drawing in the "Transactions" is given by the author, though he omits to state the source whence the case has been taken.

On Medical Education: an Introductory Lecture, delivered at the Lirerpool Infirmary School of Medicine, at the Opening of the Medical Session. 1847. By JOSEPH DICKINSON, M.A., M.D., F.L.S., &c., Physician to the Liverpool Infirmary, and Lecturer on the Theory and Practice of Medicine. London and Liverpool. 1848.

An Introductory Lecture to Clinical Surgery, delivered at the Liverpool Northern Hospital, at the Opening of the Session, October 4th, 1848. By HENRY STUBBS, F.R.C.S., Senior Surgeon to the Hospital. Liverpool. 1848.

A review of Introductory Lectures is scarcely consistent with the objects of our pages. The members of the Provincial Association are for the most part practically acquainted with the subjects treated of in such lectures, and do not require that the principles of medical education should be anew pointed out to them. In another point of view, however, we cannot but regard the lectures of this description, which from time to time come before us, as affording important data by which to judge of the mode of conducting, and to estimate the value of, our Provincial Medical Schools.

Looking then at them in this light, the lectures before us are in no respect inferior to those delivered at our metropolitan hospitals and schools, and evidence the same sound views of the subjects on which they treat, of the objects to be sought after by the student, and of the manner of attaining those objects.

There is a collateral advantage attending the provincial schools of medicine which cannot but be felt by very many of the young men who are educated in these schools. Each institution of this description is connected with a hospital, which may be said to be the centre of a district where the diseases and peculiar accidents of the locality are collected together and exemplified. How valuable then to the student who will probably be called upon to practise in the locality, to see disease, and to learn to treat it, under the precise form in which it will occur to his notice in after life.

In reference to the lectures before us we may observe, that Liverpool will present opportunities for studying the diseases of a maritime population inferior to no other place in the world. It is unnecessary to quote instances to this effect, as it is sufficiently evident, that with a population of nearly half a million, the first seaport in the world cannot but afford most ample opportunities to the student, of seeing disease in all its forms; while, as illustrating the diseases and accidents to which seamen are liable, its several hospitals must at all times be resorted to with especial advantage.

In conclusion, we may observe, that Dr. Dickenson's lecture is distinguished by sound and healthy philosophical views of medical tuition—Mr. Stubbs' by the clearness and method with which the attention of the student is directed to the several objects of his professional education.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

August 3rd, 1847.

S. W. Burbury, Esq., in the Chair.

LARGE ANEURISM OF THE ABDOMINAL AORTA.

Mr. Pemberton brought before the Society the followiug case:—

J. G., aged 32, (admitted into the General Hospital, under Dr. J. Johnstone, June 30, 1848,) a plasterer, a tall, pale and somewhat emaciated-looking man. He was admitted as a case of lateral curvature of the spine; he had complained of pain across the back and sides for fourteen months, and had been under treatment for lumbago and rheumatism. Never had cough nor spitting; and had lived temperately and moderately. Had never suffered from a blow in the region of the pain. Had only worked one month since last November, his health and strength from the period mentioned having failed him. Father and mother living. On examining the spine, a heaving pulsation was distinguished in the situation corresponding to the curved vertebræ, and on firmly grasping the part a distinct tumour could be located. No bruit was audible unless the stethoscope was firmly pushed down, then a marked bruit became audible. In front the pulsation corresponded to a line drawn opposite to the umbilicus, and was more evident here than behind; sounds of lungs and heart natural, though the heart's sound was feeble. His powers of life appeared very low; pulse feeble; tongue clean and moist; appetite indifferent; bowels constipated.

July 4th. Suffered severe neuralgic pains in left lower extremity; the limb drawn up; countenance anxious and pinched; surface perspiring from pain; relieved by an opiate. The pain continued through the night of July the 5th, and he sank very rapidly and died next morning.

On account of his extreme deafness it was difficult to gain information from him. On dissection, the left pleura was almost entirely occupied by blood, separated into serum and coagulum; the lung collapsed; about two inches on the left side of the aortic opening in the diaphragm, was a lacerated opening through the diaphragm, through which the blood had entered the chest. A large tumour entirely filled up the left lumbar region of the abdomen, the kidney embedded in its fat being raised and pushed upwards and forwards from its natural position. The tumour, which had the appearance of the natural parts of that situation altered by effused blood, extended as far as the centre of the iliac fossa of that side; and over its anterior surface, closely bound down to it, ran the descending and sigmoid colon. The anterior branches of the aorta were traced from their origin unaltered. The aorta, the vertebræ, and the soft parts connected, having been removed, and the aorta slit up, an oval opening, three quarters of an inch in long axis, and half an inch transversely, presented itself in the posterior aspect of the artery, at the situation of the cœliac axis; it communicated with the sac of the aneurism, which was formed of the vertebræ and lumbar muscles closed in by the adjacent parts. The sac of the aneurism seemed first to have directed itself to the right, thence across the spine to the left, extending both upwards and downwards, and finally bursting through the diaphragm, to have reached the pleura. The sac was of great size, about as large as one's two hands placed together by the extremities of the fingers and thumbs; its walls were in some places extremely firm, and it was difficult to distinguish the layers of fibrin (so consolidated were they,) from the altered muscular structure of the parts adjacent. Immense coagula of blood in various stages of firmness, occupied its interior. The bodies of the last dorsal, and first three lumbar vertebræ, were softened, partially absorbed, (portions lying loosely about,) and completely denuded; the intervetebral substance was scarcely at all affected, its convex aspect, in contact with the aneurism, presenting a striking contrast to the bony structures around. The transverse process of the first lumbar vertebra was entirely separated from its vertebra, by the ravages of the aneurism. The heart was healthy, very small, almost bloodless; and the general condition of all the other viscera was that of extreme absence of blood. The left lung adhered, by old pleuritic bands, to the diaphragm, immediately adjacent to the ulcerated opening; the right lung perfectly healthy. No

tubercles any where were apparent. It should be added, that the blood in the pleura had evidently been recently poured out, probably in the night preceding his death.

HYDATID TUMOURS OF THE LIVER, ULCERATING THROUGH THE DIAPHRAGM, AND THROUGH THE WALLS OF THE STOMACH: TUBERCLES IN THE LUNGS.

Mr. O. Pemberton communicated to the Society the following case:—

B. S., admitted into the General Hospital under Dr. Eccles, early in May, a yellowish cadaverous looking man, a worker at an iron furnace. Twelve weeks ago was seized with aching across the loins and in the region of the liver; a fortnight after he became jaundiced. He had about ten blisters applied over the liver, and he was salivated. He had never had jaundice before, nor had any other members of his family. His general condition at his admission was extremely wretched, and he seemed to lack any power of restoration in his system. Under treatment the jaundice much diminished, and his state improved, but tenderness remained in the abdomen. There was distinct hardness in the epigastrium.

May 29th. In consequence of imprudence he became worse. Countenance extremely anxious; lay with his legs bent on his abdomen, and abdomen tender all over; pulse small, 140; tongue inclined to be dry; marked rigors at intervals. Leeches had failed to relieve him, but a large blister to the abdomen, and the free administration of tonics, acted almost magically in relieving him. He became convalescent, and left the hospital.

June 30th. Readmitted. Emaciation advanced; excessive misery depicted in his countenance; and he suffers awfully from the pains in his loins and in his shoulders. Opium, combined with ammonia, and afterwards with nitric acid, was administered, and subsequently iodide of potassium in infusion of quassia.

July 26th. Urine, of specific gravity 1021, acid, no albumen nor sugar; countenance anxious and pinched; surface perspiring; has emaciated rapidly the last few days; the swelling towards the hypochondrium (previously noticed,) is more and more distinct, and more painful; he complains most severely of pain in his left side. He died on the 29th.

Dissection.—Body greatly emaciated. *Thorax:*—The right pleura adherent throughout by old bands; the right lung studded throughout with large tubercular deposits, in a crude condition; the left lung in its upper part presented some scattered tubercular deposits, whilst the lower lobe firmly adhered to the diaphragm; on breaking through the attachment of the right lung to the diaphragm, it was found to be ulcerated through, and the process of ulceration had extended itself, for a small space, into the substance of the right lung. *Heart* healthy. *Abdomen:*—The liver occupied an unusually large space; the diaphragm was pushed up, so as to limit the right thorax to half its natural capacity, and the enormously-large right lobe extended over into the left hypochondrium; the edge of the stomach was just visible, the stomach having been pushed completely to the left side, and adhering firmly to what appeared to be the remains of the left lobe of the liver. On removing the liver and the stomach, and on opening the latter, several large hydatid cysts were brought into view, and running in a direction immediately in a line with the orifices. In the smaller curvature were seven or eight dark and apparently sphacelated spots in the mucous membrane; these ulcerated spots were well marked, and were covered by blackened lymph. About an inch from the pyloric orifice, an aperture in the wall of the stomach, capable of admitting the extremity of the index finger, communicated with a small cyst in the left lobe of the liver; this cyst appeared contracted, and to have been developed at the expense of the left lobe of the organ, as it constituted nearly all that remained of that portion of the liver. Smaller hydatid cysts were contained within this cavity, the walls of which were firm, and were covered by a purulent secretion. Two-thirds of the right lobe of the liver was occupied by a large cyst, containing abundant, very large, hydatid cysts, some enclosed within others, and besides a large collection of pus; the wall of this cavity was thickened, and nearly resembled the interior of an old pulmonary vomica. Towards that point of the liver attached to the diaphragm, the cyst had given way, and the process of ulceration had extended itself so as to perforate the diaphragm, and to adhere to, and to cause partial ulceration of, the inferior portion of the right lung. The ductus communis choledochus was enlarged to the dimension of a goose-quill. Spleen large and healthy. The remaining viscera natural. *Brain* not examined.

TUBERCULAR PERITONITIS: PERFORATING ULCERS OF INTESTINES.

Dr. Russell commnicated the following particulars to the Society:—

M. C., aged 9, first came under my care at the General Dispensary, Oct. 9, 1847, in an early stage of cachexia; she was small and ill-nourished; she suffered from ill-defined pains in her limbs and in her back, and was subject to occasional fits of severe dyspnœa, with palpitation. She had been ailing for some time, and had been losing flesh slowly for six months, or longer. No evidence of disease in her chest; her belly was very large, and the integument around the navel presented a peculiar appearance, like an extended cicatrix. She did not make much progress under treatment, and I soon lost sight of her till Feb. 12, 1848. I should state, that she inherited consumption by her mother's side, and that her sisters are weakly. She was an eight months' child.

Feb. 12th.—She manifested every sign of the progress of her disease; was much emaciated; had a quick and very small pulse; was very feeble. She had no symptoms to direct attention to the chest, and the stethoscope did not detect any abnormal sound. She was suffering from severe pain at the bottom of the belly, which occurred in paroxysms, perhaps four or five times a day, sometimes during micturition, or when she was walking, or, perhaps, when she was still; her bowels were relaxed; abdomen distended with flatus, and rather tender; no fluid in the peritoneal cavity. Her urine was high-coloured, sometimes abundant; its specific gravity was 1.022; it was of a deep yellow, and the microscope detected numerous prisms of triple phosphate in it. Her illness was protracted till the beginning of June, but did not present any fresh symptom of interest until shortly before her death. The pain in her bowels continued

very harrassing for some time, frequently changing its situation. It afterwards seemed to yield to sedatives and fomentations for a time; but during the last two months of her life it was extremely distressing, and required large opiates for its relief. The abdomen became more and more distended, and the ill-developed integument around the navel pointed. She had no chest symptoms, except a cough, which lasted for a short time only, and auscultation did not detect any evidence of other disease than some bronchitis at the base of the lungs, during that term. She was much annoyed by a troublesome eruption of lichen. The treatment was of a tonic and sedative character. For some time her appetite was very voracious, and she eat a large quantity of meat; at the same time she passed very copious stools.

At the end of May emaciation become extreme; the abdomen very tense and tender; frequent paroxysms of severe pain, chiefly around the umbilicus and in the pudenda; micturition painful and difficult.

On the morning of May 30th, her mother stated that a copious discharge of liquid stool took place suddenly from the privates, followed by great relief, and that about noon of the same day, the integument near the navel burst, and gave exit to a large quantity of purulent matter, followed immediately by a discharge of fæces through the opening. She lived till June 8th, much relieved from all urgent symptoms; liquid fæcal matter passed frequently down the vagina, often containing portions of food eaten an hour or two before, and not digested,—as peas, small fragments of meat, &c. A much smaller quantity of fæcal matter issued by the ulcerated opening in the wall of the abdomen, and this only when she sat up.

Dissection.—I was out of town, and am indebted to Mr. Shaw for making the examination.

The intestines were universally and intimately glued together, so as to form but one mass, they also adhered generally to the parietes of the abdomen. The peritoneal cavity contained some fæcal matter; the surface of the intestine was studded with tubercular matter in masses, from the size of a pea to that of a damson. The external opening near the navel was found to communicate with the canal of the intestine, but the complete matting together of all the intestines rendered it impossible to say with what part of the canal. There were besides, five or six other ulcers penetrating the intestines in different parts, through which fæcal matter could be squeezed; some were large enough to admit a walnut. There was a communication effected by ulceration between the rectum and the vagina, so that the finger passed into the vagina readily entered the rectum. Liver, kidneys, and bladder healthy. Lungs unadherent; quite healthy; no tubercle was found in them, though they were not sliced very minutely. Heart also healthy.

STRICTURE OF THE RECTUM.

The history of this case was furnished by Dr. Russell.

June 1st. I was requested to see a poor woman 53 years of age; she had had several children. She complained of great pain in her bowels, and had taken medicine to open them, without effect. The bowels were swollen and tender, and she had constant vomiting. She had no hernia; and on examination per rectum, I could not discover any obstruction. I ordered fomentations in the bowels, and gave her two grains of opium, which I directed should be repeated in the night, if the urgent symptoms continued. When I saw her the following morning she was much relieved in her violent symptoms, but there had been no relief from the bowels. I directed her to drink Palmer's solution of magnesia, to allay her thirst, and if pain or sickness returned, to repeat the pill, and she was to have two injections, with colocynth, during the day. In the evening she was more comfortable, had not taken the second dose of opium, and had had the enema without relief. I gave her one grain of opium. The following morning, having had no sickness for two days, or the bowels not having been relieved, I gave her half a drop of croton oil, with gamboge pill, and a quarter of a grain of opium, and to repeat this dose every second hour. In the evening I found that the pills had caused return of the vomiting; she had passed, from the injections, two or three small pieces of scybalous matter, but the vomiting was continual. The pills were discontinued, and half a drachm of Liquor Opii Sed. given in peppermint water, and the injections continued; the remainder of the treatment consisted of opium by the mouth, with injections, and with varying prospects of relief she continued (the vomiting never ceasing,) until the 17th of June, when she died. I had proposed to her the operation of opening the colon, but when she understood the annoyance to which she would be subjected, if the operation were successful, she preferred death. The only point of her history previous to her last illness known, was, that she was subject to constipation.

On dissection the entire alimentary canal was found enormously distended with flatus; there was a large quantity of liquid fæces in the colon; no appearance of peritonitis, and no fluid in the abdominal cavity. The only appearance of disease existed in the rectum, which presented, just opposite to the fundus uteri, a stricture, so close that a small blow-pipe alone could pass through it. The stricture was remarkably partial, as though a string were tied round the gut in that point; above and below it the gut was quite healthy; the cellular tissue immediately around the strictured portion, was dense, and there were a few bands of adhesion between the rectum and the base of the uterus. On cutting up the gut, no cicatrix nor ulceration was seen, nor any appearance to throw light on the cause of the stricture. There was not the least indication of recent inflammatory action about the rectum.

CONGESTED LUNGS: CIRRHOSIS OF THE LIVER: TUBERCLES OF THE PLEURA, PERITONEUM, AND INTESTINES; NONE IN THE LUNGS.

Dr. Fletcher exhibited specimens of congested lungs, enlarged spleen, and of the commencement of cirrhosis of the liver, all free from tubercles, and a portion of the intestines, and of the omentum, studded with tubercles, and very closely adherent, and a portion of the pleura, in which numerous small tubercles existed. He gave the following history of the case:—

W. C., aged 30, admitted into the General Hospital, June 27th, under Dr. Fletcher, a blacksmith, spare, at times intemperate; convalescent from influenza for six

weeks. A fortnight ago he caught cold, had abdominal pains, rapid swelling of abdomen took place, and cough, with some dyspnœa supervened. His father died of phthisis at 44; mother living and healthy. He has still (June 27th,) slight cough and expectoration; skin moist; tongue coated with white fur; pulse 117; urine high coloured; bowels regular. He complains of soreness over the abdomen, which is large and tense; a creaking sound is obtainable by moving the hand firmly over the abdominal parieties. Hirud. xvj., abdomini. Pil. Hydrarg. et Pil. Scillæ, utrq., gr. v.; omni nocte sumend. Potass. Iodid., gr. v.; Infus. Digitalis, oz. ss.; Mist. Camph., oz. j., ter die sumend. His urine was of specific gravity, 1.030, and did not contain albumen. July 1st. Infricand. abdom. Ung. Iodinii. 5th. Emaciation increased, night sweats, great thirst, frequent cough. Linctus Morph. Potass. Bitartr., ex aqua, situ urgente. One glass of wine daily, arrowroot, &c. He continued in the same state, and died July 18th.

Dissection.—Body emaciated; abdomen greatly enlarged; right pleura contained a very large quantity of yellowish serum; left pleura firmly adherent throughout, it had become thickened, and in parts almost cartilaginous; its cavity contained a smaller quantity of serum; upon the right pleura pulmonalis and upon the external aspect of the pericardium, near its reflexion over the great vessels, were some whitish tubercular deposits. Heart healthy. Both lungs presented evidence of various stages of congestion; the lower lobes of the right lung were nearly carnefied. No tubercles existed in the lungs. The abdominal cavity did not contain any effused fluid, but the whole viscera were agglutinated together by an earth-coloured tenacious lymph. The whole peritoneum was thickened by the deposit of tubercles, to the condition of a tough membrane, and its layers in the omentum resembled in appearance, on section, the natural tissue of the pancreas. The liver was contracted in size, uneven in places on its external surface, pale-brown in colour, and evidently cirrhosed; it weighed three pounds one ounce. The spleen greatly enlarged, weighing two pounds three ounces, its tissue healthy. Kidneys healthy in textnre, but congested. The hollow viscera adherent to each other, distended by flatus, and covered in places by large circumscribed patches of dirty lymph. On stripping off this false membrane, numerous tubercular granulations of small size were brought into view, developed in the tissue of the intestine. Pancreas healthy. Brain, with its membranes, healthy.

PLEURITIS: PARACENTESIS THORACIS: TUBERCULATED PERITONEUM, &c.: NO TUBERCLES IN THE LUNGS.

Dr. Fletcher exhibited the lungs, which were free from tubercles, and a portion of the parietal pleura and pericardium, between which there was a considerable deposit of tubercular matter; portions of the intestines and of the omentum; and also of the parieties of the right side of the chest, in which were also deposited a considerable amount of tubercles, and the left kidney, in which was a cyst the size of a small orange, which contained tubercular matter; all taken from a patient, who had, in consequence of suffering from empyema, undergone the operation of paracentesis thoracis.

On the 24th of April, 1848, Dr. Fletcher was summoned to Mr. John Sheath, aged 41, who was much emaciated, and lay in his bed on the right side, imminently suffering from difficulty of breathing.' His habits previous to his illness, which commenced a little before Christmas, were very irregular. He had been very much addicted to intoxication. He had enjoyed very good health. At the commencement of his illness he was attacked with great pains in the right side, cough, and difficulty of breathing, then thirst, and the general symptoms of a sympathetic febrile attack, in fact it appeared, from his account, to have set in as a pleurisy of the right side, but he did not give up drinking until he suffered so much as not to be able to leave his bed.

On examination, Dr. Fletcher found that he could not lie on the left side. The right side of the chest much larger than the left, with the intercostal spaces rather puffed out, and quite motionless in respiration, its parieties laterally and inferiorly were œdematous; a pit, the fourth of an inch in depth, could be made by pressure with the point of the finger. The respiratory actions of the left side of the chest were much greater than normal; the whole of the right side of the chest was quite dull on percussion, whilst the left side was more sonorous than usual. No respiratory sounds were heard on auscultation of the side affected, except just at the top of the chest, whilst on the left side the sound of respiration was quite puerile in character; the breathing very short, and much increased in difficulty by the slightest exertion or inclination towards the left side; he could only lie on the right side. Pulse 120, and feeble; tongue moist; bowels open.

The urgency of the symptoms demanded immediately the operation of paracentesis thoracis, which was performed by Mr. Cartwright, on the 25th, at twelve o'clock, with the trocar and canula, to which the rabbit's intestine is attached, so as to prevent transmission of air into the cavity of the pleura, and a gallon of straw-coloured transparent fluid was drawn off, which coagulated on cooling, and a portion of which was exhibited at the meeting of the Society in May. The right side diminished very much in capacity, became clear on percussion in the upper portions, and less dull all over, and feeble respiration was heard at the superior half after the operation, and the patient expressed himself as very much relieved.

On the 26th and 27th the physical signs and the general state of the patient were improving.

29th. The patient complained of having suffered a slight shivering in the night, and that he did not feel quite so well. The right side seemed fuller, and more dull upon percussion. To take an aperient and a saline mixture.

30th. Somewhat in the same state.

May 1st. On examination the physical signs of the effusion into the pleura were evidently increasing, as also the difficulty of breathing, and the difficulty of lying in any position, but exactly on the right side. A blister to be placed over the right side of the chest, twelve inches by eight, and to be dressed with savine ointment; two grains of calomel night and morning in a pill, and five grains of iodide of potassium three times a-day in camphor mixture.

May 2nd to May 8th. The medicines were continued

during these dates; the blister was kept open at first with savine ointment, but now nearly well; the mouth did not become affected by the calomel; the right side of the chest much diminished, and the physical signs of effusion and general symptoms much improved.

9th. He complained of a very severe pain in the right lumbar region, for which a blister was applied, and the remedies continued.

10th and 11th. Pain in lumbar region relieved by the blister.

13th. The patient still improving; mouth not sore. A blister to the right side of the chest, nine inches by five; to be dressed with savine ointment. Three grains of calomel night and morning, with five grains of soap and opium pill, and continue the mixture of iodide of potassium.

16th. The blister had risen, and the patient seems generally improved.

20th. Mouth sore. To discontinue the calomel.

24th. Still going on well. To take the calomel every other night. Continue the mixture of iodide of potassium.

30th. The patient going on much about the same; he now occasionally sits up, but still continues very weak; he can lie on either side with comfort, and the general symptoms are much less urgent; the physical signs, however, still indicate effusion to some extent in the right pleura, but the side gradually sinking in, shews absorption to be going on. The counter-irritation and mixture of iodide of potassium to be continued.

June 4th. Still about in the same state.

12th. Tongue red; pulse quick; and pains in the bowels attended with purging. Capt. Mist. Cretæ cochlear. magna duo post sing. dejection. liquid. R. Pulv. Ipecac. Comp., gr. xv., hora somni omni nocte.

13th. Febrile symptoms and diarrhœa improved.

16th. The diarrhœa has entirely subsided and the tongue regained its natural aspect. The chalk mixture to be taken three times a day, the compound ipecacuanha powder to be continued at night, and the counter-irritation to be still kept up on the right side.

He went on in about the same state, the side gradually diminishing until the first of July, when he had a repetition of the pain in the bowels and diarrhœa, which more obstinately resisted the action of remedies; some tincture of opium was added to the chalk mixture; and on the fifth of July the patient was free from pains, but in a very weak state. From this time the weakness increased and the bowels increased in irritation; they became distended, and on applying the hand and moving it slightly laterally, a slight crepitation was felt; and upon the parieties of the right side of the chest, just below the blister, under the integuments covering the cartilages of the ribs, were numerous tubercular substances, which increased in number and size. He gradually got weaker, and died on the 17th of July, at seven a.m.

Post-mortem examination July 18th, 7 a.m., twenty-four hours after death. Body extremely emaciated; numerous tuberculated eminences on the anterior and inferior portion of the right side of the chest, which on examination were found to be true tubercles developed in the subcutaneous and superficial muscular structures. The head was not allowed to be examined. *Chest:*—Left pleura healthy, and free from adhesions; left lung healthy; right pleura thickened, and cartilaginous in its whole extent, and containing tubercular matter where it approximated the pericardium; its cavity contained thickened and broad bands of lymph, passing in all directions so as to form cells, which contained clear, transparent, straw-coloured serum; and the lung bound down to the back of its cavity, lying close down against the spine, and extending from the first to the sixth rib; its structure was condensed, and did not crepitate, but did not contain any tubercles. Heart small, the veins in an enlarged and varicose state. *Abdomen:*—Two quarts of clear serum in the cavity of the abdomen; deposits of tubercles throughout the peritoneum, but more especially in the omentum, which was converted by them into a firm mass, an inch and a half in thickness, and in its structure might be well compared to the pancreas, to which it was very similar; the tubercular deposit was much more abundant on the right side of the abdomen than on the left; the liver was very firmly adherent to the diaphragm, and was on its surface numerously studded with tubercles, which were also, to a small extent, scattered about in its structure; with this exception the liver was healthy, but small in size. *Pancreas* healthy in structure, but studded with tubercles on its surface. *Spleen* small, but healthy. *Kidneys* healthy, with the exception of a cyst on the left, of the size of a small orange, full of cheesy tubercular matter. The rest of the urinary organs healthy.

Dr. Fletcher said that these two cases must form some degree of interest to the Society, as instances of the deposit of tubercles in subjects upwards of fifteen years of age, without any being found to exist in the lungs, the reverse of which is so extensive as to have induced M. Louis to have considered it as an established law, that in cases of tubercular disease, after fifteen years of age, tubercles are always found in the lungs if they are found anywhere. Dr. Fletcher did not mean to say that these cases were sufficient, even when taking into consideration the number of exceptions to this law, to annul it, for at the same time we consider the number of exceptions, we ought to take into consideration the immense increase in *post-mortem* examinations which has taken place since the time M. Louis announced the law, and that they may be taken as only in the proportion of the exceptions which M. Louis spoke of at that time. But, however, it has been thought by some experienced pathologists, that this peculiar class of cases of rapid development of tubercle, especially in the peritoneum, ought not to be considered as cases to be included in M. Louis' remarks, and it is very probable that, on examination, it will be found that such cases as are now before the Society must be excluded if M. Louis' law is still to stand good.

General Retrospect.

PHYSIOLOGY.

ON THE TWO MOVEMENTS OF THE BRAIN,—THE RESPIRATORY AND THE ARTERIAL.

There are two movements of the cerebral substance, the one which corresponds with the dilatation of the arteries, the other to the movements of respiration.

1. *Respiratory movement of the brain.*—The respiratory movement of the brain has been the subject of

memoirs by Haller, and Lamare, &c.; the latter also observed a correspondence between these movements and the flux and reflux of the venous blood. During expiration, the blood flows back from the superior vena cava into the cerebral sinuses, and the brain becomes distended. In inspiration, on the contrary, the blood retires from the brain into the jugulars, and the organ diminishes in bulk. M. Flourens has also investigated the subject, and finds that the blood, which, by its reflux distends the brain, is derived, not as the others suppose, from the jugulars, but from the two great vertebral sinuses.

2. *Arterial movements of the brain.*—In his work on the cerebro-spinal movements, M. Flourens performed his experiments on rabbits, the blood-vessels of which animal were too small to communicate a movement to the cerebral mass, and he accordingly denied its existence. When, however, he repeated his experiments on larger animals, as dogs, he perceived this class of movements to be indubitable.

Having trephined the frontal bone, without injuring the dura mater, he distinctly saw an alternate pulsation of the brain coincident with the systole and diastole of the blood-vessels. In the first dog he counted 68 movements of the brain in the minute, and 68 pulsations of the crural artery; the respiratory thoracic movements being only 24. In a second dog he saw 80 pulsations of the brain and crural artery, to 20 respiratory movements. In both there was a cerebral movement also in correspondence with the respiratory, being in the first dog 24 in number, in the second 20. Those movements were quite distinct from the arterial, and strictly proportionate to the intensity of the thoracic respirations.—*Gaz. Méd.*, No. 30, 1848.

PATHOLOGICAL CHEMISTRY.

NEW METHOD OF DETECTING THE PRESENCE OF SUGAR IN THE BLOOD.

M. Rayer, at the suggestion of a young chemist, M. Bernard, submitted the serum of diabetic blood to the process used by the excise to determine the proportion of sugar in molasses, which consists in the admixture of the tartrate of copper dissolved in liquor potassæ. If a small quantity of diabetic serum is placed in a glass tube, with an equal quantity of the above solution, which is of a blue colour, and the mixture be cautiously boiled for a few minutes, the presence of sugar is detected by the conversion of the blue into a brick-red colour, with, at the same time, a precipitation of the oxide of copper.—*Annales de Thérapeutique*, Sept., 1848.

PRACTICAL MEDICINE.

HICCUP TREATED BY INHALATION OF THE FUMES OF AMMONIA.

Two patients were admitted into La Charité for different complaints, but in both of whom hiccup was a prominent and troublesome symptom. M. Rayer immediately applied a piece of sponge, dipped into diluted liquor of ammonia, to the internal fauces, when the convulsive action of the diaphragm ceased as by a charm.—*Ibid.*

SURGERY.

APPLICATION OF THE SUBCUTANEOUS SECTION TO THE TREATMENT OF LIPOMA.

M. Bonnet treats fatty tumours upon the above plan with success. He first introduces a sharp-pointed tenotomy knife under the tumour, and then with a probe-pointed bistouri divides the tumour upwards towards the skin, so as to reduce it to several lobules; he then squeezes the tumour so as to extravasate the fatty matter, and leaves it to be removed by absorption. This operation is repeated several times, according to the size of the tumour. No injurious effects have followed in the cases which he reports, but the results have been so favourable that he is induced to prefer the operation to the methods in general use.—*Bulletin de Thérapeutique*, Juin, 1848.

MEDULLARY SARCOMA IN AN INFANT.

Mr. Blaine narrates the case of an infant, aged nine months, who became the subject of this formidable disease. When two months old, a lump the size of a pea was observed at the inner part of the right thigh; six weeks after a second tumour appeared in the corresponding groin, and the two coalesced; two months after the disease also showed itself in the right shoulder. At the present time the tumour extends completely across the pelvis, involving the right thigh and buttock, the scrotum, and penis. It is tense, elastic, and lobulated; numerous blood-vessels ramify upon its surface. The orifice of the urethra is marked by a slight puckering of the integuments, and the urine is voided with pain and difficulty.—*Med. Times*, Oct. 28th.

[The fearful extent and appearance of the disease is well respresented in a wood-cut. The infant was alive at the time of the report, but was threatened with speedy dissolution.]

OBSTETRIC MEDICINE.

ANÆSTHETIC MIDWIFERY IN AMERICA.

In the first volume of the "Transactions" of the American Medical Association, formed on the same plan as the Provincial Association of England, the report of a committee of members on anæsthesia, &c., in midwifery, is published. Among other matters they state,—"The anæsthetic agents (æther and chloroform,) have now been used in perhaps 2000 cases of midwifery, and so far as the Committee have been able to learn, without a single fatal, and very few, if any, untoward results. The Committee, in a pretty extensive correspondence with physicians in various parts of the country, have found an entire *unanimity* of opinion among those who have tried these agents, as to their favourable effects, both in hastening the progress of the labour, and in relieving the sufferings of the patients."—*Transactions of the American Medical Association*, p. 228.

TOXICOLOGY.

DIAGNOSIS BETWEEN ARSENICAL POISONING AND CHOLERA.

Dr. Letheby has published a very useful communication at the present juncture, on the likelihood of confounding arsenical poisoning with the symptoms

of cholera. The object of his paper will be sufficiently evident in the following extract, giving a synoptical view of the diagnosis:—

Symptoms of Arsenical Poisoning.	*Symptoms of Cholera.*
1. Faintness, but not antecedent purging.	1. Discomfort in the bowels, more or less purging.
2. Great pain in the stomach and bowels.	2. No particular pain in the stomach and bowels; but—
3. Vomiting of dark-coloured matter, streaked with blood.	3. Sudden vomiting and purging; ejected matters, bilious or gruel-like, never bloody.
4. More intense pain, and burning in the stomach and bowels, great thirst and excessive purging; stools dark, and sometimes bloody.	4. Now, pain in the stomach and bowels; great thirst.
5. Skin at first hot, and circulation excited; extremities then cold and livid; tongue retains its warmth and redness; eyes frequently blood-shot; aspect of the countenance not death-like.	5. Skin has not been hot nor itching, but cold and livid; breath cold; tongue cold and blue; countenance pinched; eye glazed and blood-less.
6. Analysis of urine and vomited matters furnishes evidence of poisoning.	6. Analysis of urine [when obtained, Ed. *Prov. M. S. Journ,*] will not yield traces of poison.

Pharmaceutical Journal, Nov., 1848.

THE MEDICAL AND CLERICAL WIDOWS' AND ORPHANS' ANNUITY SOCIETY AND BENEVOLENT FUND.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

A project is in contemplation, which has already been submitted to, and approved by a great number of the profession, to establish a Society with the above designation. According to the views of the projectors the professional Association is to have a two-fold object.

First—The granting Annuities to the Widows and Orphans of Members of the Medical and Clerical Professions exclusively, and on a strictly mutual principle.

Second—The providing a superannuation fund for the benefit of members of the two professions incapacitated from the pursuit of their avocations by casualty, infirmity, &c.

After a most careful investigation of the subject, it has been satisfactorily shown to those gentlemen to whom these proposals have been submitted, that the principle of investment, as applied to annuities, admits of a larger compensation to recipients than the ordinary principle of Life Assurance does, where the payment is made in one sum, at the decease of the assured.

The society proposes granting annuities to widows and orphans in a sum commencing at £15, to be increased annually until it reaches £20, at the rate of £1 per annum for each annuity. Members may subscribe for six such annuities, not more than three to be granted to any one nominee, but no annuity to be claimable until after five years payments of premiums shall have been made.

Annuities to widows to cease on their re-marrying, but to become again payable, should widowhood again occur. In the case of female orphans, annuities to cease on their marriage, but to accrue again should they become widows. Annuities to male orphans to cease on attaining their majority.

An entrance fee of two guineas, with an annual subscription of not less than £1. 10s. for each annuity, to constitute a member, besides a small sum payable for disparity of age between the member and his nominee, according to tables to be especially constructed for this Society.

The Superannuation Fund to be composed of subscriptions of not less than one guinea per annum, entitling the member under a given scale to a pension of from £20 to £30 per annum, in the event of such member becoming incapacitated from pursuing his profession, and provided he should possess no other adequate means of support, and shall have been a subscriber for five previous years.

In the formation of a "*Benevolent Fund,*" to which the higher and wealthier members of the two professions is more especially directed, it is hoped such patronage may be obtained as will at once place this Society beyond competition; and whilst we beg to remind them that the object of the society is to save from penury men who have honourably struggled for themselves, and in times of comparative prosperity have been willing to assist others, we doubt not it will meet with that support to which it is so eminently entitled.

In conclusion, we unhesitatingly affirm, although so greatly needed, that there exists no association of a provident character, embodying the principles of the present society, at all commensurate with the wants of the profession, or sufficiently comprehensive in its operations, as at the same time to entitle its members to its collective privileges as a vested right, and thereby obviating the humiliating alternative of their becoming, in the event of adversity, suppliants for the bounty or charity of the public.

It only remains to be added, that the foregoing project emanates from no professional party, is dictated by no selfish views, but is open to every member of both professions to come forward and take a part in its management, or to give suggestions for modifying its principles or organization. A sufficient number of persons already acquainted with the above details, have expressed their acquiescence and readiness to co-operate in its establishment, so as to give a fair warrant of success.

Any of your readers who will forward his name to "Philo-Medicus," at Bulgin's, 221, Regent Street, will have a personal invitation to a preliminary meeting shortly to be convened, and which will be duly advertised.

London, 10th November, 1848.

SPASMA GLOTTIDIS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I had marked for reply, several passages in Dr. Wardell's last letter on "Spasma Glottidis," but the tone and temper of his remarks are such, that though still unconvinced by his reasons and authorities, I think it best to close our correspondence, which has become too personal to be interesting to the bulk of your readers, particularly as it is evident, from Dr. Wardell's assertion—that the question between us is, "whether inflammation in the throat always is the cause of laryngismus,"—that he has misunderstood the whole tenor of my observations; and hence I am not at all surprised, that Drs. Williams and Walshe should have replied in the affirmative to the enquiry whether they had seen cases of non-inflammatory spasm of the glottis in the adult.

In taking my leave of Dr. Wardell, I would request him to re-peruse my last letter, and then to decide in *foro conscientiæ*, how far he or I have "wittingly passed over certain facts and considerations that are hostile to our views."

I will take this opportunity of pointing out to Dr. Ranking, whose remarks, (quoted by Dr. Wardell,) were published in his "Abstract" before my last letter, that I therein expressly excluded hysterical cases, or such as I conceive he alludes to, by the expression "cases of reflected uterine irritation," in asserting my doubts of the existence of pure uncomplicated spasm of the glottis in the adult. Violent attacks of globus hystericus, severe fits of choking, and the troublesome effects of a relaxed uvula, are really instances of spasm of the glottis in the adult, and sometimes while they last, are attended with stridulous breathing, yet I doubt whether they are identical with this disease in the infant; and I repeat, that it was upon this ground that I objected to the cases of Dr. Wardell, Mr. Alford, and Mr. Gorringe, as presenting more of an inflammatory than of a purely spasmodic origin; hence, to quote my last letter, "without denying the possibility, I must repeat, that Dr. Wardell has not proved the existence of the disease in the adult such as we have it in children."

I am, Sir,

Your obedient servant,

T. OGIER WARD, M.D., Oxon.

Kensington, November 17, 1848.

NOTICE OF DR. MAYD.

At Withersfield Rectory, Suffolk, on the 28th of September, aged 88, died John Winslow Mayd, M.D., for upwards of fifty years a resident at Epsom, during the greater part of which time he was a general practitioner. Latterly he took the degree of M.D., and for some years being incapacitated for practice by chronic rheumatism and failure of sight, he had been in complete retirement.

He was deservedly eminent in his town and neighbourhood for great medical penetration and experience; his natural good sense, and strong sagacity which, with excellent judgment in the diagnosis and treatment of disease, rendered his opinion and advice most acceptable to his patients. He was decidedly, and in every sense of the word, a successful practitioner.

He had good scholarship, and various knowledge; the expression of his opinions and sentiments always candid, and sometimes caustic or facetious, rendered him a favourite with his contemporaries, and the recollection of these characteristics remains in the memory of surviving friends.

In the year 1812, Dr. Mayd, in conjunction with the late Dr. Hardwick, Mr. Wallace, of Carshalton, Mr. Stedman, of Guildford, Mr. Martin, of Reigate, and other friends, established the Surrey Benevolent Medical Society, of which he was the first President, and he rendered essential service in promoting the augmentation of the fund.

NOTICE OF DR. TWINING.

Died, on the 15th inst., aged 35, at 13, Bedford Place, Russell Square, William Twining, M.D. This young and promising physician is another to be added to the list of those who have fallen victims to their thirst for the acquisition of knowledge. Dr. Twining received his education at Rugby, under the celebrated Dr. Arnold, and such was his eagerness to attain distinction, that he overtasked his strength, and laid the foundation of that cerebral disease which has thus prematurely cut him off. From Rugby he went to Balliol School, Oxford, and it was his wish, on more than one occasion, to compete for honours, but his strength was unequal to the exertion. His medical studies at St. Bartholomew's, were pursued with equal ardour, and even when his feeble health rendered such application improper, he was constantly to be found engaged in the perusal of abstruse works in German and other languages.

Dr. Twining held the appointments of Physician to the Farringdon Dispensary, and the Public Dispensary, until compelled by ill health to resign them. He was, in 1841, one of the founders of the North London Infirmary for Diseases of the Eye, and the fervent manner in which he supported that charity, will ever be held in grateful remembrance. In him the unfortunate cretins of Switzerland have lost a firm and zealous friend: not only did he by his pen, advocate the cause of those unhappy outcasts, but he contributed most liberally to the admirable institution for their relief, conducted by Dr. Guggenbuhl, on the Abendberg, near Interlachen.* Active benevolence was, indeed, a prominent feature in his character: he was ever as ready to assist the poor with his purse as with his advice, and many have been the wretched objects who have been restored to comfort, as well as to health, through the unassuming philanthropy of Dr. Twining. Upright, honourable, and unflinching; amiable in disposition, and sincere in friendship; of learning, accurate, varied, and extensive, he had drawn around him a large circle of friends, by whom his loss will be long and deeply lamented, but by no one more than by him who pens this tribute to his memory.

* Dr. Twining's exertions on behalf of the cretins of Switzerland, and the idiots of our own land, have been attended with the happiest effects. There have already been three institutions established for the education of idiots,—namely, at Highgate, at Bath, and at Wells.

Medical Intelligence.

APPOINTMENT.

Mr. Joseph White has been elected resident surgeon to the Nottingham General Hospital, in the room of Mr. Sibson, resigned. A vote of thanks and a well-merited testimony to the high talents and services of Mr. Sibson were awarded on the occasion.

ROYAL SOCIETY.

A warm contest is likely to take place for the Secretaryship of this Institution, about to become vacant by the resignation of Dr. Roget. Professor Thomas Bell and Mr. Grove are the candidates.

UNIVERSITY OF LONDON.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE—1848.

Examiners.—Physiology: Dr. Carpenter, F.R.S.—*Surgery:* Sir Stephen L. Hammick, Bart., and Cæsar H. Hawkins, Esq.—*Medicine:* Dr. Billing, F.R.S., and Dr. Tweedie, F.R.S.—*Midwifery:* Dr. Rigby.—*Forensic Medicine:* W. T. Brande, Esq., F.R.S., Dr. Pereira, F.R.S., and Dr. Rigby.

First Division.—Copeman, Arthur Charles, King's College; Drury, James Samuel, Adjoining St. George's Hospital; Evans, John Owen, University College; Gill, Walter Battershell, King's College; Habershon, Samuel Osborne, Guy's Hospital; Hassall, Arthur Hill, Royal College of Surgeons in Ireland; Hooper, Daniel, Guy's Hospital; M'Crea, William, St. George's Hospital; Palmer, Edward, University College; Payne, Arthur James, King's College; Savory, William Scovell, St. Bartholomew's Hospital; Shelley, Hubert, Guy's Hospital; Sibson, Francis, University of Edinburgh; Wilks, Samuel, Guy's Hospital; Woodforde, Wm. Thos. Garrett, University College.

Second Division.—Jago, Frederick William Pearce, London Hospital; Lang, Henry, University College; Pyper, Robert Deverill, Middlesex Hospital; Ryan William, Middlesex and Jervis Street Hospitals; Sankey, Wm. Henry Octavius, St. Bartholomew's Hospital.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, November 16th:—Thomas Dale, Liverpool; George John Hinnell, Bury St. Edmunds; William Sedgewick; Edward Francis Fussell, Warminster; William Britton Pearce, Mevagissey, Cornwall; E. Austen Steddy, Chatham; Abel Crompton, Crompton, near Oldham.

OBITUARY.

Died, November 2nd, at Newmarket, aged 59, Robert James Peck, Esq., Surgeon, a Member of the Council of the Provincial Medical and Surgical Association.

November 6th, at Southampton, aged 29, John Alfred Stace, Esq., Surgeon.

November 11th, at Boulogne, aged 69, John Hill, M.D.

November 11th, at Dublin, aged 91, ——— Renny, M.D., late Director-General and Chief of the Army Department in Ireland.

November 13th, at Shrewsbury, aged 82, Robert Waring Darwin, M.D., Consulting Physician to the Salop Infirmary.

November 17th, at Brighton, aged 57, Thomas Callaway, Esq., Member of the Council of the Royal College of Surgeons, and for many years Assistant Surgeon to Guy's Hospital.

November 18th, at Shadwell, of fever, David Burn, Esq., Surgeon, Officer of Health under the Nuisances Removal Act of the Stepney Union.

Lately, Carlo Francisco Bellingeri, M.D., President of the Medical Faculty in the University of Turin, &c., well-known by his works in support of Sir Charles Bell's "Researches on the Nervous System."

Lately, William Henchman Crowfoot, Esq., F.R.C.S., Consulting Surgeon to the Beccles Dispensary, and a Member of the Council of the Provincial Medical and Surgical Association.

BOOKS RECEIVED.

Elements of Anatomy. By Jonas Quain, M.D. Fifth Edition. Edited by Richard Quain, F.R.S., and William Sharpey, M.D., F.R.S., Professor of Anatomy and Physiology in University College, London. Part III. London: Taylor and Walton. 1848. 8vo.

Physiological, Anatomical, and Pathological Researches. By John Reid, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c. &c. Edinburgh: Sutherland and Knox. 1848. 8vo, pp. 659. Plates.

On the Treatment of Asiatic Cholera. By Archibald Billing, M.D., F.R.S., &c. London: Highley, 1848. pp. 15.

Cholera: Practical Observations on a Successful Method of Treating Cholera. By Charles Patterson, M.D., Physician to the Rathkeale Infirmary and Fever Hospital, &c. (From the *Dublin Medical Press.*) Dublin: Hodges and Smith. 1848. 8vo., pp. 8.

Report of the Medical Officers of the Lunatic Asylum of the County of Lancaster. 1848. 8vo., pp. 22.

The Transactions of the American Medical Association. Vol. I. Philadelphia. 1848. 8vo., pp. 403. Plates.

Tracts for the Improvement of Medical Literature. No. III. London: Churchill. 1848. pp. 80.

The Objects of Medical Study, &c. By W. B. Carpenter, M.D., F.R.S., F.G.S., &c. (From the *London Medical Gazette.*)

Memoranda on Poisons. By T. H. Tanner, M.D., &c. London: Renshaw. 1848. 32mo., pp. 63.

Illustrations on the Fraud and Folly of Homœopathy. By Jonathan Toogood, Extra-Licentiate of the Royal College of Physicians, Fellow of the Royal College of Surgeons, &c. &c. London: Churchill. 1848. 8vo., pp. 26.

TO CORRESPONDENTS.

Communications have been received from Dr. C. W. Bell; Mr. W. W. Cooper; Dr. T. O. Ward; Dr. E. T. Roe; Mr. Sloman; Mr. T. Martin; Philo-Medicus; Dr. Syme; Professor Simpson; B. A.; Mr. T. N. Bradley; Dr. Carlyon; Mr. T W. Crosse.

We have been unavoidably compelled to postpone a notice of the Manchester School of Medicine, as well as several other communications to which we hope to give early attention.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

LECTURE ON THE NATURE & TREATMENT OF CHOLERA,

CONSIDERED WITH REFERENCE TO ITS

ANALOGY WITH CONGESTIVE AGUES OF QUOTIDIAN TYPE.

By Charles W. Bell, M.D., K.L.S.,

Physician to the Manchester Royal Infirmary, &c., late Physician to Her Majesty's Embassy, in Persia, &c., &c.

(Read before the Medical Staff of the Manchester Royal Infirmary, and the Members of the Medical Profession in Manchester, November 3rd, 1848.)

Lecture II.

Gentlemen,—

The object of my former lecture was to show that cholera is not a disease *sui generis*, but one of a large class produced by malaria;—that, operating on the individual, either by some agency with which we are unacquainted, or by a poison carried by the blood, its cause does not directly affect the blood itself, and is not capable of reproducing itself in the blood by the elaboration of fresh poison in the system, like that of contagious fevers;—that no poison is extricated from the blood by special emunctuary action, like that of small-pox and scarlatina, which is capable of giving rise to the same disease in another by inoculation or by infection;—but that diseases of this class are all incommunicable from man to man, and as there is no remedial object accomplished by the morbid action, and no noxious poison removed from the system, there is necessarily no crisis and no natural termination; and so far from disease of this class conferring immunity from subsequent attacks, one of its chiefest characteristics is a tendency to relapse, and to render the patient more, rather than less, amenable to the influence of the same impression for the future. Not being like that of exanthematous fever, (a poison which produces disease in the blood itself,) the cause of this class of disease does not operate as a source of continued irritation to the whole system, so as to produce continued fever, but on the contrary, acting in a manner directly opposite, it induces diminished irritability of the system, instead of irritation, causes depression, instead of excited action of the vital powers, and when fever succeeds, it is that of mere reaction against an impression opposed to vitality, not a struggle to rid the system of a source of irritation which proceeds unintermittingly towards the accomplishment of an end. When, in continued fever, the digestive and cerebro-spinal functions become disordered, they do so in consequence of an all-pervading source of irritation, and in conjunction with excited circulation; but in the class of diseases under consideration, we observe the effects displayed in the digestive, the cerebro-spinal, or the respiro-circulatory functions, separately, or in either two combined, in conjunction with depressed circulation.

In continued fever, death occurs either in consequence of organic disease and change of structure in some vital organ, or from the effects of poisoned blood upon the brain; but in the class of intermittents, the brain is the last to die, death taking place in consequence of mere disordered function of the vital organs, without organic change of structure.

These wide distinctions between the effects which we know to be produced by the circulation of diseased blood in contagious fevers, and those which follow the impression of the unknown cause of epidemic diseases, led us to the conclusion that the phenomena displayed in the latter class, were inconsistent with the belief that actual change in the constitution of the blood could possibly be their cause; and if not on the blood, it is quite evident that whatever produces these effects, must operate on the sympathetic system of nerves, for only the sympathetic and the blood are distributed co-extensively with the effects observed.

We showed reason to believe, that in every disease of this class, the first effect of the unknown cause is an *impression* on the sympathetic, which impairs its power of exciting, regulating, or combining the functions of those vital organs whose unity of action is necessary to life; and that this impaired vitality or disturbed function of the sympathetic, is variously evinced by derangement of the functions, in whole, or part of the circulating, digestive, and cerebro-spinal systems, either separately or combined.

It was argued that, great as the changes are that take place in the appearance and quality of the blood, during a fit of cholera, this does not at all militate against the above conclusions, for these changes are not primary effects of poison on the blood, but secondary effects of functional derangement in the pulmonary and systemic capillaries, by which the blood is prevented from undergoing the processes necessary to its healthy condition, and to the maintenance of its vitality. It is only in consequence of cessation of such changes that the blood in these diseases loses its florid colour, its fluidity, and its vital property of forming a

firm coagulum as it dies, for it has been observed that blood drawn during an attack of cholera, as well as that taken from the body after death, shows all the wonted disposition of healthy blood to absorb oxygen from the air; and when we practise bleeding successfully in a severe case of cholera, and thereby restore the patient to immediate health, we find that the blood which at the first was dark, tarry, and adherent to the wound, and made to flow with the greatest difficulty, presently runs more and more freely, and before we bind up the arm we see it acquire all the characteristics in colour, fluidity, and free uncontrolled motion through the vessels, which belong to healthy blood. It is obviously impossible, that by simple removal of a portion of the blood, all the dread poison on which so many authors of repute insist, can be removed from the whole mass of the blood, along with this small quantity; on the contrary, this is rather an *experimentum crucis*, to show that restoration of the functions of the minute circulation in the lungs, and throughout the system, is the cause of the immediate restoration of the blood to its natural condition, which had been altered only by the cessation of these functions.

Having thus endeavoured to prove that the disorder is not originally, but secondarily, in the blood, and therefore that the primary cause must be morbid impression on the sympathetic nerves, we proceeded to consider the great characteristic of this whole class of disease,—viz., periodicity of attack, and attempted to explain periodicity by the law of nervous impression,—viz., that long continued impression on a nerve of sense subdues its sensibility, and that change of impression restores it, endeavouring to show that when disorder is induced by morbid impression in one part of the circle of vital actions, the derangement of action which results in other associated organs produces a new impression on the nervous system, calculated to counteract the first, and restore to the nerve the power of being excited by its natural sensibilities in all its varied functions.

Having then shown that the first stage of disease is alike in ague and in cholera, it was argued that they are alike subject to the same effects or law,—viz., periodicity of action. Such was the theory of the disease then offered to you. Practically it was shown, that in ague and in cholera, the morbid impression always evinces itself first in apparent cessation of vital action in the capillary circulation, more or less general, and more or less complete, by a greater or less approach in the condition of these vessels to that of inanimate tubes or dead structure; that the vital changes on the blood in the terminal capillaries then cease, animal heat is not evolved, the blood instead of coursing freely through the minute veins, adheres to their coats, and instead of remaining fluid, assumes a half-coagulated condition, as if the interior coats of the vessels had lost a portion of their known power to maintain its fluidity; that the veins, instead of being gently distended, contract, as in death, and reject their contents. Such was considered the first condition of the cold stage.

It was then shown that the direct effect of this first condition, and of the continued rejection of the blood from the capillary circulation, is its accumulation in the great sinuses and venous organs of the chest and abdomen, oppressing the action of the right side of the heart, deranging the circulation, and impeding the functions of the principal vital organs, and diminishing the quantity of arterial blood distributed to every part of the body; therefore, as upon this the life of the whole body depends, destroying vital action, and causing collapse and death.

But to this fatal effect of derangement of the capillary circulation and consequent congestion, it was shown that the system does not always submit without a struggle, although such is the history of those almost instantaneous deaths from cholera sometimes met with; on the contrary, when from the above cause the cavities of the heart and spleen are distended, (for I believe the spleen, with its sympathetic plexus and elastic structure here plays an important part,) the immediate effect is that produced by the distension of any hollow muscle,—viz., a stimulus to contraction. This becomes a source of excitement to the nervous energy of the heart, and through it to the sympathetic, in all its functions, and among others, to the resumption of its power over the capillary circulation.

It was shown that in ague the commencement of re-action is evinced in general convulsive shivering of the whole frame, then by fever, and then by return to natural action; but that in cholera the heart seldom experiences relief by simple re-action, without some mechanical aid to diminish the quantity of the blood thrust upon it from the extremities; that this is effected either artificially by bleeding from a vein, or naturally, by the exudation of the watery part of the interior blood into the mucous or serous tissues. It was stated that this mode of relief commonly, but not always, takes place from the intestines, by the watery diarrhœa of cholera, and is then either sufficient at once to relieve the circulation, and conduce to complete cure, or if insufficient for complete cure, it may be adequate to prevent the immediate death which would result without this relief to the congestion, and thereby permit the disease to reach its secondary stages; or, third, failing both these methods of relief, the power of the heart succumbs to the oppression, after which the morbid impression, unopposed by circulation of arterial blood, attacks the cerebro-spinal system, and terminates the struggle in convulsion.

Lastly, attention was invited to the fact that cholera, like congestive ague, has its diurnal periods of accession and remission,—that, therefore, extreme caution is requisite to avoid attempting to give relief at all times by the same means; for bleeding, which will relieve all the symptoms in the first hours of an attack, will produce the very opposite effect some hours later, unless we wait for the commencement of the new accession, when it will be equally applicable as in the commencement of the first attack.

It was also thrown out as a suggestion worthy of inquiry, whether cholera does not follow the course usual in quotidian agues,—namely, a tendency to run a course of three days' repetition of congestion, where

death or cure does not interfere, for in that case the return of the congestive stage will not be so much to be dreaded on the fourth day as consecutive fever.

In dwelling upon these points I was not so presumptuous as to hope that you would receive any one of them solely upon my individual statement, or even consider them proved by the arguments adduced. My intention was rather to state them as points, which, after much reflection and study of the subject, both in its general features and in individual cases, appeared to me to be those to which it was most important to direct attention both in reading and in practice; because, if we are convinced that the disordered action begins in the capillary circulation,—that the congestive stage and symptoms are direct consequences of this disturbance,—that this condition is not absolutely persistent throughout the whole attack, but goes through certain diurnal changes,—and that the general tendency is for the congestive stage to return on three successive days, and afterwards to run into more continued febrile action, we shall then have a clearer perception of what is wanted in respect of treatment at each particular stage of the disease, and can adapt our remedies accordingly; and from knowing what to expect, we are enabled to distinguish the effect of the remedies from that of the disease they were intended to combat.

I am aware that by many the theory of the disease may be considered to have been unnecessarily dwelt upon, especially in that part of it which attributes the effects to morbid impression on the sympathetic, but this appeared to me important with regard to diseases associated with cholera, and in reference to the *modus operandi* of medicines which are found to exert a beneficial influence, in very different, and apparently very opposite, conditions of the system, arising from the same malarious influence.

I have stated it to be the object of the present inquiry, to search for some enlarged principle for our guidance in the treatment of cholera, which the observation of individual symptoms only tends to confound; and it seemed absolutely necessary, before considering the means employed for cure, to inquire, as carefully as possible, into the essential nature of the malady, in order to comprehend distinctly the intention to be kept in view in administering medicine.

CONNECTION OF CHOLERA WITH OTHER EPIDEMICS, AND THE INFLUENCE OF ITS CAUSE ON THE CONSTITUTION.

We have hitherto considered the malarious influence by which ague, cholera, and remittent fever are produced, only in its physiological effects on the human body, with little reference to their epidemic character, and without attempting to fathom the origin or nature of the cause. The cholera atmosphere, as it has been termed, is generally believed to pervade chiefly the lowest levels of a tract of country, and I believe this to be correct; but it is singular, that one of the spots pointed out to me as most fatal in Persia, was elevated 10,000 feet above the level of the sea, another 8000, and another 5000; it is also said to follow chiefly the courses of rivers,—in Persia it has uniformly been most fatal in the neighbourhood of the extinct volcanoes which crown the great range that extends from Ararat to Khorasan. Dr. Prout observed, that during the prevalence of cholera, the atmosphere was perceptibly heavier than at other times. In 1834, it was observed in the great London breweries, while cholera was at its height, that fermentation proceeded more rapidly than was usual, and of late an attempt has been made to connect it with certain remarkable electrical phenomena. Dr. Prout's observation has been verified, that during its prevalence a greater than usual tendency exists to the formation of oxalates in the urine. In both its invasions of Europe, its progress has been very remarkable, and not in the direct commercial route from India, having in its first advance adhered steadily to a course nearly W. NW. from Hindostan; and its second was nearly identical, but with greater extension of its left wing, towards the south.*

Not only to medical men, but to the Government of every country through which cholera has passed, its progress has been a subject of great interest in reference to the question of contagion, ever since its first recorded outbreak in Lord Hastings' army in India, in 1817. But although none of the well-contrived barriers opposed to its advance by *cordons sanitaires*, or quarantine regulations, have yet succeeded in delaying its march a single hour, the question is not yet settled. The facts just alluded to all display the general pervasion of something unknown, which influences the physical as well as the animal world, but is wholly beyond the power of man to stay; and, did time permit, others might be added still more convincing, bearing upon the change observable in the features of disease, both in the animal and the vegetable kingdom, long before the actual appearance of cholera. If, then, the connection

* Without attaching much importance to facts which cannot explain the progress of cholera in other directions, I may mention as a contribution to its history in central Asia, that its first advance upon Persia in 1828-9 was preceded by terrific earthquakes in 1827-8, extending for some hundred miles around the extinct volcano Demawund; that there then succeeded a period of repose from subterranean convulsion till 1840, when a violent earthquake shook down a portion of Mount Ararat, and continued to convulse the country to the south-east of that mountain till December, 1843, when, for the first time in the historical period a new volcano burst out near Shoomacha, thirty miles to the west of the Caspian and perhaps a hundred to the north of Ararat. That in 1841-2-3 the whole tract of country between the mouths of the Indus and the Caucasus had been overrun with unaccustomed dysentery, pestilential fever, and in some places cholera, but after this eruption earthquake ceased and the country became comparatively healthy till 1846, when cholera again broke out with virulence in the same tract. Since then, the main line of the advance of cholera has been in the direction of the volcanoes of Iceland. I leave it to philosophers to determine how far it is possible that extensive chemical action beneath the thin crust of this earth, evinced by these earthquakes, may have had anything to do, either by disturbance of electrical currents, or the evolution of imperceptible gases, in producing so great an amount of disease, and in determining the main direction of cholera over the line of country which evidently overlies an immense volcanic tract, that extends in a direct line from Cutch, late the scene of extensive subterranean disturbance, over the Elboorz and the Caucasian mountains, towards the principal volcano of north western latitudes.

of these facts with cholera were better determined, and collected, it seems to be impossible to doubt, that the evidence of the existence of a cause, infinitely more general than mere contagion, would soon prove so conclusive as to set the question at rest for ever.

These are points, however, far beyond my depth, and foreign to our present object, which is practical observation of the facts which indicate the relation of cholera to other diseases, and to inquire what useful inferences may be deduced from them.

With respect to the epidemic influence of the cause of cholera in this country, a great change in the character of disease must have been remarked by the elders of the profession since its first advent; and it is notable to younger practitioners, that there is an obvious difference in the practice of the generation of physicians which is now passing from among us and their own,—those of the old school are much more stringent in the article of diet, more cautious of the use of stimulants, and altogether much more apprehensive of inflammation, than we of more modern days; it is also notorious, that tonics are now much more universally prescribed than they were five and twenty years ago. All this is attributed by some to *fashion* in medicine, but it is evidently not so. In the commencement of the present century, the prevailing fever was attended with high arterial action, and the more acute forms of inflammation were much more general, insomuch that the lancet, calomel, and antimony, were then the sheet-anchors of the practitioner; but since a few years previous to the first inroad of cholera, a great change has occurred, bleeding in fever is now almost obsolete, a much more generous diet has become necessary, and calomel is comparatively disused. Since 1843, the type of sporadic fever of this country has approached more nearly to that of the remittents of tropical climates, displaying an unusual tendency to relapse and to local congestions. Neuralgia has also greatly increased; and Bright's disease, and dropsy after scarlatina, &c., become more general. This particular type of fever has pursued so remarkable a course, that before submitting to you the account of the various forms in which it appeared in Persia in 1842-3, when obviously and essentially connected with cholera, I think it of some importance to trace its progress from India to this country, great part of which I have myself had the opportunity of witnessing.

In 1841, a fever of remittent and quotidian intermittent type broke out in Scinde, where it destroyed many of our best troops, alternating occasionally with cholera. Both proved severe in Caratchee: it spread through Beloochistan, and appeared at Bunder Abbas in the Persian Gulph, early in 1842; also at Yezd. It thence spread westward to Shiraz, and northwards towards Ispahan and Tehran, proving everywhere extremely fatal; but its further progress to the northwest was arrested for a time, on the high grounds of Sultanieh, by the setting in of winter. Next spring it resumed its course, overspread Aderbijan, Erivan, Georgia, and the whole shores of the Caspian, crossed the Caucasus, and was very fatal in Veronish in the centre of Southern Russia. I here lost sight of it in November, 1843, but was not a little surprised to find it again in December, on my arrival in Edinburgh. It was there modified it is true, and displayed less of an intermittent character, but was fully characterized by other symptoms, especially the tendency to relapse, and the pale tongue. Late in 1844, it appeared in Manchester, especially in Ancoats, where it was very severe. In 1845, it became epidemic in Liverpool, somewhat more modified in type, and the fever of 1846-7 in Manchester, still preserved much of its peculiarites, especially in the frequency with which it was accompanied with jaundice, and in running a course of seven, fourteen, or twenty-one days, and relapsing at these intervals.

For nearly two years, the typhus fever imported from Ireland has rendered this type somewhat obscure, but within the last few weeks, beginning in the middle of September, the same form of fever has become again prevalent and very severe. This will suffice to shew that not only cholera has spread to us from the east, but that since its arrival the very constitution of our fevers has partaken of a similar oriental character, and that not fashion but necessity has demanded the remarkable change of practice alluded to. The best evidence that this is not an *imported* change is to be found in those fevers which arise sporadically from the decomposition of vegetable matters, for these always assume the character of the epidemic then prevailing; as when plague broke out in Oxford, caused by a collection of putrifying cabbages, in the reign of Charles the II., and the most exaggerated form of the type of fever we are now considering appeared in a farm-house in Peebleshire, in 1846, caused by the decomposition of stable manure; so cholera generally makes its first apearance in the neighbourhood of cesspools, and in the most filthy parts of a city, and judging from my own experience, I should think that ague of a quotidian type must have been remarked by many within the last three years in badly-drained houses. But it may be remarked, that the epidemic constitution of disease is not only displayed in the fevers of a country, but equally so in every aberration from health, and ever since the first appearance of cholera in this country, these have been such as to require a much more extensive use of tonic medicines. In proportion as the lancet has fallen into disuse, iron has come into vogue in another shape, for although seldom prescribed five and twenty years ago, except for chlorosis, in the form of Griffiths' mixture, the greater proportion of diseases are now treated with chalybeates, a perfect evidence to my mind, not of the influence of fashion, but of necessity, and offering, I think, good grounds for attributing to iron some especial influence over the effects of the prevailing epidemic constitution in this country. For, whereas, thirty years ago this was marked by a highly inflammatory tendency, what we have now chiefly to combat, is feeble and imperfect arterial action, and a great and general disposition to venous congestion, not only in fever but in other diseases.

The usual indication for the use of iron is a pale tongue, and this is a special characteristic of cholera,

also in quotidian intermittents and remittents, at particular stages. Its *modus operandi* is generally considered to be to increase the facility with which oxygen is absorbed by the blood, thereby aiding its transmission through the pulmonary circulation, preventing congestion on the right side of the heart, increasing the vitality of the arterial blood, and promoting capillary action in general, but it would also appear that iron exerts a peculiar, and perhaps independent, tonic influence on the nervous system ; hence its effect in tic-douloureux, sciatica, and spasmodic affections, such as hysteria and chorea. Its use as an opponent to mercury is pretty well known, and in moderating congestion, and regulating secretion, in menorrhagia, amenorrhœa, and Bright's disease, while its wonderful effect on spleen disease produced by ague, is well known to East Indian practitioners. These considerations, which would each admit of extended comment, will serve as an introduction to what I have to say of my experience of its effects in the epidemics I have now to describe, beginning in forms very different from cholera, yet ending in that disease, and while their history will demonstrate their near connection with cholera, it will also exhibit the singular effects of iron in various disordered conditions of the nervous system produced by malarious influence, and in restoring their appropriate action to medicines whose operation had been disturbed by the same cause, especially that of purgatives on the intestines, and of quinine on the capillary circulation in general as an antiperiodic.

In our present ignorance of the *modus operandi* of medicinal agents, the efficacy of iron in counteracting deranged action produced by malaria in the several systems,—nervous, circulating, and digestive, over which the sympathetic exercises its controlling and combining influence, will be looked upon as little more than a curious fact, but as all the diseases I am at present about to bring to your notice occurred in a single year, between January, 1842, and January, 1843, the fact of iron having been found influential in all, must necessarily be taken as strong evidence of identity in the cause of those diseases to which it proved an antidote, and therefore strongly presumptive of a closer connection between tetanus, neuralgia, remittent fever, ague, and cholera, than is generally admitted.

The circumstance which first drew my attention to iron as an opponent to venous congestion, and to mercury, was a severe case of spleen fever, with much cerebral excitement; the symptoms were not such as to induce one to trust to a tonic medicine for the cure, and on the authority of Dr. Abercrombie I treated my patient with calomel, antimony, and salines. He quickly became salivated, an effect as readily produced in spleen disease as in Bright's disease of the kidney. Upon this he got alarmingly worse, fever and delirium increased, and he was only saved by immediate change of treatment to that recommended in Mr. Twining's work on "Diseases of Bengal,"—namely, the combination of sulphate of iron with purgatives. Under this course he quickly recovered from the salivation and fever, and by perseverance for a few weeks the spleen was reduced to nearly its normal size.

As enlarged spleen is the direct consequence of repeated dilatation of the organ by successive fits of aguish congestion, and as subsequent experience showed that purgatives uncombined with iron did not produce the same effects on the spleen, it seems a fair conclusion that the iron operated by opposing the acquired tendency to venous congestion. In my own practice, too, I did not find quinine exert that miraculous effect in diminishing the volume of the spleen which is attributed to it by American and French physicians, and which has been exhibited by experiments on dogs ; on the contrary, it often produced irritative fever, which it never did in combination with iron. The probable reason of this difference in the results is, that I employed it most where the prevailing type of ague was quotidian; others, where the type was tertian, to which the effects of pure quinine seem more peculiarly appropriate.

The next experience I had of iron as a remedy of unexpected power was a very singular form of epidemic disease, that exhibited extraordinary disorder of the nervous system.

A few weeks before this appeared in Tehran a somewhat similar epidemic had prevailed in Bagdad, but there it occurred in the form of angina pectoris, destroying life in a few minutes by spasm of the heart, particularly where any organic weakness existed in the organ, and similar, it may be conjectured, to the attack of which Lord George Bentinck and the corpulent Mrs. Armitage appear to have died.

A notice of the disease in the forms in which I witnessed it, may be found in an extract of a letter from me to my late brother, published in the Twenty-sixth Volume of the "Medico-Chirgical Transactions;" and mention of a similar disease, as occurring in Strasburg in 1842, is made in one of the numbers of the "British and Foreign Quarterly Review."

This disease might be described as an epidemic apoplexy or epilepsy; it was characterized in the slighter cases by sleeping of the hand and foot of one side, coming on periodically every night at a particular hour, and accompanied with palpitation of the heart, nervously excited pulse, and severe headache, but though periodical in its attacks, I could not distinguish anything resembling a cold stage or actual fever. In the graver cases it appeared as coma, with hemiplegia, or epileptic and tetanic convulsions, which, if mismanaged, ended in death, at the same time facial neuralgia was unusually prevalent; in fact there was scarcely a form of nervous disorder which this disease did not assume in the two months during which it continued to prevail.

In two of the earliest cases, misled by acute pain in the knees and shoulders, accompanied with great palpitation of the heart, I mistook it for rheumatism, with commencing carditis, and ordered bleeding, and calomel and opium. By this treatment the symptoms were much aggravated, but they susbequently yielded to repeated doses of iron.

It were difficult to say what induced me to try this remedy, but I fortunately hit upon it early in the disease, and there was not a single case among very many hundreds in which a few doses of iron did not

suffice to effect a permanent cure; whereas quinine, purgatives, blood-letting, and mercury, all did more harm than good, and if uninterfered with, the disease often continued to recur nightly for weeks.

In the treatment of this epidemic, the Strasburg physicians were less fortunate. It does not appear that they had tried either iron or assafœtida, and the conclusion come to when the epidemic disappeared was, that "nothing seemed to do good, but that upon the whole, more of those who were bled recovered than of those who were not."

This strange disease affords a good instance of a malarious poison producing its effects mainly on the nervous system, and a singular example of a disease so grave as to present symptoms which generally accompany only the most serious lesions of the brain, yielding completely and invariably to so simple a remedy as a drachm or two of sesquioxide of iron. There was here no remarkable change in the secretions, save that so long as it prevailed there was a general tendency to constipation, and nervous irregularity of the bowels, which I shall have to remark, as occurring again in a subsequent epidemic. For nearly two months while the disease lasted, I had occasion to observe that the action of purgative medicines was frequently either null, or it was unusually severe; but I soon found, that where I was giving iron at the same time, their effect became regular, and for some time I was obliged to combine iron with every purgative, in order to ensure its action, even in cases where there was no other symptom of the malady present.

After the disappearance of this epidemic in March, the season was unusually healthy, with the exception of a few cases of a low form of apparently continued fever, but I believe really remittent, of the same kind with that which afterwards became epidemic in Edinburgh, in 1843, and which exhibited an unusual tendency to relapse.

In August, having few cases of importance to detain me, I quitted our sultry camp, then perfectly healthy, on an excursion into the Elboorz mountains, and pitched my tent at an elevation of 10,000 feet above the level of the sea, near the summit cone of the extinct, but still smoking, volcano Demawund. I was surprised on my arrival to find the tribes already deserting these celebrated pastures, and moving off to the lower grounds, the reason assigned was, that fever and death were busy amongst them, and that they were fleeing from pestilence. I saw several of the sick, and believed the fever to be the usual typhus of the country, but thought it strange to find it in such a locality.

On my return on the fifth day to camp, I found about a dozen of our attendants ill of fever, one man being in *articulo mortis*, but he had newly arrived from the eastward, from which it appeared that this epidemic was spreading. He died comatose, with a black tongue, and symptoms that I now recognize as those of malarious poisoning, and which similate effusion on the brain,* but which I did not then recognize as such, and believed his fever to be the typhus, such as I had been accustomed to see in the five preceding summers in Persia, for I was not then convinced that eruption is diagnostic of typhus. In the other cases the tongue was thickly coated, all the secretions disordered, and I saw no reason to depart from the routine treatment by calomel, antimony, and salines, which till then had proved successful. None of my patients, however, improved under this system; on the contrary, they were getting worse, and one case seemed rapidly hastening to a fatal conclusion, from excessive vomiting and irritability of stomach.

At this time the Russian Embassy was without a physician, and my attendance was besought for one of the *attachées*, who was suffering from ague, to which, however, he had formerly been subject. Hitherto I had seen a great deal of ague in Persia, but almost always of the tertian type, which very rarely indeed resisted the effect of a few small doses of quinine after a purgative. In this case the first two fits were tertian. I prescribed, and promised immediate cure, but in place of cure the third attack took place on the fourth day, and others on the fifth and sixth, and the tongue became dry, glazed, and cracked, such as I had not seen it before in ague, but very like that which we see in the worst forms of nervous fever, without eruption, now prevailing in Manchester. My patient was encamped by the side of a stream, and under the shade of trees. Conceiving that this might be the cause of the unusual severity of the attack, I had him removed to a house on the top of a hill; still, however, he became worse, the shivering less decided, the fever more prolonged, and the stage of sweating and of intermission more imperfect. It was now rather a remittent or a continued fever, like those in our own camp, than an intermittent; quinine was evidently injurious, and I was hesitating whether to adopt the same treatment, with calomel and antimony, that I was pursuing with the others, when, on examining the præcordia, I found that there was much pain on pressure over the spleen; upon this I determined to try iron, in combination with quinine, and gave him pills, composed of sulphate of iron and quinine, of each a grain, combined with one-third of a grain of aloes, every two or three hours. I entertained, however, but little hope of his recovery, for I then expected the next accession to carry him off; it was, therefore, with no small surprise and satisfaction, that I found him sitting up next day at the hour which I had expected to be his last, and conversing with his friends. The tongue, which had been glazed and dry, and so deeply and painfully fissured as to prevent his speaking, had now become soft and moist, the pulse more free, and the shivering fit, which had been absent for the

* This is identical with the fearfully fatal fevers of the Persian Gulph, which generally prove mortal very rapidly, with symptoms of effusion on the brain; but *post-mortem* examination proves these fallacious, and the only constant *post-mortem* feature is soft and friable spleen. Calomel and bleeding is the usual treatment, death the almost invariable consequence. I can confidently recommend rapidly repeated doses of quinine and sulphate of iron of each a grain, with a drachm of sulphate of magnesia, in three ounces of water, as most efficient in the cure of this much-dreaded form of fever.

last two days, came fairly on, and he was well in a few days.

Returning to our camp full of the new light that had thus broken upon me, as to the nature of the fever which was now destroying hundreds in the neighbouring villages, and spreading with great rapidity, and to which this intermittent was evidently nearly related, I re-examined all my patients, and discovered in all, more or less tenderness in the region of the spleen or epigastrium, and on watching more narrowly distinguished the remittent type, which had hitherto escaped my observation, for I now perceived that all the symptoms became aggravated after three in the afternoon, and that an imperfect remission took place in the morning; that the tongue, which towards evening, and in the fore-part of the night, was dry, black, and coated, was soft and moist in the morning, except in the centre, and the edges pale and translucent. I pursued the same principle of treatment in all, by combining iron with quinine, camphor, aloes, salts, &c., according to circumstances, and adding venesection or leeches to the pit of the stomach in the worst cases, about the time which I judged to be the commencement of the stage of congestion. No sooner was this change adopted than I had the satisfaction of witnessing immediate improvement in all.

I must, here, however, mention the case of one of the table servants of the Embassy, who had for some days been affected with most obstinate constipation. I had given him castor-oil, senna and salts, calomel, calomel and jalap, colocynth, and croton, all in vain—nothing moved his bowels; and, disgusted with my inefficient treatment, he betook himself to the native practitioners in town.

After two or three days spent in the repeated administration of enemata, only one very small evacuation had been produced. I encountered this man on my return from the Russian camp, looking wretchedly ill, and in complete despair. I now remembered my former experience of combining iron with purgatives, and gave him ten grains of jalap powder, with one scruple of oxide of iron, which relieved him perfectly, and afterwards a grain of sulphate of iron, with three of aloes, always operated freely on his bowels.

At the time of which I have been speaking, while my Russian patient was so ill, I was called to see a poor French girl, whose father was a general in the Persian service, and encamped in a damp and thickly-wooded orchard near the town, about seven miles from our tents. She was apparently suffering from dysentery, passing blood and mucus, the skin hot, and pulse about 130. I treated her according to the Calcutta practice as given by Mr. Twining, with ipecacuanha, blue pill, and extract of gentian, in which my experience of the fatal dysentery of the preceding year had given me the utmost confidence. No improvement, however, took place, and it appeared to me that there was no resource but to bleed from the arm, for I had frequently proved the efficacy of venesection even in the most reduced cases of dysentery without meeting with a single untoward circumstance to make me dread its effects; my surprise and dismay were therefore great, when, as soon as a few ounces were drawn, she became faint and collapsed, and the body mottled, blue, and cold. It was only now that I learned by cross-examination of her attendants, that in the first commencement of her illness she had had one or two shivering fits, and since then had each night become extremely cold, but without shivering. I had hitherto unfortunately only seen her in the forenoon, when hot and feverish, and none of the symptoms led me to suspect ague, which was not as yet prevalent. She revived a little by the use of stimulants, and I then left her, being called away to another patient, where I was detained so long that the city gates were shut, and I was prevented from visiting her again that night.

The patient I was called to was a man of some importance, who had been out on a hunting excursion the day before, and had slept by the side of a stream. He was awakened by excruciating pain along the spine and in the chest, so severe that he could scarcely breathe; the pain was now most in the epigastrium, and so acute that he could not bear the slightest pressure; the agony appeared too acute for inflammation, and other evidences of pleuritis and peritonitis were wanting; the skin was warm, and the pulse small, contracted, and very rapid. Much at a loss, I gave a large dose of morphia, and exhausted every means of allaying the pain, with the intention of awaiting further symptoms, but the pain continued to increase until about midnight when the difficulty of breathing became so extreme that I determined to bleed him; blood flowed freely at first, but scarcely had four ounces been drawn when it suddenly stopped, coagulating, black, and tarry on the wound. He instantaneously became blue and mottled, and was seized with terrific tetanic convulsions, bent backwards nearly double in opisthotonos, and in a quarter of an hour he was dead of cholera.

It was not till next morning that I learned that my poor French patient had died at the same hour, with exactly similar symptoms.

The two cases I have detailed were the first of the kind which had occurred, and first pointed to what the epidemic I was dealing with was tending, and made me aware of the fatal mistake I had committed in both; for I had bled late in the hot stage of what might be considered an intermittent, and brought on collapse by the very means which, if used in the antecedent period of commencing congestion, might possibly have insured safety.

I was not mistaken in believing that the epidemic character of disease which now spread rapidly and extensively over the whole district, was but a modification of Asiatic cholera, to which the fresh cases which occurred became daily more and more assimilated, until the various divergent forms for a time merged completely into cholera, as it has everywhere appeared. In all these different forms it was an invariable feature, that if periodicity was to be traced at all, it was always accurately quotidian, and this was the case in a very large proportion of the sick.

I shall not detain you with a detailed account of the various forms of disease allied to cholera which then

prevailed, because I have already published a synopsis of them, in the 32nd No. of the *British and Foreign Medical Quarterly Review* for 1843, under the title,—"Epidemic Ague of Persia, a Species of Cholera." The character of disease was greatly varied, both in intensity and symptoms, appearing as simple tic-douloureux, and intermitting hemicrania; paralysis, general or partial, of every part, and in every degree; in congestion of the brain, simulating apoplexy or epilepsy; in shivering ague, or ague without shivering. By and bye this form was more frequently accompanied with vomiting, purging, and cramps, so as to constitute, in every respect, an intermitting cholera; whereas others had attacks resembling cholera in every particular, except that instead of the more usual exudation from the bowels, this took place by the abundant out-pouring of the fluid of the blood from the skin, or sometimes into the cellular texture, either of whole or part of the body, producing either partial or general dropsy in the course of a few hours. This latter form was more especially frequent in infants and children. Sometimes, too, this serous exudation occured in a form not less rapidly fatal than the worst kind of cholera, by producing suffocation, in consequence of sudden œdema of the lungs. All these however, and various other anomalous affections, at length gave place to cholera in its ordinary form, with vomiting, purging, and spasms, as little marked by intermission as it ever is, and differing in no respect from that I had witnessed in Edinburgh and London. Its temporary disappearance was then followed by the return of remittent fever. In every one of these forms, however, the urine was invariably scanty, and of a dark porter colour, or wholly suppressed. In its second onset two years afterwards, cholera did not approach so gradually, but after having indicated its advent by a few cases of cerebral congestion and sudden death, it fell at once upon the population, with all the fatality with which its first arrival is everywhere characterized. Suffice it to say, that in all of these I found the same principle of treatment hold good, and even the same doses of a combination of iron with quinine, together with a careful use of bleeding in the commencement of the congestive stage, universally applicable; whether in the slighter cases of mere nervous affection, in the more decidedly periodical forms, or in those graver cases including true cholera, where the congestion was evidently too extreme to be within the power of medicine to overcome, without the mechanical aid afforded by the use of the lancet, and where the stage of intermission was only to be discovered by calculation of the time, and the most minute investigation.

I shall conclude this division of the subject by the bold assertion, as it may seem to many, even of those who have witnessed cases of the description I allude to, that within the last few weeks, commencing from the middle of September, several cases of quotidian congestion of the brain or other organs, so grave as to threaten life, and sudden unaccountable deaths from affection of the heart have occurred in Manchester, and I believe all over the country; and that these are attributable in my opinion, solely to the already prevailing tendency to venous congestion, and nervous disturbance proceeding from the cause, and perhaps preceding the actual appearance of the more obvious forms of cholera. The cases which I have myself met with lately of this character, have been total insensibility, resembling apoplexy, with extreme collapse, return of warmth, and again a stage of collapse on the following day; also hemiplegia without other symptoms of apoplexy, both yielding to quinine and iron; intermitting hemicrania, neuralgia, unusual pain and tension of the epigastrium, pains resembling rheumatism in every part of the body, aggravated by the usual treatment for rheumatism, but relieved by iron, and often accompanied with cold chill at a particular hour each day; also sudden attacks of vomiting and purging without tenesmus. These I shall probably have an opportunity of bringing to the notice of the profession in another place; my object here is not to detail cases, which others must have met with as well as myself, but by sketching the course of these diseases generally, to show how maladies, that, taken separately and without reference to the prevailing epidemic character appear to differ in every possible symptom, may yet be found when regarded *en masse*, to be very intimately connected.

I have been particularly desirous that your attention should be directed by the history I have just concluded, to the fact, that in every form of disease there mentioned periodicity has been a prominent characteristic, and that though obscure in remittent fever, in actual cholera and in some nervous affections, the close connection existing between them and decided quotidian ague in contemporaneous occurrence, sequence, and in their essential symptoms and means of cure, would scarcely admit of a doubt that periodicity exists in these also, even if it were more difficult to distinguish in practice than I have found it to be.

There is another point which can scarcely have escaped your observation in these forms of disease,—viz., the great variety of effects produced by the same exciting cause. Now, on the brain and nerves, with various, or without any, remarkable disturbance of the circulation;—now, on the bowels by constipation;—now, by diarrhœa;—now, by dry vomiting;—on the capillary circulation generally in ague, remittent fever, and cholera;—or locally, by arrest of certain secretions, or by exudations from the compressed and congested blood into a great variety of structures, &c., &c., for this alone I conceive would suffice to show, that such diversity of effect without a single constant concomitant, such as fever, could never be the result of altered blood without nervous impression, and functional disorder.

The invariable efficacy of iron in all these forms of disease, whether simply or in combination with quinine, will also, I think, sufficiently illustrate what it was formerly attempted to argue, that the different conditions of the nervous system and of the circulation, occurring in agues of different type, require a different action in the medicines by which the morbid influence is to be counteracted, according to the type or duration of intermission; for, in speaking of ague, it was remarked, that in quartan the febrile stage is greatest,—

that in tertian all three stages are well developed,—but that in quotidian the congestive stage is always the most severe, sometimes even to the exclusion of the others;—that, in proportion as the intermission is prolonged, the congestion is less severe, and the energy of arterial reaction more powerfully excited; but, as the cession of the vital powers to the morbid impression becomes more complete, the period of repose is curtailed, the febrile stage less perfect, and capillary action more impaired, especially in that part of it which belongs to the venous system. Thus quinine, which almost invariably cures tertian, is often found inferior in effect to arsenic in quartan, and in quotidian we have found it prove positively injurious till modified by admixture with iron, by which its ill effects were obviated, and its antiperiodic action restored,—a fact of no small interest in explaining the failure that has always attended the attempts to treat cholera with quinine and arsenic uncombined.

(*To be continued.*)

OBSERVATIONS ON CHOLERA.

By E. T. Roe, M.D., Plymouth.

The fertility of the human mind has never been more fully exemplified than during the last few months, in the host of remedies proposed for the cure of cholera, that dread malady which has been seen advancing upon us from barbaric realms in slow and measured step, unsated by the destruction of vast heathen hordes,—unchecked by human laws,—unknown as to its essential principle or mode of propagation; its onslaught sudden, fearful, deadly; its election of attack often governed by no circumstance of wealth or power, or health or situation; the young and old, the vigorous and feeble, alike drawn into its cold embrace. The malady indeed is of sufficient importance to demand from all of us the most serious prayerful consideration, and it is to be regretted that the mind should be distracted from its rational contemplation by crude and ill-digested, ill-judged, or reasonless surmises, and suggestions,—that it should allow itself to be led away by every new or startling theory, which "like the baseless fabric of a dream," vanishes when the mind resumes its throne. Every tyro knowing cholera only from books fancies himself propelled by an internal force to rush headlong into print, and give his lucubrations a local habitation and a name, and himself the practice he has vainly sought by other means, while maturer minds are racked with indecision, filled with fancies, and blown about by every wind of doctrine, hesitating and halting in opinion between carbon and creasote; naphtha and petroleum; calomel and opium; salt and mustard; and discarding all in their turn; and the astonished public looks on aghast, until, recovering from its surprise, it asks, "What are the doctors doing?" "How is it that they have found out no remedy for cholera yet?" Alas! God in His infinite wisdom has decreed that plagues and pestilences shall, at certain periods, devastate the earth, and that the hand of man shall be powerless against His will; but at the same time he gives us reason to view his judgments aright, and he mercifully permits us to use the agents he has given us, and which He, in His good time, will deign to bless. He has shown that He is not unmindful of those who are not unmindful of Him, and this favoured land can boast of sharing largely of His blessings. Had we done as we should have done in times of peace and plenty, and thought *then* of our poorer brethren, of their crowded rooms, their drainless courts and lanes, and the poisoned air they breathe, the measure of His grace would, perhaps, have been larger; but now, with the disease almost at our thresholds, we set about to put our towns in order for the poor's sake! Shallow hypocrisy: it is for our own, for we dread, and justly too, that if the poor have the disease, the rich will not escape.

With these preliminary remarks I will proceed now simply to the consideration of the best means of treating the *developed* disease, leaving to a future occasion any speculations as to the nature of that disease, as well as the questions of what should be done in the way of public hygiene, and what, in the various phases of general malaise, which are supposed by an alarmed and excited public to be the initial stages of the epidemic.

I will not insult my readers' understandings, nor occupy their time in combatting the various absurd theories indulged in, both in this country and elsewhere, nor chronicle the remedies based upon such fanciful and erroneous opinions, but pass on to notice briefly some of the most rational and well-devised plans which have been proposed, and which offer the greatest probabilities, humanly speaking, of being attended with success, and will then, as briefly, give the result of my own experience.

The scheme of supplying to the blood, by transfusion, the salts which had been drained from that vital fluid by the discharges, was, perhaps, one of the most taking promulgated during the last epidemic, but it has hitherto been found to be productive of only temporary rallying, not of permanent relief.

Carbon and carbonic acid, creasote, naphtha, and petroleum, may be classed together, and need not occupy us long. Each has its advocate, and there may arise cases in which each may effect a cure, but they do not come up to my idea of possessing sufficient energy to arrest the progress of so stern a malady as cholera.

Dr. Parkyn is an able supporter of the claims of carbonic acid in effervescence, and if it be found to check the vomiting, it will be valuable as an auxiliary remedy.

Brandy, cajeput, capsicum, and essential oils, have been found to relieve the distressing cramps, and rouse the vital energies for a time, but to how much of their influence may we ascribe the subsequent inflammatory re-action, often as fatal as cholera itself?

Other agents, as alkalies, salines, acetate of lead, mustard emetics, &c., are also recommended, but all sink into the shade, or become at best only of secondary importance when compared with calomel, opium,

antimony, and bleeding. The first has always had its advocates, and will be found most generally beneficial. Opium, although much abused by some, and, doubtless, a drug capable of producing dire effects when used without judgment, is, in judicious hands, extremely valuable. Antimony was proposed as a remedy in 1832, by Mr. Holt, of Manchester, and may be regarded as our sheet-anchor. Bleeding is a very good remedy in the early stages of the disease, but when collapse is well marked, or has existed long, no blood will flow, and even if it would, few, I think, would be bold enough to advise its abstraction.

A friend and patient of mine, a major in the East Indian army, who has spent the largest portion of his life in India, always had every person he could find attacked by cholera, and not under treatment, brought to his bungalow and bled, and he found that if blood could be obtained, those so treated recovered without any other means being used; but those from whom no blood would flow died, no matter what else was done.

It has recently been suggested that some of the diseased blood should be abstracted, and healthy blood transfused in its stead, but there are many grave objections to this course, and it is easy to demonstrate that it would be inutile in practice, for the same reason that saline transfusion fails; but I have already shown that in really severe cases of cholera, no blood can be obtained, so that the plan in its integrity is an impossibility.

The warm water and air baths, and the various ordinary means of external irritation, are useful assistants to every form of treatment, but the cold douche has often been more productive of reaction than warm applications.

I will now proceed to the plan I found most serviceable in my own practice.

In 1833 I had, by being connected with a large public institution, the opportunity of noting the effects of many and various remedies, and from none did I observe such marked and uniform benefit arise as from a combination of the potassio-tartrate of antimony, calomel, and opium. This formula, therefore, became the basis of my treatmnt, and from thenceforth no patient was lost if seen at all in time to give the slightest chance of recovery.

I found that a grain of the antimony, a grain of calomel, and half a grain of opium, in the form of a very small pill, or as a powder, mixed with honey or butter, every half-hour or hour, according to the severity of the symptoms, were the usual doses required, the only deviation being the occasional suspension or omission of the opium, if the diarrhœa ceased, or coma threatened. If the first dose was rejected, the second was given immediately; the vomiting was often aggravated for a short tme, but tolerance was soon established, the algide symptoms speedily gave way, and the apparently death-struck sufferer, in a few hours, was restored to health.

In all epidemics, and especially in cholera, the early sufferers are the first victims, and it was in 1832, as it will be, I fear, now, and as Mr. Thom, in his Admiralty Report, has stated it was recently in India, that the first cases were generally fearfully unmanageable, from causes easily explained, and that the means which failed in those frequently were most beneficial in the subsequent, and therefore less violent and acute forms of the disease. However, the cases I saw in 1833 were bad enough, and the dead were lying on every side, but after the adoption of the treatment I have detailed above, the deaths were very few and far between.

It may be remarked, that I have not alluded sufficiently to the remedies applicable to the stage of collapse only, but I have not done so from the painful conviction that when the algide symptoms are fully developed, the coagulation of blood that has taken place in the vital organs bars all hope of benefit from any human means.

Princess Square, Plymouth,
Nov. 18, 1848.

ON NITRE IN PURPURA HÆMORRHAGICA.

By Clement Carlyon, M.D., Truro, Physician to the Royal Cornwall Infirmary.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

In the number of the "*Provincial Medical and Surgical Journal* for Nov. 1st, my attention was drawn to an interesting case of "Purpura Hæmorrhagica," by Dr. Roe, of Plymouth. His patient survived with great difficulty, and is no doubt much indebted for her recovery to the skill and assiduity of her physician; but my long experience of the superior efficacy of other means than those employed by him, induces me again to communicate them to the public, through the medium of your widely circulated Journal; for, many years since, an article was inserted in the *London Medical Gazette* by me on this subject. My chief object on that occasion was to recommend the trial of nitre in cholera, under specified conditions, such recommendation being founded on my knowledge of its efficacy in purpura.

A work of high authority fifty years ago, and which I hope still retains the character of a very valuable book of reference, "Dr. Parr's Medical Dictionary," contains the highest imaginable encomium of nitre, as a medicine in cases of hæmorrhage. After alluding to other ordinary and often indispensable methods, such as general and local bleeding, &c., of lessening the current or moderating the impetus of the blood, "the first medicines," he observes, "to be employed in hæmorrhages are refrigerants; and the most effectual of these is cold water, internally; occasionally with frequently repeated, rather than large doses, of *nitre*. The latter is a remedy of the greatest importance, an *instar omnium*, in these complaints, especially when saline purgatives are interposed." "Nitre (he elsewhere adds,) is a very useful refrigerant. It restrains the too rapid current of the blood, reduces the pulse, and heat of the body, and is not only a very valuable medicine in inflammatory fevers, and in inflammations,

but also in hæmorrhages." In fact, he again and again refers to nitre as a most important medicine; and my confidence in his judgment and great experience, confirmed by the opinion of an eminent professor, whose lectures I had attended, led to the employment of nitre extensively in the early part of my practice. I was, however, after a while obliged to restrain its use very considerably. In active hæmorrhages, and in inflammatory diseases generally, it either wholly disappointed me, or was at best a very secondary minister of good. Still the high encomiums of Dr. Parr, and its good effects in particular cases, had their weight with me; and I persisted in endeavouring to discriminate between the proper use, and misapplication of, a medicine so highly eulogized.

At length I came to the conclusion, from an extensive comparison of cases, that its great virtue lay in its applicability to passive hæmorrhages, and to cases of purpura. By passive hæmorrhages, I wish it to be understood to mean cases where the inflammatory action has either been subdued by depletion, or has not appeared to precede the hæmorrhagic condition. It is not, however, in these cases that I consider nitre entitled to any exclusive preference, but only in such cases pre-eminently as partake of the character of purpura,—cases in which the blood is supposed to be in a dissolved and supercarbonated state; thin and ichorous, as in malignant fevers, in contagious dysentery, in cholera, in purpura, and in sea scurvy. For the general argument in support of this extensive view of its use, I must refer to a report, by Mr. Charles Cameron, to the Navy Board, relative to its astonishing efficacy in scurvy, and to my own letter in the *London Medical Gazette*, Vol. 8, my present object being chiefly to direct attention to such appalling cases as that of Dr. Roe. I am aware that the treatment adopted by him is still sanctioned by others of considerable eminence; but although his patient eventually recovered, it is evident that nothing short of his great attention, and the most skillful use of the means employed could have saved her. I could speak of similar cases in my own practice, where very much the same plan of treatment was unsuccessful,—cases which, if they came not fully up to the fearfully descriptive lines of Lucan, were equally characteristic of the disease in question.

"Sanguis erant lacrymæ: quæcunque foramina novit
Humor, ab his largus manat cruor: ora redundant
Et patulæ nares: sudor rubit: omnia plenis
Membra fluunt venis: totum est pro vulnere corpus."

I therefore determined to change my plan, and to substitute Dr. Parr's specific, for bark, mineral acids, and astringents generally. The result was beyond my most sanguine expectations. In purpura, and all analogous conditions of the system, nitre fully justified the appellative of "*instar omnium*." Discrimination, and the occasional interposition of purgatives, such, in particular, as combinations of rhubarb with carbonate of soda in full doses, will, nevertheless, be found indispensable; and when purpura hæmorrhagica supervenes, as it sometimes does, on a plethoric habit, even abstraction of blood, as a precursory measure, may be required. The diet should be the lightest possible; cold barley-water, or gruel, is the most appropriate. With respect to the best mode of exhibiting the nitre, I may repeat what I formerly said, —viz., that "it has agreed best when given with an equal quantity of sugar, in cold water, in doses of from ten grains to a scruple, every two or three hours, and, in urgent cases, still more frequently. In the mild ordinary cases of purpura simplex, the repetition of the dose three times a day will be sufficient." Mr. Cameron's dose in sea-scurvy was one drachm, with which he recommends vinegar and water as a drink, but this is a larger dose than the stomach will ordinarily bear; still it is impossible to lay down any rule for the extent to which nitre may be given in any particular case, and it may be said generally, that, as long as the stomach is not offended, there is no danger of excess. I have often, on the other hand, found five-grain doses enough. In the progress of convalescence, it will be well to make camphor mixture the vehicle of the nitre, and ultimately to substitute carbonate of soda for the nitrate of potass, in a ten-drachm draught of camphor mixture, to be taken twice or thrice daily for some time. This, with a gradually improved diet, will supply the place of all other tonics.

I am, Sir,
Your obedient servant,
CLEMENT CARLYON.

Truro, Nov. 24, 1848.

LETTER IN REPLY TO DR. COLLINS, ON THE DURATION OF LABOUR AS A CAUSE OF DANGER AND MORTALITY TO THE MOTHER AND INFANT.

By J. Y. Simpson, M.D.,
Professor of Midwifery in the University of Edinburgh.

To Dr. Collins, formerly Master of the Dublin Lying-in Hospital, &c., &c., &c.

My Dear Sir,—

Allow me to set you right in regard to some of the *new* statements which you have made in your second letter in the *Provincial Journal*. These new statements involve you only in new errors, and give me the additional trouble, and, let me add, the pain, of replying to them. You have, however, one great advantage. It is a hundred-fold more easy to make statements than to answer them. You, or any one, may at any time make in a couple of lines, an assertion which may require a couple of pages properly to analyse and expose. But let us proceed:—

1. You observe, "Professor Simpson asks why I did not state that during the first three years of my Mastership, out of 5629 women delivered, 106 died, or 1 in 53. In answer, (you add,) I could not state so and state a fact, as there were 7547 deliveries in the period stated, and 110 deaths, or 1 in 68."

The answer to this (the *only* point on which you challenge the correctness of my various computations,) is abundantly simple. If error there is, it is yours, not mine. It is in your statement of facts, not in my calculations upon them. Your Mastership of the Dublin

Hospital lasted for seven years, from November 1826 to November 1833. You declared in your first letter in the *Provincial Journal*, (p. 573,) that during the last four of these years 10,785 women were delivered. To use your own words, "for the last four years of my residence in the Hospital after puerperal fever disappeared, the very great number 10,785 of deliveries occurred." Further, in your second letter, you now declare that during the first three years of your residence, 7547 deliveries took place, and not, as I computed them, 5629. But if you had 10,785 deliveries during your four last years, as you stated in your first letter, and 7547 during your three first years, as you state in your second letter, then you must have had in all, not 16,414 cases, as you have always hitherto averred, but 18,332 cases; for 10,785 + 7547 = 18,332. Or, if you had in all, during your seven years' Mastership, (as you have always hitherto stated,) 16,414 cases only, and if 7547 of these occurred during the first three years of your residence, then only 8867 of them occurred during the last four years, and not, as you have before averred, 10,785; for 7547 + 8867 = 18,414.

My computation, that you had during the first period of your residence 5629 cases, with 106 maternal deaths, or 1 death in every 53, was built upon a very simple calculation, and one which is quite correct, you will find, according to the data which you yourself gave. You had, (according to your own first and reiterated statement,) 16,414 deliveries in all, with 164 maternal deaths; or 1 in every 100 mothers died. Of these 16,414 deliveries 10,785 occurred "during," or, as you express it, "for the four last years of my residence in the Hospital after puerperal fever disappeared," with 58 maternal deaths, or 1 in 186. Now, if you substract 10,785 from 16,414, you will find remaining for the first three years, the number I gave,—viz., 5629 deliveries; for 16,414—10,785 = 5629. Again, if from the whole number of maternal deaths—164, you substract the declared number during the four last years—58, you will find remaining as the number of deaths for the first three years, 106; for 164—58 = 106. And 106 deaths in 5629 deliveries, makes 1 death in 53, as I originally stated it. The whole may perhaps be more plainly expressed to you in three lines, as follows:—

During the whole—			
7 years, there were	16,414 cases;	164 deaths;	or 1 in 100.
For the last—			
4 years, there were	10,785 cases;	58 deaths;	or 1 in 186.
Hence, for the first—			
3 years, there were	5629 cases;	106 deaths;	or 1 in 53.

I repeat, then, that when I stated you had 5629 cases, with 106 deaths, or 1 death in every 53 deliveries, during the earlier part of your Mastership, and before puerperal fever accidentally disappeared from the Hospital, I stated precisely and accurately the results which your own data afford. My calculations are correct if your data are correct!

2. You observe:—"Professor Simpson states in reply to my remarks upon the excessive mortality of 1 in 21 in the Edinburgh Hospital (in 1821 and 1822) under the late Dr. Hamilton,—'you (Dr. Collins) know that this high mortality arose from the prevalence of puerperal fever.' I beg (you add) to say, that Dr. Hamilton peremptorily declares, that not one case of puerperal fever occurred in the above period. See the late *Dr. Mackintosh's Essay*, published in 1823, where *he asserts* the mortality was 1 in 18."

Upon this paragraph of yours, I must take the liberty of making two remarks. And, *first*, in the Essays of Dr. Mackintosh to which you refer me, that gentleman assuredly *nowhere* asserts that the mortality of the Edinburgh Lying-in-Hospital, in 1821 or 1822, or in any other year, was 1 in 18. Dr. Mackintosh knew far better than to make any such rash mis-statement of simple facts. It is *not*, as you aver, an assertion of Dr. Mackintosh's, but, I am sorry indeed to add, an assertion of Dr. Collins' own. You made it for the first and only time in which it was made, in a painfully violent and intemperate attack upon the late Dr. Hamilton, which you published in the *Dublin Journal* for 1838, and to which you refer in your first letter to me. And you must kindly excuse me, if I defend the respected memory of Dr. Mackintosh from the odium of calumniating his brother practitioners, by having made the improper and unworthy assertion which you choose to attribute to him.

The printed Annual Reports of the Edinburgh Lying-in Hospital, show, that, in 1821, 190 women were delivered within the Hospital. Of these 7 died, or 1 in 27. In 1822, 168 women were delivered within the Hospital, of these 5 died, or 1 in 33. During these two years, out of 358 women delivered within the Hospital 12 died, or 1 in 30.

But, *secondly*, these 12 women did die, as I have stated, of epidemic puerperal fever. It grieves me, and it must, I am sure, grieve your best friends and well-wishers, to see you anxious to deny this. As your authority, you yourself refer me to Dr. Mackintosh's Essay, (1823.) Well, in that work, Dr. Mackintosh gives the following summary of the symptoms in the seven women that died in the Hospital in 1821:—"They had," he says, "rigors; pain of abdomen and of forehead; progressive increase of pulse; difficulty of breathing; anxiously expressive countenances; tumefaction of abdomen. The lochiæ were not suppressed; on the contrary, they flowed in natural quantity and quality." (p. 31.) Ten pages further on (p. 41,) Dr. Mackintosh states that the five patients who died in the Hospital in 1822, "had analogous symptoms." Surely no obstetric pathologist or practitioner would or could say, that these cases, with these symptoms, were not cases of "puerperal fever," as you and I, and all of us understand that generic nosological term.* On this point I unhesitatingly appeal to Dr. Collins himself, but not to the writer (*scriptor præceps*) of the letters signed "Dr. Collins," in the *Provincial Journal*. Dr. Hamilton termed the cases "puerperal peritonitis." But *your* own author (Dr. Mackintosh, p. 12,) very properly designates any attempt in this way to deny that they were not instances of puerperal fever, as a mere "*sophistical* statement."

* A difference in the name makes no difference in the thing named. You call the disease "puerperal fever" in your Treatise. I sometimes give it the double name, "puerperal fever and inflammation," as marking the two principal morbid actions which exist and co-exist, not as cause and effect, but as co-incident effects, as I believe, of one common cause, viz., a diseased state of the blood. But still I repeat, a difference in the name does not alter the disease named.

Besides, that epidemic puerperal fever was very prevalent in Edinburgh in 1821 and 22, is well known to every obstetrician who is at all conversant with the literature of his profession. Two large octavo volumes were published on the special Edinburgh Epidemic of those years; one by Dr. Mackintosh, (to which you refer;*) the other by Dr. Campbell.† In his work on Puerperal Diseases, your own townsman, Dr. Churchill, bestows a page on the Edinburgh puerperal fever of these years 1821-22; and states (p. 289,) the disease "was epidemic in the Lying-in Hospital of Edinburgh in 1821-22."‡ It carried off, at that time, many patients in private practice. In his Essay, Dr. Mackintosh speaks of the late highly-esteemed Dr. Kellie, as one of the most experienced, and, in fact, greatest authorities "in midwifery." That excellent and able practitioner lost in Edinburgh and Leith, 15 patients from puerperal fever, during the prevalence of the epidemic I speak of.

3. In your article in the *Dublin Journal* to which I have above referred, you say the comparison of your practice with Dr. Hamilton's is like the comparison of "light with darkness," seeing that in the Edinburgh Hospital in 1821 and 1822, 1 in 21 died.§ I have above shown you, that the mortality was 1 in 30, and in my former letter to you, I stated that, *under the same circumstances*,—viz., the prevalence of epidemic puerperal fever, "in one year (1826,) when you acted in the Dublin Hospital, partly as Assistant Physician, and partly as Master, 81 out of 2440 women delivered, died, or 1 mother in every 31." In your last letter you do not gainsay the fact of this high mortality in that year; and you further confess, that you acted as Master from November 1826; but you aver that it is "contrary to the fact," that you were Assistant-Physician in the earlier part of that year. It is a matter, as you must be aware, of little, or indeed of no moment, so far as regards the main question, viz., the mortality in the hospital under puerperal fever at that time. But I made the statement in consequence of your having published in 1836 the following remark in the preface to your Treatise:—"These opinions [the strikingly small mortality from protracted labour, &c.,] I can (you say,) with truth state, have not been rashly formed; on the contrary, they are the result of an anxious and diligent attention to the duties of my office, as Assistant and Master in an Hospital where I resided *for a period of ten years, commencing February* 1822, during which time, 24,119 deliveries occurred.—(*Preface*, p. 11.)

4. You observe,—"Professor Simpson states that he thinks he sent me a report of the Edinburgh Hospital, which I never even heard of."

At your own private request, I sent you a duplicate of this report a short time ago. And lest you should still miss the part alluded to, let me quote it for you. It is at the bottom of p. 2, and runs thus:—"A report has been circulated against the Hospital to the effect that the mortality amongst its patients has been of late unusually great. The very reverse of all this is the truth. From the 21st June, 1839, to the 15th October, 1840, 212 were delivered within the Hospital, and all of them recovered. During the same time, 718 cases of labour occurred among the out-patients; of these only one died, and that in consequence of organic disease of the heart. It is confidently presumed, that no Lying-in Hospital in the United Kingdom can show so small a mortality within the same period. In the great Westminster and Dublin Hospitals, from 1 in 80 to 1 in 150 of the women delivered, have, for some years past, died during their confinement. Among the patients of the Edinburgh Hospital, only one in 900 died within the period alluded to."

I do not state this result of 1 death in 900, when puerperal fever was absent, with any view whatever of boasting of superior success over others, such as you have so repeatedly and strongly claimed for yourself, when, under the same circumstances, (viz. the absence of puerperal fever,) you lost 1 in 186. But I recall your attention to the result, for another reason, viz., in consequence of the averment or assertion that you thought fit to make in your first letter, that 1 death in 21 "is the *only* record in existence (I quote your own words.) of the mortality of this public charity," the Edinburgh Lying-in Hospital. I am perfectly aware that a practice under selected time and selected circumstances, such as your return of 1 in 186 in Dublin and the above of 1 in 900 in Edinburgh, does not represent the general average mortality at other times, and under other circumstances. During your first three years Mastership, when puerperal fever was occurring in the Dublin Hospital, you lost 1 in 53; and during the first two years of the Edinburgh Maternity Hospital,* viz. from 1844 to 1846, when puerperal fever was more or less prevalent in the house, there was exactly the same mortality of 1 in 53; 7 women dying among 574 in-patients. Among the out-patients of the same Institution, (the Maternity Hospital,) during the same period, only 4 died out of 1101 deliveries, or 1 in 275. The mortality among the in-patients was somewhat above the proper standard, and the most mortality among the out-patients was somewhat below its standard, in consequence of out-patients, when severely ill, being sometimes transferred to the Hospital, and in one or two instances dying there. But I believe you will find, that the markedly greater mortality here as elsewhere, in hospital, than in dispensary or private practice, arises principally, or indeed almost

* A Treatise on Puerperal Fever, &c. (1822,) and Reply to a Pamphlet on it, (1823.) It is this last work, (1823,) to which Dr. Collins refers, and from which the above extracts are taken.

† A Treatise on the Puerperal Fever, as it prevailed in Edinburgh in 1821-22. "It visited," says Dr. Campbell, "this establishment (the Lying-in-Hospital,) in 1821-22, and proved fatal to several patients," p. 16.

‡ Observations on the Diseases of Pregnancy and Childhood, (Dublin, 1840,) p. 285, 286.

§ "The *difference* in practice [between me (Dr. Collins) and Dr. Hamilton.] is truly remarkable, and the familiar comparison of *light* with *darkness* is very *appropriate*."—*Dublin Journal* for 1838, p. 320. In this extract, I beg to state that I have left the italics exactly as Dr. Collins himself originally printed them.

* To prevent mistakes I ought perhaps to state that two Edinburgh Lying-in Hospitals are alluded to in the text,—1. The old "Lying-in Hospital," Park Place, opened in 1793, and broken up in 1843, in consequence of debt and defect of funds; and, 2. The "Maternity Hospital," opened in 1844, in St. John Street, and now removed to Milton House, Canongate.—See a report of the first two years practice in the Maternity Hospital, in the November number of the *Monthly Journal of Medical Science*.

entirely, from the greater liability of hospital patients to puerperal fever; and when this accidental "complication," (as you term it) chances to be absent for a time from an hospital, the rate of mortality may be decreased unusually for that time, as during the fortunate "accidental" absence of it in the last four years of your mastership, and in the Edinburgh Hospital for 1839, 1840. If the master or captain of a sailing vessel happened to make an unusually fortunate run from Liverpool to America, or to the West Indies, in consequence of the "accidental" circumstance of having a fair wind during the latter half of the voyage, surely that is no reason for him to arrogate to himself a knowledge of seamanship superior to all other captains and masters, who did not happen to meet with the same "accidental" fair wind. If such a person should in consequence talk modestly of his nautical skill, as compared with that of compeers, as "light with darkness," pray, in your opinion, what should his compeers really think of him? I should be afraid to tell you openly my honest opinion upon the matter.

In your first letter in the *Provincial Journal*, you declare the mortality in the old Edinburgh Lying-in Hospital to have been "unprecedented." At the time of your controversy with Dr. Hamilton, Dr. Moir, who acted for many years as physician in that Hospital, summed up with great care and labour the results of 2890 cases of delivery within the Hospital, which had occurred in the course of the fourteen previous years, and with the intention of publishing them. But other duties interfered at the time with that intention, and he lost interest in the question, and the papers have since lain beside him in an unfinished state. He empowers me however, to state, that among these 2890 cases, only 11 deaths, or about 1 in 260 occurred from other causes than puerperal fever. There was scarcely, if ever, a single year of perfect freedom from attacks of puerperal fever, and 36 out of the 2890 patients died from its effects, or about 1 in 83. Altogether, including the accidental deaths from puerperal fever, 47 women died out of the 2890; or about 1 in 61. During the same term of years 5916 of the patients of the Institution were delivered out of the Hospital; of these 5916 out-patients 24 died, or 1 in every 246; and of these 24 deaths 14 were from puerperal fever. These cases, as I have said, occurred during the fourteen years, from 1823 to 1837. In your Hospital in Dublin, during the same fourteen years, viz., from 1823 to 1837, (and with all your superior advantages in accommodation, in attendants, in space, in bedding, and in riches) out of 34,170 delivered 472 died, or 1 in 72, and an enormous number of the children were lost. These years include too, your four "accidental" years in which there was puerperal fever. If we exclude these four years, viz., from 1830 to 1833, then the mortality in the Dublin Hospital from 1823 to 1837 was 1 in every 5. In the Edinburgh Hospital, at the same time, among the in-patients 1 in 61 died. Among both the in and out-patients taken together, the maternal deaths amounted to 1 in every 124. Methinks, then, if the mortality in the old Edinburgh Lying-in Hospital was (as you assert,) "unprecedented," it has, at least been very fully "equalled" elsewhere.

But, let us proceed one step further, and enquire which of the two Hospitals, (the Dublin or the Edinburgh,) presented the greatest obstetric mortality during these years.

Now, you have repeatedly, and at various times and places, declared that puerperal fever may be considered an "accidental" complication* in hospital practice; and hence, I take it, you believe that the deaths from this cause being independent of the previous obstetric treatment of the patients, may be omitted (as you have proposed to do,) in any computation where we attempt to trace a statistical difference in the effects of different modes and forms of actual obstetric practice. In the Edinburgh Hospital during the fourteen years above mentioned, out of 2890 deliveries, 36 women died of puerperal fever, or 1 in 83; and 11 died from other causes, or 1 in 263. The published returns of the Dublin Hospital do not show how many died during these fourteen years, of puerperal fever, and how many of other more truly obstetric causes. But your returns for seven of these years shew this:—During these seven years, out of 16,414 mothers 56 died from puerperal fever, or 1 in 293; and from other causes 108, or 1 in 152. Putting then aside in both Institutions, the deaths arising from that "accidental" cause, (puerperal fever,) the resulting practice is as follows:—In the Edinburgh Hospital 1 in every 263 mothers died; in the Dublin Hospital 1 in every 150 mothers died. Perhaps the result will be more clear if I place it in a tabular form, as follows:—

Hospital.	Total Cases.	Deaths from other Obstetric and Pathological Complications.	Deaths from Puerperal Fever, an "Accidental" Cause.
Dublin ..	16,414	108, or 1 in 152	56, or 1 in 293
Edinburgh	2890	11, or 1 in 263	36, or 1 in 83

This table and the preceding statements will, I think, satisfy you that the obstetric practice of the Edinburgh Hospital was really not so "unprecedented" in its effects as you have at several times anxiously attempted to declare it. And I have sincere satisfaction in publishing these results, for this reason, that they will show to all unprejudiced minds, on what unfortunate and very erroneous grounds you proceeded in that attack of yours upon the late distinguished Dr. Hamilton, to which you and I have already referred in the course of these letters.

In your "Treatise" you state that out of 17,308 women delivered in the Lying-in Hospital of Paris, nearly 1 in 24 died. In that Hospital, in 1829, puerperal fever raged in every form, (see the descriptions of Tomelle, Dance, Duplay and others.) Without, of course, telling the cause of the mortality, you further state in your Treatise, (p. 343,) that in the Parisian Hospital in that year "1 in every 12 or 13 women delivered died." In the *Dublin Journal* for 1838 you further aver (p. 420,) that in the Edinburgh Hospital in 1821—22, (when, as we have seen, puerperal fever also prevailed,) the mortality was "1 in 21." I have already shown you it was 1 in 30. I leave,

* See, for example, your "Treatise," p 365; your papers in the *Dublin Journal*, Vol. xi., p. 42, and Vol. xiii., p. 406; and your first letter in the *Provincial Journal*, p. 573.

however, your two premises or assertions about the amount of mortality in the Parisian and in the Edinburgh Hospitals for what they may be worth; but the arithmetical inference which you draw from your premises, that "the mortality in the Edinburgh Hospital was more frightful than in the Paris Hospital," is surely rather too strong an experiment upon the credulity even of your Irish readers. I strongly suspect that the inference at least is, as you call it "unprecedented" in medical logic and medical arithmetic.

5. In a postscript to your first letter to me you denounce, or rather attempt to denounce, the mortality of the Edinburgh Maternity Hospital since the introduction of chloroform, as "frightful." And you come to this conclusion by perverting (no doubt unintentionally,) the returns which I gave of it, in a Report on Anæsthesia, published in the October number of the *Monthly Medical Journal*. The facts stated in that Report in reference to the use of chloroform in the Maternity Hospital were these:—To test its usefulness, effects, mode of action, &c., in natural labour, it was stated that up to the date of the Report it had been employed in 88 natural cases. Of these 88 mothers one died six days after delivery, from convulsions connected with albuminuria and diseased kidneys. The other 87 women recovered, their recoveries being "altogether more perfect and speedy" than usual. There were other 50 or 60 cases of natural labour in which chloroform was not used, from the labour being very speedy, &c., and all these mothers recovered. Chloroform was also used in seven morbid labours that happened to be brought into the house, viz., three cases requiring forceps, and four cases requiring turning. These patients were put under chloroform at the time of operating, to save them from the pains and shock of the operation. Two died,—one of the turning cases from rupture of the uterus; and one of the forceps cases from sloughing of the maternal passages. This last patient had been allowed to be greatly too long in labour before she was operated upon and chloroformed; and let me remark, it was the only instance I ever saw in Edinburgh of sloughing of the maternal passages, but it is an affection which is, I believe, by no means very rare in your Hospital.

Now, what do you with these data? You take the cases in which chloroform was used in natural labour; to these you add the seven cases of difficult operative delivery in which it was employed, and where the danger or death of the patient was surely not from the chloroform, (for I scarcely fancy you will go the length of alleging chloroform can produce "rupture of the uterus or sloughing of the passages.") You thus ungenerously get 95 cases in all, with 3 deaths, and then declare 1 maternal death in 31, as "the result of anæsthesia." I will not venture to comment upon such a mode of professional argument. To carry out and perfect the same unique process of reasoning, you should have taken the 7 instrumental cases alone, and then declared 1 death in $3\frac{1}{2}$, as "the result of anæsthesia." It would have been equally fair. In the Report from which you have culled the preceding data, I have reported from various quarters 8 or 900 cases of delivery under chloroform, and in some of them (as in the above,) the chloroform was used merely because the cases were bad or instrumental; and yet of the whole, 7 died—4 of the 7 from epidemic puerperal fever. I do not know if it will interest you, but I may add, that within the last week I have received from America the first volume of the "Transactions of the American Medical Association." In it there is a Report by a Committee of the Association in May last, on Anæsthetics in Midwifery. From this Report I quote for your information a single sentence, to show you that there is not as much staunch professional prejudice in America as in Ireland. "The anæsthetic agents, æther and chloroform, have now been used in perhaps 2000 cases of midwifery; and, so far as the Committee have been able to learn, without a single fatal, and very few, if any, untoward results." (p. 228.)

6. In both your letters you decry, or attempt to decry, the results of my private midwifery practice. When you did so in your first letter, I abstained from answering it, for I thought you had committed yourself in an unguarded and hasty moment, and would betimes see that it was wrong in a physician, and above all in you, the President of the College of Physicians of Ireland, to indulge yourself publicly in any attack upon the private practice of any member of the profession. As, however, you seem to have no such feelings, and repeat the attack in your second letter, let me at once answer it. In the report on Anæsthesia above alluded to, I state that I had used anæsthetics in 150 cases of midwifery in private practice; that out of these 150 cases one child was still-born and putrid; the other 149 were born alive; and that of the mothers, 2 died from epidemic puerperal fever, (which was prevalent here at the time;) all the others recovered. In the Report I farther mentioned, that since anæsthesia was introduced into midwifery, I had attended 20 or 30 other cases where anæsthetics were not used, and two mothers out of this class died,* —one under an attack of puerperal convulsions and coma that suddenly came on fourteen days after delivery, (she had been greatly agitated by her husband having been found dead in bed two or three mornings before;) and the other about three weeks after delivery, from an attack of fatal syncope apparently connected with acute endocarditis. Both patients were well till a fortnight after delivery, and consequently would have been most certainly reported as recoveries instead of deaths in the Dublin Hospital, where the patients, if able, leave on the eighth or tenth day,—a means by which, you will allow me to remark, the *apparent* mortality with you is no doubt considerably diminished.†

* If anæsthesm had happened to be used in these two cases, would you not, for one, have roundly declared the two deaths to have been the indubitable results of the anæsthesia?

† You must permit me to direct your attention strongly to this matter,—the *early dismissal* of your patients, as a most important point of fallacy between your returns and those of some other hospitals. In addition to the two above cases of deaths from causes supervening suddenly on or after the fourteenth day after delivery, let me state that, out of the nine deaths alluded to in the text as having occurred in the course of my private practice, a third,—viz., the one from acute mania, came on also upwards of a fortnight after delivery. My patient was already in the drawing-room, when some very afflicting family news was incautiously communicated to her. She was led back to her bed-room maniacal, and died in a few days. Hence, I repeat, out of these nine fatal cases, three of the deaths originated from causes and attacks coming on a fortnight after delivery; and of the

The first of these patients was so well as to be again under the charge of her ordinary medical attendant, Dr. Maclagan; the second had been delivered so easily and speedily, that there was no sufficient time even to send a messenger for me before the child was born, and her convalescence was so perfect for the first fortnight, that I did not see her above four or five times during all that period. But to quote your own words, "*I* (Dr. Collins) *can aver, we know of no such mortality in Ireland.*" Of course. But then we have already seen that your memory and judgment sometimes betray you about averments and assertions. Let me merely add, that in upwards of 1000 cases of labour which I have now had in private practice, I have lost five other cases within the puerperal month; three from puerperal fever—one from acute puerperal mania—and one from slow draining hæmorrhage after delivery, (there were found on dissection by Dr. Malcolm and myself, upwards of forty fibrous tumours in the uterus.)

And I think I am quite entitled to add, that I have had entrusted to me, for some years past, from various parts of the United Kingdom, a number of difficult and complicated obstetric cases, amounting to far, very far, above the share of morbid labours that are usually met with in any common single practice. At the present time for instance, I have under my care, among other such cases, two of advanced pregnancy, complicated with one or two lesions, that proved fatal in a case mentioned above, namely, the presence of large fibrous tumours in the uterine walls; and one of these patients has come several hundred miles to be under my professional charge, in consequence of the danger apprehended from this disease at her approaching confinement.*

The Provincial Medical Association of England (in whose Journal this letter and yours are printed,) is a Society of high minded professional gentlemen; and as I finish this paragraph, I feel that I owe them an apology for obtruding upon their pages such a subject as the defence of my private practice; but I trust they will kindly excuse me, when they remember that it was you, in the first instance, who did not scruple to force the matter, however improperly, upon their notice, and upon mine.

A distinguished countryman of yours, an enthusiastic Irish writer and politician, Thomas Davis, a few years ago, gravely proposed, as the surest method of regenerating Ireland, that you and his other countrymen should reject the English language, and talk in nothing but the old Irish or Celtic tongue. "Nothing," says Mr. Davis, (I quote from his Literary and Historical Essays, p. 177,) "nothing can make us believe that it is natural or honourable for the Irish to speak the speech of the alien, the invader, the Sassenagh tyrant, and to abandon the language of *our* kings and heroes. What! give up the tongue of Ollamh Toohla, &c. &c." On reading over your first strange and characteristic letter to me in the *Provincial Journal*, your amusing anxiety to resist my calculations, and defy my inferences, seemed to me rather analogous to the reasoning of Mr. Davis. "Nothing can make us believe that it is natural or honourable for the Irish to adopt the doctrines and computations of the alien, &c. &c." But in this thought, I fear I did your countrymen, and you, injustice. From several of them (and some of them your personal friends,) I have had letters confessing the soundness and importance of the generalizations which I have drawn from your data, and regretting the absurd and untenable ground you had taken up. Since you yourself only challenge *one* of my calculations as wrong, (and yet the error there, if any, as I have already shown, is yours,) I must believe that you could find no flaw in the various other and far more important computations which my first letter to you contained, otherwise you would have pointed it out.

Amid the various irrelevant subjects into which you branched off in your first and second letters, let us not forget that the *main and original question* to which these unchalleuged figures refer, was the question of the effect of protraction increasing the mortality accompanying parturition to both mother and child. Dr. Hamilton declared it as the result of his observations, that besides this, the protraction of labour produces in the mother also an increasing liability to retention of the placenta, to uterine inertia, and hæmorrhage, to febrile and inflammatory affections, &c. All this you asserted was not the fact; but all this and more your own data show, by the clearest and simplest *statistical evidence* to be the fact. I have already, in my first letter, given you a specimen in regard to puerperal fever. Nay, if you had actually invented cases and figures to disprove your own doctrines on these points, you could not have well suggested more strong figures for the purpose than are to be found in your Practical Treatise. When our busy season here is over, I shall send you a copy of tables

nine, only six would have appeared as deaths in such returns as yours. For, in your "Treatise" you state (p. 500,) that in most instances the mothers were dismissed "eight, nine, or ten days after delivery." I do not mean to argue that you would have returned a third more of deaths, if, instead of dismissing your patients on the eighth or tenth day, you had kept them, as in some other hospitals, for fourteen days, or longer. But I feel quite certain of this, that by thus getting your patients' names so early removed from the books, you more or less greatly diminish the apparent amount of mortality.

* Permit me to make in this foot note a remark which the re-reading of the text strikes me as being an omission. I have alluded to the frequency with which difficult cases of midwifery happen to be entrusted to my care. I have instanced one complication, (the co-existence of pregnancy with very large fibrous tumours,) because the two cases alluded to happened to recur to my mind at the moment of writing. Take them then as an example. Such cases are sufficiently rare, (I do not remember that you mention one among your 16,414 hospital patients,) and I think you will not deny that they are also sufficiently dangerous. I have just turned up the work on Pregnancy by your townsman, Dr. Montgomery. At p. 183, he says, "When such tumours acquire great bulk, and pregnancy occurs, they give rise to a combination which is fraught with fearful dangers to the unhappy sufferer." Further, be so good as remark, that I do not object to your counting the results of my private practice, provided *only* you count them honestly and fairly, and provided also you recollect the great over-proportion of difficult and consequently dangerous cases which my position here (however unworthily,) brings under my care. To go back to the same obstetric complication as an illustration, (for one illustration is as good as another,) let me add, that in the course of the last four or five years, I have had placed under my charge, during labour, (and *merely* because they were considered bad and dangerous cases,) five cases of pregnancy and delivery, in addition to the two mentioned above, complicated with these large uterine tumours; one of the five being the fatal case alluded to in the text.

on these points, that I calculated from your work, and laid before the Medico-Chirurgical Society here two or three years ago, and which I certainly would have published ere now, had I not kept them back purely in deference to your feelings, on a subject on which you had already so strongly and unfortunately committed yourself.

Before closing, permit me one word more. I beg you again to remember, that the present discussion was, in the first instance, entirely commenced on your part, not on mine. I have hitherto stood mainly on the defensive. If, in doing so, I have hurriedly or incautiously used at any time any expression that is in any way improper, I beg to express my sincere regret for it. And if I have made unwittingly any statement that is erroneous, I shall be happy to correct it. But remember, I do not promise to answer any further communications on the present points. If you will go wrong, I am not surely to be continually taxed to keep you right. For, my dear Sir, I have at this season, really much more important duties to attend to than to prevent the President of the Irish College of Physicians from committing open irregularities in statistical and other professional matters. If, however, you choose still to persist in this course, I must transfer the answering and further charge of you to some of my young and idler medical friends.

Very faithfully Yours,

J. Y. SIMPSON.

Edinburgh, Nov. 18, 1848.

[We have to apologize to Professor Simpson for allowing the passages calling in question his *private* practice to appear. We ought certainly to have exercised the editorial privilege of erasing the passages referred to from Dr. Collins' letters.]

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF PROFESSOR SANDS COX, F.R.S., SENIOR SURGEON TO THE HOSPITAL.

Reported by PETER HINCKES BIRD, Resident Medical Officer.

CASE XIII.

CANCER OF THE TONGUE.

Augustus Faulkner, aged 45, glass-drop grinder, was a patient in the Queen's Hospital under Professor Cox, in March last, with cancer (scirrhus) of the tongue; it was entirely extirpated by excision, the wound healed up, and he was discharged relieved in April, at which time there was no sign of any re-appearance of the disease, either in the tongue or in the glands of the neck.

He states that about three months after the extirpation of the tongue, he first perceived a re-appearance of the disease on the back and left side of the remains of this organ; it gradually got worse, and was attended by pain, described as sharp, shooting; about the same time he perceived that the glands under the left jaw began to swell, and they have gradually increased in size ever since. Various applications have been employed, but without any permanent relief. Opiates have been given to allay the pain.

October 8th. He now attends as out-patient at the Hospital, and is in the following state :—Countenance sallow, anxious, and dejected; the glands of the neck on the left side have swelled to about the size of his fist; the tumour feels soft and fluctuating, and gives him great pain, described as being constant, lancinating, shooting to the ear and top of the head; the tumour appears also to extend into the throat, and is seen to occupy the left side behind the soft palate. On examination the remains of the tongue appear indurated, and the back of the tongue on the left side is covered with fungous granulations, and discharges a thin, and sometimes a very offensive matter; the tumour in the throat interferes very much with deglutition, but his appetite is good; the pain prevents him from sleeping; he cannot open his mouth so wide as he used to do; pulse very feeble, 74; bowels open; no cough; no pain in the chest. R. Acid. Nitr. Dil., dr. iij.; Inf. Rosæ Co., Oss. M. Fiat gargarisma. R. Pulv. Opii, gr. iss.; Conf. Rosæ, q.s. ut fiat pil., omni nocte sumenda.

14th. Admitted as in-patient. Complains of the intense pain; the tongue discharges from the posterior part matter of a very fœtid odour; he cannot masticate solid food. Continue the medicine. To have broth, beef-tea, light pudding, ale, &c.

19th. The glands on the right side have begun to swell, and feel painful; the swelling on the left side is getting very soft towards its lower part; he also complains of pain in the right ear; the ulcer at the back of the tongue discharges as much (he says,) as half-a-pint of offensive matter in the course of the day; the pain in the left side of the neck still continues as before; sleeps indifferently at night; cannot open his mouth wider than to admit his finger. R. Liq. Opii Sed., m. lx.; Tinct. Camph. Co., dr. ij.; Aquæ, oz. j. M. Fiat haustus hora somni sumend.

28th. The tumour on the side of the neck is very soft and fluctuating. Mr. Cox introduced an exploring needle, and a few drops of fluid followed; a small trocar and canula were then introduced, and about three ounces of a fluid, of a light yellowish brown colour, were drawn off; this fluid contained numerous flakes, which, under the microscope presented numerous nucleated cells and plates of cholesterine; cholesterine was also obtained by evaporating the fluid to dryness, and adding æther to it.

November 5th. Feels worse, the pain is much complained of; the swelling in the parotid region is again increasing; the ulcer at the back of the tongue discharges a great deal of thick matter, tinged with blood; he complains of slight cough at times, with expectoration; there is slight pain in the right hypochondriac region; throat feels very sore; complains of sharp pain in both ears; is evidently getting weaker. The draught at night only eases the pain for a time. R. Pulv. Opii, gr. iss. Conf., q.s. ut fiat pil., ter die sumend.

9th. The swellling in the left parotid region is again increased in size, and distinctly fluctuates; four ounces of fluid similar in appearance to the last were drawn off.

He has latterly been troubled with cough, and to-day it is very troublesome; the glands of both sides of the neck, more especially on the left side, are enlarged and indurated. He complains of much pain round the head, and in the ears; the tumour at the back of the tongue is getting larger, so that both respiration and deglutition are considerably impeded. The ulcer at the back of the tongue discharges a great quantity of thick offensive matter, streaked with blood.

12th. Last night he was suddenly taken worse, with symptoms of suffocation, but which soon went off; he, however, gradually got worse, falling into a state of coma, and died about twelve, p.m., asphyxiated.

Post-mortem. Body well developed, and covered with a thick layer of adipose tissue. On opening the thorax, the first thing that struck my notice was that the lungs entirely occupied the cavity of the pleuræ. There was a layer of fat in the anterior mediastinum. The pericardium was distended with air, and in addition contained one drachm of straw-coloured serum. There was a considerable deposit of fat over the right ventricle; beneath the visceral layer of the pericardium there were two white patches of lymph, indicating old sub-acute pericarditis; the veins of the heart were congested; the right side of the heart was also gorged with black blood; the walls of the right ventricle were apparently thicker than natural, and contained one or two small deposits of fat, interspersed between the muscular fibres. The tricuspid valves and orifices healthy; the pulmonary orifices and valves healthy. Left ventricle decidedly hypertrophied; columnæ carneæ and chordæ tendineæ well developed; the mitral orifice healthy; mitral valves healthy. The coats of the aorta, as far as the bifurcation of the iliacs, healthy. Lungs of a deep red colour, owing to venous engorgement; the apices of both lungs were adherent at their posterior part; the right lung contained a cretaceous deposit; the mucous membrane of the trachea and bronchial tubes was in a state of congestion, and the bronchial tubes contained a small quantity of frothy mucus. Weight of heart and lungs four pounds three ounces. The mucous membrane of the stomach was congested, and thrown into large rugæ, particularly in the course of the great curvature; the muscular structure near the pyloric orifice was much thickened. Intestines not examined. The liver weighed three pounds six ounces, was very friable, but otherwise appeared healthy. Kidneys were extremely gorged with blood, but in other respects apparently healthy. Ureters healthy.

On the posterior part of the remains of the tongue was a large fungoid mass, of very irregular shape, containing in its cavities a very offensive pus; the epiglottis was evidently much pressed down by the tumour, and was only slightly open; the thyro-epiglottidean folds of mucous membrane were much thickened. A thin slice, taken from the diseased mass, submitted to the microscope, presented numerous nucleated cells, some of them of large size. The tumour on the left side of the neck contained about one ounce and a half of the same fluid as previously described; the walls of the cyst were composed of integument externally, and of the sterno-mastoid muscle and other tissues internally. The sub-maxillary gland was converted into a mass of scirrhous matter, cutting firmly under the knife, and exhibiting the fibrous bands; the sublingual glands were also the seat of the morbid deposit. The inner side of the cyst was also lined with scirrhous matter; the nerves on this side of the cyst were plainly seen without dissection. Several of the glandulæ concatenatæ were filled with a chalky deposit.

The history of this case previous to the operation of extirpation, and the details of the operation, together with the causes, and a statistical account of this disease, have been published,* but the unfavourable result of the operation remains to be told. The prognostication there delivered has been verified: in less than three months after the excision of the tumour, the disease returned, and by its gradual increase, caused death by asphyxia.

Dr. Warren relates a case in which the affection reappeared within two months after the operation, and, as a proof of its occasionally rapid growth, records a case in which a small hard lump on the edge of the tongue was changed into an extensive ulcerated fungus in eleven weeks, rising half an inch above its surface, and covering half its breadth. In a case mentioned by Mr. Cæsar Hawkins, it re-appeared in five weeks. I am not aware that there is any authenticated case on record in which the operation of extirpation was not followed by a reappearance of the disease.

From the appearance of the lungs of the above individual, it would seem that some time since he had tubercles deposited in them, but that on the supervention of the cancerous disease, the tubercular disease was put a stop to, and the tubercles became converted into a cretaceous substance.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 13, 1848.

The crowded state of our columns again prevents our taking up the question of the constitution of the Sanitary Board, and of the Board of Health, with any prospect of doing the subject justice. On the general constitution of the former of these Boards we have little to remark. Dr. Southwood Smith, and Mr. Chadwick, are both well versed in the details of one portion of the duty which the office requires, and the energy and perseverance with which the Earl of Carlisle, then Lord Morpeth, carried the Public Health Bill through the House of Commons, together with the knowledge which he must necessarily have gained in the course of his inquiries into sanitary questions in general, cannot but have rendered him well qualified to superintend the working of his measure. The chief fault which we find with the constitution of this Board is its one-sidedness.

* *Prov. Med. and Surg. Journ.*, No. 47, Vol. iii.

Several of its members are sufficiently alive to the evils attendant upon foul sewers and drains, but there are other very serious matters connected with public health which are, we fear, likely to escape attention. It would have greatly contributed to the efficiency of this Board, and to the well-working of the Act, if two or three more well-selected medical members had been added to the Commission; and not to particularize further, we cannot but think that the unwearied exertions of Mr. G. A. Walker, in one important section of the duties which ought to come prominently under the consideration of any Sanitary Board, and his great practical knowledge of the entire subject of intra-mural interment, would have rendered his presence there an acquisition.

The great fault, however, in the working of the Sanitary Act, is in the local appointments. It is quite true that for the mere purposes of inspecting foul drains, and directing the cleansing of cesspools, &c., it matters little whether such duty is intrusted to a scavenger, a surveyor, a barrister, or any other functionary, public or private, whose tastes or interest may lead him to seek the office. Looking to it indeed in this point of view only, we should be glad to see the members of the medical profession relieved from the nauseous, and not very elevated, occupation, of following the scent of every disgusting nuisance which the carelessness, and inattention, and filthy habits of dirty people may engender. But there are very many other questions connected with the public health to which the attention of a Health-Officer should be constantly alive, and which can be comprehended only by educated medical men. Thus without due precautions, many of which would scarcely be suggested to, or understood by, any but a professional man accustomed to look into the causes of disease, and trace them to their sources, the opening and cleansing of a foul drain, or loaded cess-pool, might be, and indeed has been, the cause of extending and disseminating the very evil which it was intended to remedy or avoid. The all-important advantages resulting from the due supply of pure fresh air and *light* to the dwellings of the poor especially, can only be properly appreciated by the medical man. Many other questions are likely to arise requiring a considerable degree of medical knowledge in the Health-Officers, such as the means to be taken necessary to prevent the outbreak, or limit the spread, of any prevailing epidemic; but there can be no occasion further to enter upon them now, as the very term is a misnomer, if applied to any other than a person every way competent, by previous acquaintance with the structure and formation of the living body, both in the state of health, or as variously modified by the changes induced by morbific agents. We must reserve the expression of our opinion on the constitution of the Board of Health for another occasion.

Reviews.

The Transactions of the American Medical Association. Instituted 1847. Vol. I. Philadelphia: 1848. 8vo., pp. 403.

We have great pleasure in submitting a notice of this work to the members of the Provincial Association. The American Medical Association is a newly established Institution, founded partly for the same purposes as the Provincial Association, and may be said to represent the entire medical profession of the United States.

The volume before us is among the first fruits of this Association. It consists of the minutes of the proceedings of their first annual meeting, and of a series of reports drawn up by committees appointed for the purpose on the various branches of medicine. These documents are:—1. A Report on Medical Sciences. 2. On Practical Medicine. 3. On Surgery. 4. On Obstetrics. 5. On Education. 6. On Medical Literature. 7. On Publications. 8. The Code of Ethics adopted by the Philadelphia College of Pharmacy. 9. A Statement in Relation to the United States Naval Medical Corps. 10. A Communication on Hygiene, from the Medical Department of the National Institute. 11. A Statement relative to the Extent to which Drugs are falsified, particular with a View to their Sale in the United States. 13. A Report on the Registration of Births, Marriages, and Deaths. 14. On Indigenous Medical Botany. 15. On the Number of Practitioners in Medicine in Virginia. 16. An Account of a New Feature in the Anatomical Structure of the Genito-Urinary Organs not hitherto described. 17. A Paper on Ophthalmitis Postfebrilis. 18. A Catalogue of the Officers and Permanent Members of the American Medical Association.

The Reports are chiefly in reference to the progress made, especially in the United States, in the various departments to which they refer during the course of the preceding twelvemonths. Attached to some of them we have various papers and statictical documents on subjects of special interest; for instance, appended to the Report of the Committee of Surgery, is an interesting paper on anæsthetic agents, their mode of exhibition and physiological effects, together with

lists of cases in which æther and chloroform had been used in operations performed at several of the hospitals. Appended to the Report of the Committee on Practical Medicine is a valuable paper on "Œdematous Laryngitis, and its treatment by Scarifications of the Glottis and Epiglottis." A similar method had been before proposed by Lisfranc, whose operation we may here refer to—

"Take a long narrow-bladed slightly-curved bistoury in a stiff handle, protected with a strip of linen to within half an inch of the point. Let the patient open his mouth wide, and have the jaws kept apart by means of a cork placed far back between the molar teeth, one end of the cork being held by an assistant. The patient being placed in front of the operator with his head supported against the breast of an assistant, pass the index and middle finger of the left hand into the mouth till they reach the swollen edge of the larynx, glide the bistoury flatwise upon the finger, holding it as you would a pen. On reaching the larynx direct the edge forward and upward, then after having elevated the handle depress it gradually, at the same time pressing gently upon the point. At first, a few punctures only should be made, as by the aid of pressure two or three small incisions are sufficient. They may easily be multiplied in the same way if judged necessary. These scarifications produce a flow of the infiltrated matter and sometimes a slight oozing of blood, which effects a salutary disgorgement. The cough excited by a few drops of serum falling into the larynx, contributes much to diminish the swelling. The immediate beneficial results of the scarifications might be partially defeated, by their occasioning more or less inflammation of the larynx and surrounding parts. In such a case recourse must be had to general or local bleeding, which would soon disperse this traumatic inflammation."

The author of the paper, Dr. Gurdon Buck, jun., of New York, seems, however, to have been unacquainted with Lisfranc's operation, (which he quotes in a note,) until his own paper had been laid before the American Association. He narrates five cases of the disease, in which his own operation was performed. In each of these much and immediate benefit was derived from the scarifications, and in four of them the result was so favourable that the operation of tracheotomy was rendered unnecessary. In one of the cases it became necessary to perform tracheotomy, but the convalescence was in this case much accelerated, the effect of the scarifications in reducing the swelling of the parts about the glottis being such as to allow of the tube being withdrawn from the trachea on the third day.

Drawings of the instruments used, of the modes of employing them, and of the state of the parts under the disease accompany the paper, which is altogether deserving of the attention of the profession.

We have not space to extend our comments farther on this subject. The following extract from the statement of the Naval Medical Corps, illustrating the unprepared state in which candidates occasionally come before the Examining Board, may amuse:—

"Before a recent Board, one gentleman defined a lotion to be 'a kind of application,' and an evaporating lotion 'one which does not evaporate.' Another confessed his ignorance of the freezing and boiling points of water, and contended that knowledge upon such subjects was useless. One candidate determined castor-oil to be the 'oil of castor, an animal.' Another located the solar plexus in the sole of the foot. All these were graduates" ! !

In the Report of the Committee on Medical Literature, some curious instances of classical and other errata are given; they, perhaps, scarcely exceed the following contained in the Report on Indigenous Botany, where we find the Latin word Rumex, usually considered to be a masculine noun, is, if we are to take the writer's ideas of it, eminently epicene. Three species are specially referred to, under the names of Rumex Britannic*a*, R. Obtusifoli*um*, and R. Crisp*us*. What is, however, of far greater importance, is the account given of the medicinal qualities of various species of this genus. The root (of the indigenous kinds,) is usually considered astringent and slightly tonic, but according to the reporter its action is fully equal as an alterative to sarsaparilla "and on account of its laxative qualities, possessing in most cases a decided advantage" over this remedy. We are told that in the Bellevue Hospital at New York it is "very generally used, in a large portion of the venereal, scrofulous, and cutaneous diseases, in conjunction with the preparations of iodine and mercury, as a substitute for sarsaparilla, and with most satisfactory results." Two of the species, namely, the Rumex obtusifolius, and R. crispus, are of common occurrence in this country, and with others of the genus, may, perhaps, be worth the attention of our country practitioners.

Illustrations of the Fraud and Folly of Homœopathy. By Jonathan Toogood, Extra-Licentiate of the Royal College of Physicians, Fellow of the Royal College of Surgeons, &c. &c. London: 1848. 8vo, pp. 26.

A plain straightforward exposition of the follies and absurdities of homœopathy, in which the sterling and sound common sense of the author is brought to bear against the flimsy pretensions with which the advocates of this extraordinary system attempt to conceal its absolute inertness from themselves and their credulous followers. It is, to be sure, like breaking a fly upon a wheel, but the pamphlet cannot fail to be useful if circulated among those who are unable to discriminate, or otherwise in danger of being led away by this or any other specious fallacy which may be presented to them.

Proceedings of Societies.

NORWICH PATHOLOGICAL SOCIETY.

October 12, 1848.

J. G. Crosse, Esq., President.

RUPTURE OF THE UTERUS.

Mr. C. B. Rose, of Swaffham, gave the following particulars of this case:—

M. S., aged 37, at the full period of her third pregnancy, was taken in labour about six o'clock in the morning of Thursday, August 6th; she kept about till noon, when the midwife was sent for, who arrived about 2 p.m., and found the woman lying in bed with strong pains frequently recurring. Upon trying a pain, the midwife discovered a considerable accumulation of the waters. The membranes soon burst, and shortly afterwards she ascertained that the head presented. The pains continuing to return regularly and powerfully without advancing the head within the pelvis, the midwife very properly called in a medical gentleman without further delay, and he arrived about 8 p.m. The woman continued to have strong pains till 10 p.m., but the child's head did not advance, and in consequence, a dose of ergot in powder was administered, also once repeated. Vomiting succeeded these doses, and about midnight her labour pains entirely ceased. Immediately upon the cessation of the pains a great prostration of the woman's powers was observed, accompanied with oppressed breathing and abdominal pain, with which she moaned frequently throughout the night; her pulse also faltered greatly. I was summoned at noon on Friday, and before seeing the poor woman, learned the above history, from which I expressed my strong suspicion that the textures of the womb had given way. Upon going to the patient, I found her pulseless at the wrist, with extremities cold and livid, and abdomen tumid and tender,—in short moribund. An examination per vaginam instructed me that the head was *impacted* at the brim of the pelvis, and that but slight integumental tumour had formed; the touch also led me to believe that the bones of the fœtal head were ossified to an unusual degree, and consequently very unyielding. The os uteri was fully dilated, and had quite receded, with the exception of a portion which was evidently contained between the child's head and the pubis of the mother. The train of symptoms assured me of the mischief that had taken place, but the extremity of the patient made me hesitate in consultation, to recommend her delivery, apprehending that she would die under the operation. Cordials and stimulants had been given, they were now more freely administered, and in half an hour a slight rally being manifest, we determined on delivery. The attending accoucheur endeavoured to perforate the cranium, while I supported the uterus by pressure on its fundus with both hands, but the resistance of the bones was so great that the head receded, evidently passing through the breach in the uterus, (probably making it,) and rested upon the pubis; a considerable quantity of liquor amnii at this time escaped, coloured by a slight hæmorrhage. I now passed my hand into the uterus, to explore and ascertain the state of things, when readily meeting with a foot, I brought it down, and completed the version of the child; the trunk and arms being delivered, the usual steps were taken to bring forward the head, but the cranial bones proved so unaccommodating that my friend applied the forceps, and even then we were obliged to employ powerful traction to effect delivery. We had no trouble in removing the placenta. The uterus contracted well, but the poor creature survived her delivery scarcely half an hour. The child's head was not above the average size, indeed the midwife remarked it to be like her former children's,—they were all of them boys. In the present case the bones were more than usually ossified, and the fontanelles small. Having with considerable difficulty got permission for a *post-mortem* examination, we proceeded next day to the inspection. Upon opening the abdomen, we found a considerable quantity of bloody serum, probably in part liquor amnii, containing portions of coagulable lymph, and also portions of the vernix caseosa, which had separated from the surface of the fœtus. The uterus had fully contracted; its peritoneal coat exhibited patches of lymph adhering, particularly in the vicinity of the laceration, which took place in the anterior part of the neck, and was in a transverse direction. The textures about the rent had evidently been exposed to pressure that had destroyed their integrity.

Mr. Henchman Crowfoot, Vice-President, thought one great error had been the giving of the ergot of rye when the patient had strong pains, and yet there was obstruction to the passage of the head of the child. The rupture in this case appeared chiefly to be confined to the cervix.

Dr. Ranking remarked, with respect to the period of time at which the rupture had taken place, it was his opinion it had followed the administration of the ergot, and did not ensue after the attempts at perforation; nor did he think the head of the child had ever been in the cavity of the abdomen, as the rupture appeared to be below the reflection of the peritoneum. The appearance of the vernix caseosa might have been the effect of a hasty *post-mortem*, it having been previously rubbed off the child in the attempts to perforate.

The President stated, that it had been his misfortune to witness several cases of rupture of the uterus, occurring in different situations. The most rapidly destructive form was that which took place at the fundus, and the fœtus escapes into the cavity of the abdomen. Many cases are recorded of rupture of the uterus that have terminated favourably, where the child has even been delivered back again from the cavity of the abdomen. He thought that the prevalence of certain epidemics, especially erysipelas, had a predisposing tendency to cause rupture of the uterus.

Dr. Copeman suggested, whether it would not have been better to have turned at once, instead of proceeding to perforate, since the head was only just entering the pelvis.

SIMPLE DISLOCATION OF THE ASTRAGALUS: ITS REDUCTION.

The President gave the history of this case, which had been admitted under him in the Norfolk and Norwich Hospital. The patient had been thrown out of a dog-cart, but could give no description of the way in which he fell. Upon his admission the limb presented all the

symptoms of dislocation of the astragalus, the sole of the foot being turned inwards, and the foot resting upon its outer edge, while that end of the astragalus which articulates with the os naviculare, was dislocated upwards and outwards, lying just under the skin. Neither tibia nor fibula were fractured. In reducing it, extension was made from the knee direct, and the heel grasped by assistants, who applied their force in this direction with one hand, the other being placed upon the dorsum of the foot, he at the same time endeavouring to favour the return of the bone by immediate pressure on the dislocated end. To these means it yielded but slightly, and finding the tendo-Achillis very tense, he divided it with a tenotomy knife, and upon resuming the extension, the bone was returned somewhat suddenly into its place after a few minutes, and the shape of the limb quite restored. Chloroform was administered in this case, but not very successfully.

Two casts in plaster of Paris were shown, one taken previous, and the other subsequent, to its reduction, and many members subsequently adjourned to visit the patient in his ward, as he had not yet left the hospital.

CALCULUS.

The Secretary read the notes of a case sent by Mr. Morrell, of Cawston, with a specimen of calculus, taken after death from the bladder of a man 80 years of age. There were three calculi in the bladder, besides a number of small ones in the prostate, but the bladder was in a healthy state. The third lobe of the prostate was somewhat enlarged, and slightly injected, from the stones constantly rubbing against it in the erect position. He had suffered but little inconvenience during life.

Other specimens and drawings were also exhibited.

INQUIRY INTO THE ETIOLOGY OF CHOLERA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The Western Medical and Surgical Society of London, having applied to me by circular to aid them in their investigation of cholera, by obtainiug a complete history of the epidemic as it may exhibit itself in this district, (where, I am thankful to say, it has not yet appeared, notwithstanding that this place figures in the Cholera Report as having twenty-three cases and thirteen deaths, in consequence of the police district of Kensington comprising Uxbridge and the adjoining villages, where the disease prevails,) it has struck me, that a most important branch of the subject,—viz., the etiology of cholera, may be examined with far more facility and accuracy through the co-operation of the members of the Provincial Association, than by any body of men resident in one district or town, whatever amount of talent, zeal, and impartiality they may bring to the task.

In small towns and country villages, where a large proportion of our members practice their profession, the occupation and habits of every inhabitant are well known to his immediate neighbours, if not more extensively: news, particularly bad news, flies apace, and every sick room is filled with gossips, who have canvassed the origin, course, and probable termination of the case, almost before the medical man has seen his patient. The ordinary diet, the privations, and excesses of the sick man, are all known and commented on, and from these officious informants, an intelligent surgeon can, by the exercise of a little discrimination, glean every fact that is necessary to explain the origin of the disease; indeed I have often been struck with the extreme importance attached by non-medical persons, to ascertaining the exact sources of disease, and the care they take in the inquiry.

In London, on the contrary, few persons, even amongst the poor, know anything of their neighbours. Numerous concealed sources of disease exist in foul drains, and ill-ventilated houses and workshops; besides, that even in the case of infectious maladies, it is frequently impossible to trace their origin, though we are certain that the patient must have had communication with contagion in some form. How great a difficulty must then exist in searching for the causes of Asiatic or epidemic cholera, the milder forms of which are not to be distinguished from the sporadic disease, which has always been known to prevail in this country under certain peculiarities of the atmosphere.

The want of precise notions of the etiology of cholera, has always appeared to me to be the great obstacle to a knowledge of its pathology, and consequently, of its treatment, than which nothing can be more unsettled and contradictory of all the objects of medical science. As long as we know not whether this disease arises from malaria,—from foul drains,—from electric states of the earth or air,—from flights of animalcules, or showers of fungous sporules,—from contagion or infection,—or from bad and insufficient food, we cannot decide how the cholera affects the body, or in what manner its essence or effects are to be counteracted by treatment. I would, therefore, beg to propose to the Association, the investigation into the etiology of cholera, not only as an object which, by the constitution of the Society, and the general zeal of its members, it is most peculiarly well qualified to carry out, but also because this is one of those undertakings, on the prosecution of which the Association has founded its claim to the general support of the profession in the provinces, and which it has also in a manner pledged itself to countenance.

In order to execute such a plan, it seems to me desirable to follow the course that was taken with respect to the "Treatment of Burns and Scalds;" and that those members who take an interest in the matter, and have opportunities of observing the outbreak of cholera in their neighbourhoods, should be invited to send replies to certain queries, which replies might either be forwarded at once for publication in the Journal, or be reserved for future comparison and analysis. In furtherance of this object, I beg to subjoin some queries that appear to me to comprise the chief points of such an inquiry; and should my proposal meet with the concurrence of the Association, I shall be most willing to become the recipient of the communications of its members.

Queries respecting the Etiology of Cholera.

1. What was the date of the first case in the district, and the course of the disease?

2. Was communication traceable between the sick and those afterwards attacked?

3. What is the nature of the locality as to aspect, elevation, soil, drainage, and vicinity to water?

4. What was the state of the atmosphere, at the outbreak of the epidemic, as to the temperature, pressure, moisture, electric tension, and the direction of the wind?

5. Was the place of outbreak to windward or leward of marshes, stagnant water, sewers, or any place where the cholera existed?

6. Was the progress of the disease influenced by atmospheric changes?

7. What are the ordinary endemic diseases of the district?

8. Have other complaints assumed a choleric type during the prevalence of the epidemic?

9. Has the average mortality from other diseases been affected by the prevalence of cholera?

10. What was the condition and habits of the first patient?

11. What was his occupation, and the hygienic state of his dwelling and working place?

12. Had he been in communication with cholera patients, directly by visiting them, or indirectly by washing their clothes, attending their funerals &c.?

I am, Sir, your obedient servant,

T. OGIER WARD, M.D., Oxon.

Kensington, Nov. 28, 1848.

THE LAW OF LUNACY.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

Sir,

The following letter was published in the *Morning Chronicle* paper of the 18th instant, in reply to a report of the proceedings of the Society for Promoting the Amendment of the Law, having reference to save contemplated changes in the Law of Lunacy. As the subject is one of great interest to a large class of medical men connected with institutions for the care and treatment of the insane, it is possible you may think the letter worth re-publishing in your Journal.

I am, Sir,

Your obedient servant,

FORBES WINSLOW, M.D.

Sussex House, Hammersmith,

Nov. 20, 1848.

The "Society for Promoting the Amendment of the Law" has had lately under its grave consideration the Law of Lunacy. Your paper of the 14th instant contained a report read by Mr. James Steuart, the secretary of the "Committee on Equity," to whom this question had been submitted. It is much to be lamented that this society did not, before they published the result of their deliberations, place themselves in communication with parties who are supposed, by their professional occupations, to be practically conversant with the operation of the law they propose to amend. If they had adopted this very obvious and natural course, the "Committee on Equity" would have had some reason for self-congratulation. The statement which has been officially published by the secretary of the society is calculated very much to weaken the authority of a body of men having, I believe, the best objects in view. I propose in this letter to notice a few of the inaccuracies contained in the report; for I think, in justice to those who have the care of the insane, the public should not be led away from the truth by any statements of an *ad captandum* character. It is asserted in the report, that "simply on the certificate of two physicians, a person might be condemned to perpetual imprisonment on the charge of insanity." Such, I assure you, is not the fact. I think it was the duty of the society, or of those deputed by them "to get up the case," to obtain accurate information on this point before so seriously committing themselves. No "two physicians" can, of their own authority, commit a person alleged to be insane to an asylum. The act of Parliament expressly forbids it. Surely the "Committee on Equity," or Mr. J. Steuart, the secretary, had the curiosity to look over the provisions of the "Act (8 and 9 Victoria cap. 100,) for the Regulation of the Care and Treatment of Lunatics." If they had done so, they would have seen that, coupled with the certificates of the two qualified practitioners—not being partners—not being relatives of the party said to be insane—not being personally interested in his confinement—there must be a printed "order," filled up and signed by the relative or party authorising the detention of the patient. The certificates are invalid without this "order;" and a party receiving and detaining in his house a patient, on the authority of two physicians only, commits a misdemeanour, and is liable to be seriously punished. It may be said, "Oh, any person will sign the order; that is but a trifling part of the proceeding." But, gentlemen, it makes a very material alteration in your statement. You publish only a portion of the truth; let us have the whole of it. This is necessary before being qualified to form a correct judgment of the existing state of the law. The Act of Parliament is expressly framed for the purpose of obviating, in every possible way, the unjust confinement of persons on the ground of insanity. The two medical men who are required to sign the certificates, are to see the patient apart from each other; they are to state, in detail, the grounds for their opinions, to specify the particular delusions or actions of the party, which, in their opinion, constitute insanity, and such a degree of insanity as to justify a deprivation of liberty. In addition to this, the party receiving the patient, on the "order" and medical certificates, is required to employ a medical gentleman to examine the patient, and this medical man is required by the law to state his opinion of the case, and to forward to the Commissioners within a few days a statement of the bodily and mental condition of the party placed under restraint.* In this way the public has every guarantee against the unjust detention of persons on plea of unsoundness of mind. If a conspiracy exists, the relative so giving the "order," the two medical men filling up the certificate, the medical man who sees and examines the patient after his admission, and the proprietor of the asylum, must be parties. Compare these facts with the allegation—the unfair representation of the "Committee on Equity"—

* If the proprietor of the asylum be a medical man, he is qualified to send in the report.

that "simply on the certificates of two physicians a person might be condemned to perpetual imprisonment on the charge of insanity!" I now come to the question of "perpetual imprisonment." Surely the Commissioners in Lunacy will not feel themselves highly complimented. How absurd is the statement. "Perpetual imprisonment"—the idea is preposterous. Is it likely that if the medical man required to see the patient, is disposed unnecessarily to prolong the confinement of a particular individual, that the commissioners in Lunacy are likely to sanction such a proceeding? They are compelled to visit all licensed establishments, and to examine each inmate, and to discharge those whom they conceive unjustly detained. They may enter a house any day or hour they think proper, at night if necessary; they are empowered to examine witnesses on oath; they never give any intimation of their visit, and every precaution is taken to prevent the possibility of a party being improperly confined on the plea of mental incapacity. I would ask the "committee on equity," whether there does not exist such a legal document as a writ of *habeas corpus?* and whether this does not operate against the possibility of a person being "condemned to perpetual imprisonment" on the charge of insanity? I have had, for the last ten years of my life, constant opportunities of becoming practically acquainted with the operation of the Law of Lunacy; and I can state, having had some hundreds of cases of insanity under my care, that I never saw a medical certificate of insanity which the physician was not fully justified in signing; and, more than this, I have never seen a person consigned to an asylum unjustly. I believe this is the experience of most men connected with institutions for the treatment of the insane. Cases may arise in which the most skilful, cautious, and experienced medical men will be deceived; but they are of rare occurrence. I have, during a long period of my life, been in the habit of visiting the principal public and private asylums for the insane in this country, and I never saw a person confined without good and valid reasons.

The "Committee on Equity" propose, in addition to the two medical certificates, "that it might be advisable, before confining a person on the ground of insanity, to resort to the judges of the county court, or to the magistrates in session, or perhaps call together a small jury to decide upon such cases." The suggestion is altogether impracticable, and must have emanated from a person but little acquainted with the condition of those most frequently consigned to asylums. A party is suddenly seized with a paroxysm of insanity. He is violent, smashing everything within his reach; he may have made an attempt on his own life, or on the lives of those about him. It is essentially necessary, for his own security and the safety of others, that he should, without loss of time, be placed under surveillance, and be protected against his own insane impulses. Picture yourselves carrying such a case before a "judge of a county court," or a "magistrate in session," or "perhaps a small jury," before taking measures to place the patient in a position where his life would be safe, and where immediate medical measures could be adopted to subdue the maniacal excitement. The idea is quixotic! In many of these cases it is a matter of the highest importance to immediately remove the patient from home. The irritation to which a frenzied person would be exposed by bringing him before any judicial tribunal, or "small jury," might possibly endanger his life and greatly increase the violence of his mental excitement. I am certain it would operate injuriously by greatly retarding his recovery. Even in cases where the symptoms were not so acute the course proposed would be highly objectionable. It is not to be supposed that a knowledge of insanity comes by intuition, and that a person, because he happens to be "a judge of a county court," or a "magistrate in sessions," or a member of a "small jury," is qualified *ex cathedra* to detect the delicate shades of disturbed mind, and to pronounce a satisfactory opinion of the competency of a party to control himself or manage his property. In my time I have seen a large jury pronounce a person, unequivocally insane, of sound mind and fit to be at large. I should not, therefore, be disposed to trust to the discrimination of the small jury proposed; that jury could not come to a proper decision without hearing evidence—evidence could not be adduced and witnesses examined without counsel—and, altogether, the inquiry would be very complicated, vexatious, irritating, and unnecessary. If this mode of procedure be adopted, it is my firm belief that many valuable lives would be sacrificed. Take the case of a man who, in a fit of despondency, or under the influence of a delusion known only to himself, makes an attempt at suicide. He fails in effecting his object; his mind rallies; his relatives are, of course, anxious about his safety; two medical men examine him, and give it as their opinion that he ought, for a time, to be under surveillance. The patient manifests no obvious indications, apart from the attempt at suicide, of insanity. He is taken before one of the proposed tribunals and examined. The patient talks rationally, can give reasonable answers to any questions proposed—appears calm and free from excitement. He is pronounced unfit for confinement. In an hour after this wise decision, he may be found weltering in his own blood! It may be urged that I have no right to suppose that such would be the judgment of the tribunal. I know enough of the decisions of juries to feel convinced that a verdict of insanity never can be obtained, unless very strong and conclusive evidence is adduced of the existence of insanity. Cases in which the mind is but slightly impaired, as an incipient insanity, where prompt and early treatment is essential to recovery, a jury would never pronounce in favour of confinement, particularly if the party alleged to be insane protested against it. I cannot, in whatever light it is viewed, conceive a more mischievous "amendment of the law" than that contemplated by the "Committee on Equity." It is not my purpose to enter into the consideration of the other portions of the report. I shall merely observe that the statement put forth exhibits but little knowledge of the subject; and I would humbly suggest, before finally deciding upon what alteration of the law the Society may consider necessary to propose for the sanction of the Legislature, that the "Committee on Equity" should authorize some member of its body to make himself acquainted with the existing operation of the Law of Lunacy, as a preliminary step to any amendment of that law that in their wisdom they may think proper to propose.*

FORBES WINSLOW, M.D.

Sussex House, Hammersmith, Nov. 15, 1848.

* The "Committee on Equity" makes mention of the alleged cruelties practised in private asylums. May I beg their particular attention to the following passage, which I extract from a work recently published, entitled "Thoughts on Severe Diseases of the Human Body," by E. J. Seymour, M.D. Dr. Seymour acted for a period of eight years as one of the Metropolitan Commissioners of Lunacy, and was in the habit of constantly visiting private Lunatic Asylums. This distinguished physician, whose practical knowledge of insanity is not exceeded by any living medical man, observes, in his chapter on "Mental Derangement," "I

MANCHESTER SCHOOL OF MEDICINE.

The annual distribution of prizes to the students of the Pine-Street School of Medicine, Manchester, took place on Thursday, November 9th. The Right Reverend the Lord Bishop of Manchester presided on the occasion; and among those present were the Very Reverend the Dean, the Mayor of Manchester, several of the clergy of the city, and many of the magistrates and aldermen of the borough; together with Drs. Bardsley, Lyon, Fleming, Browne, and Hardy, and Messrs. Thomas Turner, E. R. Stephens, Robert Hunt, Crace Calvert, Heath, and other members of the medical profession.

The Bishop on taking the chair, opened the meeting with an excellent address explanatory of its objects.

Mr. Thomas Turner, after expressing the gratification which he and his colleagues felt at seeing his Lordship in the chair, asked what could the Legislature do for medical reform? Medical reform must rest with the medical profession; and he was certain that the great thing that would reform the profession, would be to give its members a good sound preliminary education. The great point to be aimed at in education was the culture of the heart and the mind, with a view to make men better, and to raise their intellectual powers to the highest possible point of elevation. There would be no difference of opinion that these desiderata should be supplied to all, though the additions to this preliminary education must vary as the pursuits of men in life varied. The Pine-Street School of Medicine had its origin during the time of the late Dr. Percival and Mr. White, and it was afterwards improved by the delivery of detached courses of lectures on anatomy and physiology, mainly by Mr. Gibson, Dr. Roget, the late Mr. Ransome, Mr. Ainsworth, and Mr. Jordan. About twenty-four years ago, however, he (Mr. Turner) became a resident in the town, and after delivering one or two private courses of lectures on physiology, he thought it right to organize a regularly instituted school of medicine in Manchester; concentrating for that purpose all the medical talent which the town possessed. Dr. Dalton took the chair of chemistry; Mr. Ransome that of Surgery; Dr. Jas. Bardsley, that of the practice of physic; and he (Mr. Turner) took the chair of anatomy and physiology, which he still retained. The school had gone on from that time increasing in importance, until at length the College of Surgeons placed it on a footing of equality with the metropolitan institutions. It might now fairly be reckoned one of the institutions of the city; one which was auxiliary in the diffusion of good and the promotion of the cause of suffering humanity. The pursuit of the medical profession was not unalloyed by disagreeable circumstances. When a man had devoted his fortune and his time, and had incurred the risk of his health and of his life in unravelling the intricacies of science, with the view to their application to the benefit of mankind, was it not painful to him to see his position in society, and the hold which he ought to have on the public opinion, usurped by empiricism and by impudent pretenders to the cure of disease? He was not seeking to elicit their sympathy on account of the established medical practitioners, but on account of the students, in whose prospects he felt deeply interested. Let them not, however, be discouraged, but let them remember the advice given them by the Lord Bishop, and ask themselves whether the medical profession was really at a discount,—whether it had really been lowered in public estimation? Upon pressing occasions, their advice was sought by the legislature and by all public institutions; there was not an individual, rich or poor, high or low, who was not constantly offering up a debt of gratitude to the medical profession, for the blessings which it conferred upon them. To the junior members of the profession and the students who were there assembled, he would say that they would often be appealed to, and let that appeal never be made in vain. That was the character which had hitherto been sustained by the medical men in Manchester, and he felt persuaded that the city highly applauded such attempts on their part at the amelioration of the condition of the people, made without the prospect of any further reward than that which a pure conscience must give to him who does his duty. No one had ever seen anything like fear on the part of medical men when called upon to do their duty; temerity rather than timidity was their characteristic. The medical school would have been unworthy of the patronage of so many distinguished individuals as he saw around him, had its promoters limited their endeavours merely to a professional or medical education. The course of training which they had established had been, as much as in them lay, moral as well as professional; they had endeavoured by every means in their power to direct the minds of the students even unto the higher principles of thought and conduct. An implication of scepticism had been cast upon the medical profession, but he hoped that it was utterly false. It was strange to him how a medical man could be a sceptic, since the book which he had to study was nature, every chapter of which indicated the existence of a God. He would appeal to the clergymen present whether they had not, when visiting the bed of sickness, received the greatest possible amount of assistance from the medical attendant.

The following prizes were then distributed, being handed to the students by his Lordship:—

Gold Medal.—Mr. J. O. Fletcher.

Anatomy and Physiology.—(Mr. Turner)—*Silver Medal:* Mr. J. O. Fletcher. 2nd Prize: Mr. Adam Hampson, of Bolton.

Surgery.—(Mr. Ransome.) 1st Prize: Mr. R. A. Gaskell, of St Helens. 2nd Prize: Mr. John Earnshaw, of Clitheroe.

Principles and Practice of Midwifery.—(Mr. Heath.) 1st Prize: Mr. R. A. Gaskell; 2nd Prize: Mr. Wm. Henry Broadbent, of Altrincham.

Materia Medica.—(Dr. Ainsworth)—*Silver Medal:* Mr. Wm. Derbyshire, Stockport.

Chemistry.—(Mr. F. C. Calvert.) 1st and 2nd Prizes: Mr. Mark Rowland Day.

Anatomy and Diseases of the Eye.—(Mr. Hunt)—*Silver Medal:* Mr. John Earnshaw.

Botany.—(Dr. Hardy and Mr. Just.) 1st Prize: Mr. Wm. Henry Broadbent.

Forensic Medicine.—(Dr. Browne)—*Silver Medal:* Mr. William Henry Broadbent.

General Pathology and Morbid Anatomy.—(Mr. E. R. Stephens)—Mr. H. Thornton, Dewsbury.

---

must in common justice premise, that during my period of duty as a Commissioner of Lunacy, I never witnessed one case of cruelty. The greatest care was taken, the most assiduous, nay, the most invidious (to innocent people) inquiries were made. Every suspicious case was examined on evidence, and never any case of cruelty, nor any thing like it, occurred."—p. 217. Since this physician resigned the post of commissioner, private asylums have been placed under much stricter supervision, and, of course, there exists less opportunity for the alleged "cruelties."

PRINCIPLES AND PRACTICE OF MEDICINE.—(The late Dr. Howard.) 1st Prize: Mr. J. O Fletcher. 2nd Prize: Mr. Earnshaw.

Mr. Hunt then handed to his Lordship for distribution, the certificates of honour for regularity of attendance and general good conduct during the session. His Lordship distributed them to the following gentlemen:—

Messrs. Samuel Taylor, Bolton; John Earnshaw, Clitheroe; Edward Akers, Halifax; William Henry Thornton, Thornhill, near Dewsbury; William Henry Broadbent, Altrincham; Patrick Murphy, Manchester; John Wardleworth, Bury; Richard Allanson Gaskell, St. Helens; Joseph Foster, West Indies; William Bagley Clarke, London; Jas. O. Fletcher, Manchester; John Wright Baker, Derby; W. Aspinall, Haslingden; Mark Rowland Day, Selby, Yorkshire; W. Chapman, Sedbergh, Yorkshire; Edmund G. Goulden, Hazle Grove; Charles Tysoe Harvey, Salford; William Jay Williams, Manchester; David Russell, Leith, Scotland; Robert Marsland, Lostock, Stretford; Robert Slater, Manchester; Edmund Manley, Tyldesley; George Purcell, Manchester; John Doxon Ward, Chorlton-on-Medlock; Adam Hampson, Bolton; Charles W. S. Large, Camberwell; John Hancock Wolstenholme, Bolton.

Resolutions of thanks to various benefactors of the Institution, to the medical charities of the town, &c., &c., were severally moved and seconded by Mr. Turner, the Rev. H. Stowell; the Rev. Nicholas Gernon, Dr. Fleming; the Rev. Dr. Vaughan, Mr. R. Brandt; Mr. Hunt; Mr. W. Brown, M.P., and Mr. Brotherton, M.P.

THE PUBLIC HEALTH BILL.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

It cannot be doubted but that the stability of what is called the British constitution, greatly depends on the caution of the Anglo-Saxon character. One of the chief elements of this intellect is an unwillingness to disturb any existing arrangements which work tolerably well, and a disbelief in plans, however specious, which have not been previously tried. This has its disadvantages in the perpetuation of many worn-out institutions, but on the other hand it has its great advantages in not rashly experimentizing with great national interests. And, if we look at this British nation as an individual man, we shall see the nation practising those common-sense principles which in the individual raises him to prosperity. For the successful man, as a rule, is not the one that risks all, but who risks nothing, who is not in a haste to be rich, but who, by prudence and caution, and by deliberation in all his proceedings, rises from particulars to generals, adopting in his rule of life the Baconian theory of induction. Bearing these very obvious remarks in mind, will greatly obviate many of the objections of the medical press to the recent legislation on public health. The act for promoting public health, may not be that complete legislative enactment which we may wish, but it is the cautious beginning of a more perfect measure,—the tentative step towards one of the most important goals which have ever been seen in the dim distance. Let us not, therefore, judge it as if perfect in itself;—let us not be annoyed because our own profession is not sufficiently recognized in it. It will be in time. Amended acts will follow. It is a great thing that Parliament has legislated on the subject at all, and that the active benevolence, the candour, and *bonhommie* of Lord Morpeth, has induced the House to carry an entirely new measure, on a totally new branch of legislation.

If we candidly reflect, we have not done much, as a profession, to investigate the great causes of disease in this country, and we are greatly indebted to the energy of Mr. Chadwick for forcing upon our observation the noxious influences of filth. He has taken up this subject with the perseverance and ability by which alone great good is accomplished; and although he may be a little one-sided in some of his views, yet on the whole he is a per-seeing and clear-sighted man, bent on carrying out practically, and on a great scale, the purification of this country from the most obvious causes of disease. It is as unwise for us to be annoyed at a non-medical man carrying out sanitary principles, as it is for the educationists to grumble at a physician (Dr. Kaye Shuttleworth,) carrying out a grand scheme of education. All who know any thing of the mechanism of great social movements, are aware that single individuals are the main-springs. Chadwick and Shuttleworth are such main-springs; each of an important change, by which the mental and physical health and energy of the arising generations will be greatly improved. Let us not, therefore, throw any obstacle whatever in the path of sanitary improvements. Our profession is a self-denying one. It does more for the poor of this couutry without any reward than any other body of men. And if these gratuitous services were only given more generally in the right spirit, without any hope or expectation of reward, except in that reward which duty well performed gives to the individual conscience, we should stand as high in public estimation as our profession deserves, and there would not be the complaint, that although individual members of medical profession are held in high honour, yet that the body, as a body, is not.

Yours obediently,

M.D.

PROFESSOR OWEN AND THE SANITARY COMMISSION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In my article on the Sanitary Commission and the Board of Health, published in your Journal of November 15th, there occur two errors, which I will thank you to allow me to correct. The first is merely typographical. Egypt is called the "faithful," instead of the "*fruitful*," mother of pestilential disease. The second is of more importance, and I am anxious to acknowledge a mistake respecting Professor Owen, for whose attainments I have the greatest possible respect, and which I think I have

duly recognized in placing him in scientific rank next to Cuvier himself. As I had the pleasure of hearing the last course of lectures delivered by this illustrious comparative anatomist, I still retain veneration enough to reserve the first place for him. Professor Owen was not engaged in the Irish potato enquiry at all, and although one of the Sanitary Commissioners, I imagine the association of a name so illustrious in anatomical science was an important desideratum for the real compilers of a document so replete with questionable medical doctrines. The absence of Professor Owen from the Potato-Commission does not, however, touch in the slightest degree the main points of my criticisms; but the acknowledgment of an inadvertent error, in a merely personal allusion, though it may blunt the force of a little sarcasm, is too sacred a duty for me to omit as soon as it was pointed out to me.

I am, Sir,

Your obedient servant,

E. O. SPOONER.

Blandford, Nov. 29, 1848.

CONTAGIOUSNESS OF CHOLERA: PROFESSOR OWEN AND THE SANITARY COMMISSION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the last number of your Journal you have inserted extracts from a Report of Mr. Spooner, read before the Dorchester Medical Society. The main object of this paper is to shew that the "Asiatic Cholera" is contagious; and that the contrary belief now generally advocated by medical men, is fraught with danger, inasmuch as it has led to the relaxation of the quarantine laws and other precautionary measures. This change in medical opinion, Mr. Spooner thinks, is owing to the cupidity of merchants. "The mercantile world," he says, "in its lust for rapid accumulation has employed medical talent to disprove the logic of history and human experience."

This gratuitous charge of venality against the medical profession is, I apprehend unfounded. The altered views on the doctrine of infection result not from this sordid motive, but from more extended observation and facts, a more correct and comprehensive survey of the nature and laws of contagion; as well as of the cause of zymotic diseases in general. The Board of Health has collected a body of evidence from all parts of the world to prove that, except under peculiar circumstances, the "Asiatic Cholera" is not propagated from a diseased body to a healthy one; and in promulgating this opinion they have done wisely, inasmuch as the contrary belief, if fallacious, "diverts attention from the source of danger and the real means of protection, fixes it on those which are imaginary, creates panic, and leads to the neglect and abandonment of the sick."

Mr. Spooner is equally free in his strictures on the individual members of the Board of Health as he is on the profession generally. He thinks the Government has acted unwisely in selecting such men as Professor Owen and Dr. Southwood Smith; and that a better choice would have been made had Dr. Watson, Dr. Paris, and other names equally honoured and revered, been placed on this Commission. From his own shewing, however, this would have been impossible, unless, these distinguished physicians had relinquished their practice; for he states, "what between the time Mr. Owen lost last year, in tracing out the potato-disease in Ireland, from which commission I imagine the public had the felicity of learning nothing; and the time this year sacrificed in architectural studies respecting the best shape of drain-pipes and effluvia-traps, pure surgery will reap but little advantage from the lucubrations of this peripatetic philosopher." It is needless to state, since it is so generally known, that Professor Owen had nothing whatever to do directly or indirectly, with the Potato-Commission in Ireland; and it is equally unnecessary to advert to the correctness and good taste of the other remarks. I cannot but regard them, however, as misplaced in your ably conducted miscellany. A prurient desire to attack the reputation of others, is but too common in the other weekly medical journals, and it is with the wish to deprecate the insertion of these attacks in yours, and not to defend Professor Owen that I venture to trouble you with this note. Professor Owen cannot be injured by such assailants; his character stands pre-eminent throughout the civilized world, and in those departments of science to which he has directed his talents, he is confessedly without a rival. The Ministers have shown great sagacity in selecting Professor Owen and Dr. Southwood Smith for so important a measure as the sanitary improvement of the country; and the appointment is as satisfactory and beneficial to the public, as it is creditable to them.

It is indeed most fortunate that men with so much originality and comprehensiveness of mind, should undertake this trust and be able to devote their time and energies to it, without sacrificing their other professional duties.

I remain Sir,

Your obedient servant,

THOMAS POYSER, F.R.C.S.

Wirksworth, Nov. 23, 1848.

Medical Intelligence.

PROPOSAL TO CHANGE THE FORM OF HOSPITALS.

Every one acquainted with hospital-practice, whether obstetric, surgical, or medical, is well aware of the great liability among the patients to febrile and inflammatory attacks whenever the wards are overcrowded. I believe there are few or no circumstances which would contribute more to save surgical and obstetric patients from phlebitic and other analogous disorders, than a total change in the present system of hospital practice. I have often stated and taught, that if our present medical, surgical, and obstetric hospitals were changed from being crowded palaces with a layer of sick in each flat, into villages or cottages, with one, or at most two patients in each room, a great saving of human life would be effected. And if the village were constructed of iron (as is now sometimes done for other purposes,) instead of brick or stone, it could be taken down and rebuilt every few years; a matter apparently of much moment in hospital hygiene.

Besides, the value of the material would not greatly deteriorate from use; the principal outlay would be in the first cost of it. It could be erected in any vacant space or spaces of ground, within or around a city, that chanced to be unoccupied; and, in cases of epidemics, the accommodation could always be at once and readily increased.—*Dr. Simpson* in *Monthly Journal for November.*

APPOINTMENTS.

W. S. Kirkes, M.D., has been appointed Medical Registrar and Demonstrator of Morbid Anatomy, at St. Bartholomew's Hospital.

Robert Ebenezer Brown, M.D., has been appointed Colonial Surgeon for her Majesty's fleets and settlements on the Gold Coast.

ROYAL SOCIETY.

At the Anniversary Meeting, held November 30th, the Earl of Rosse was elected President for the ensuing year, Samuel Hunter Christie, Esq., and Thomas Bell, Esq., Secretaries. Sir James Clark, Bart., William Allen Miller, M.D., Richard Owen, Esq., and Peter Mark Roget, M.D., are among the Members of the Council.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members, November —:— A. H. Daniell; C. T. Harvey; W. W. Scholefield; C. W. Morris; J. Williams; W. Hewitson; R. Barnes; A. D. Dunstan; G. T. Cooper; W. L. Howard.

Gentlemen admitted Members on Friday, Nov. 24:— J. Carroll; J. T. Watson; C. Creed; R. T. Deakins; S. Churchill; W. Maltby; T. Venn; W. B. Clapham.

Gentlemen admitted Members, Friday, Dec. 1st.:— A. Brooks; R. Senior; J. J. A. Dirham; T. Jeston; C. W. Whitby; J. Russell; T. Hughes; R. T. E. Cooke; J. Duff; H. Potter; P. J. Elborough.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates, Thursday, Nov. 23rd:—Henry Julian, Harefield, near Uxbridge; Thos. Walker, Wakefield; John William Billing, Steggall, London; Robert Powell, Bristol.

Gentlemen admitted Members on Thursday, Nov. 30th:—Edward Ilott, Bromley, Kent; John Edward Elam, Leeds.

OBITUARY.

Died, November 18th, at Long Langton, near Blandford, aged 79, George Crosse, Esq., formerly Surgeon to the Royal Dragoons.

November 22nd, at Brompton, aged 32, George Hines Young, Esq., surgeon.

November 29th, in Chester Place, aged 41, Charles Buller, Esq., M.P., President of the Poor-Law Board.

November 30th, at Kensington, aged 66, John Hooper, Esq., Surgeon.

December 2nd, at Shepperton, aged 67, Samuel Cooper, Esq., F.R.S., late President of the Royal College of Surgeons, and Professor of Surgery at University College, London.

December 3rd, at Beckenham, aged 78, James Scott, Esq., formerly of Bromley, Kent.

December 5th, in Wimpole Street, aged 52, John Clendining, M.D., F.R.S., Fellow of the Royal College of Physicians, Physician to St. Mary-le-bone Infirmary.

BOOKS RECEIVED.

Chemistry, as exemplifying the Wisdom and Beneficence of God. By George Fownes, F.R.S., Professor of Practical Chemistry in University College, London. Second Edition. London: Churchill. 1849. pp. 160.

Observations upon Bulam, Vomito-Negro, or Yellow Fever, with a Review of "A Report upon the Diseases of the African Coast, by Sir William Burnett and Dr. Bryson," proving its Highly Contagious Powers. By Sir William Pym, K.C.H., Inspector-General of Army Hospitals, and Superintendent-General of Quarantine. London: Churchill. 1848. pp. 311.

A Treatise on the Diseases of the Heart and Great Vessels, &c. By J. Hope, M.D., F.R.S., &c. Fourth Edition. London: Churchill. 1849. 8vo. pp. 611.

Diet and Cholera, &c. By William Barnard Boddy, Surgeon, &c. London: Highley. 1848. 8vo. pp. 40.

A Treatise on the Cure of Ulcers by Fumigation. By George Alfred Walker, Surgeon. London: Longmans; Highley, &c. 1847. 8vo. pp. 112. Plates.

Surgical Experience in Chloroform. By James Miller, F.R.S.E., F.R.C.S.E., Surgeon in Ordinary for Scotland, to Her Majesty and to His Royal Highness Prince Albert, Professor of Surgery in the University of Edinburgh, Senior Surgeon to the Royal Infirmary, &c. &c. Edinburgh: Sutherland and Knox. 1848. 8vo. pp. 60.

An Essay on the Teeth. By Augustus Cook. London: Churchill. 1848. pp. 75.

Lectures on the Actual Condition of the Metropolitan Grave Yards. By George Alfred Walker, Surgeon, &c. London: Longmans; Highley. 1847. 8vo.

A Practical Treatise on the Domestic Management and most important Diseases of Advanced Life. By George E. Day, M.D., Fellow of the Royal College of Physicians, &c. London: Boone. 1849. 8vo. pp. 342.

A Critical Treatise on the General Paralysis of the Insane. By James M. Wynn, M.D., Physician to the Royal Cornwall Infirmary, &c. London: Churchill. 1848. 8vo. pp. 50.

TO CORRESPONDENTS.

Communications have been received from Dr. Forbes Winslow; Dr. C. W. Bell; Dr. T. O. Ward; Mr. T. Poyser; Mr. E. O. Spooner; Mr. S. S. Dyer; Dr. Thomson; Mr. Page; the Sheffield Medical Society.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels and books for review may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.

PROVINCIAL

MEDICAL & SURGICAL JOURNAL.

LECTURE ON THE NATURE & TREATMENT OF CHOLERA,

CONSIDERED WITH REFERENCE TO ITS

ANALOGY WITH CONGESTIVE AGUES OF QUOTIDIAN TYPE.

By CHARLES W. BELL, M.D., K.L.S.,

Physician to the Manchester Royal Infirmary, &c, late Physician to Her Majesty's Embassy, in Persia, &c., &c.

(Read before the Medical Staff of the Manchester Royal Infirmary, and the Members of the Medical Profession in Manchester, November 3rd, 1848.)

LECTURE II.*

Little now remains to be said with regard to the nature of cholera, if I have succeeded in convincing you that the disease does not exist essentially in the blood, but in disordered function of the nerves and blood-vessels, and if my arguments have carried any conviction of the truth of the following points—

1st. That an attack of cholera begins, and essentially consists, in disordered capillary circulation.

2nd. That congestion is the effect of this condition, and the cause of the other symptoms, and of death.

3rd. That the diarrhœa is a natural mode of relief to congestion, and thereby tends to the prolongation of life, and that being an exudation, it is not controllable by means applicable to excretion.

4th. That each period of twenty-four hours, in every attack of cholera (which extends beyond that period,) is marked by—1st. A period of capillary disturbance. 2nd. A period of congestion. 3rd. A period of comparative capillary relaxation and partial reaction; and, 4th. A period of renewed capillary disturbance and congestion, commencing at the expiration of twenty-four hours; not from the first purging, but from the first effect of the influence in capillary disturbance; and if the case proceed onwards without death or cure, that similar changes may be traced (often notwithstanding very active interference,) in the two subsequent periods of twenty-four hours each.

5th. Which I have rather asserted from observation, than attempted to assign any reason for, that the fourth day after the occurrence of algide symptoms is not characterized by the return of a distinct stage of congestion, but that the disease then goes on to consecutive fever.

* Continued from page 681.

It was my original intention to have selected cases from published works, by writers of authority, to illustrate these points, and to show by examples how the natural stages of the disease may be mistaken for the effects of treatment; to illustrate the evils of bleeding from an artery, or of mistimed venesection, in producing collapse; the injurious influence of stimulants and opium; the torments induced by hot applications; the effect of calomel in causing consecutive fever, &c.; but this course might appear invidious, and I am satisfied would be unnecessary, for it appears to me that a very small proportion of well-recorded cases of cholera will be found which do not bear on one or more of these five points, and to this test I most willingly submit the opinions which I have attempted to inculcate with regard to its nature and treatment, always providing, however, that due allowance be made in applying the test for the effects of any treatment that is consistent with the views here advocated.

Let us now proceed to consider some of the more practical points of the treatment of cholera, especially in reference to HEAT AND STIMULANTS.

When the body is cold and exhibits so great a want of energy in the cuticular capillaries, the most obvious means of removing this condition which suggest themselves to every one are external heat and diffusible stimulants; but as these are not at all times attended with the beneficial effects that might have been anticipated, it is necessary to examine the reason of this failure by enquiring into the particular nature of the object to be gained. Finding that the disturbance of vital action commences in the capillary circulation, and not in the heart, it would appear that to begin by stimulating the heart is to begin at the wrong end of the chain of actions, and that to fulfil the indication some means is required that will act by giving power to the capillary circulation, independently of the heart's action.

Unfortunately all the medicines usually classed as stimulants excite the capillary circulation only by exciting the heart's action; secondarily and slightly, by sympathy with the heart; but principally in consequence of the distension produced by the increased force with which blood is injected into these vessels; for to them, as to the heart, distension is the most direct means of exciting irritability and action; but if these vessels are not distended, capillary action is not directly excited by exciting the heart.

In the stage of congestion in cholera, we have endeavoured to shew that this increased propulsion of arterial blood does not take place, for the quantity of arterial blood in the system is diminished by the lungs opposing the free transmission of blood to the left side of the heart. We have shewn, that so soon as congestion commences, the heart becomes excited by its most powerful stimulus,—viz., distension of its cavities, at least on the right side, but that its action is opposed by the condition of the pulmonary vessels, and oppressed by the accumulation of venous blood from the extremities; it is evident, then, that to add stimulus to that which is already excited to the utmost in vain, can do no good, unless it can add power, but as it cannot do so in this condition, stimulus can only exhaust the irritability of the muscle, but not propel arterial blood in the quantity necessary to distend and excite the capillaries. If the power of the heart have not been yet excited to the utmost, a stimulant may prove useful by urging it to still greater exertions to overcome the obstruction, but if already excited in vain, it is quite evident that additional excitement can only do harm, by producing exhaustion of muscular power. If, however, we have reason to believe, that by-and-by the obstruction to the heart's action by the capillaries of the lungs, and impulsion of blood upon it from the veins, will both gradually cease, at least in some degree, it will be evident, that if it only retain sufficient power, the heart will then be in a condition to restore the circulation to a more normal state, and therefore that our efforts should be directed to husband the power of the heart, instead of exhausting it; but the only means of doing so consistent with the maintenance of sufficient systemic circulation, is to endeavour by every possible means to promote capillary action, and so to diminish the labour of the heart by removing the obstruction to its efforts, not by subduing the excitement of the heart by opiates. The whole question, therefore, lies in the means of doing this. We have shewn that when opportunity offers,—that is while the powers of the heart are as yet unexhausted, and its irritability unimpaired,—this may be accomplished by freely opening the veins of both arms, thereby soliciting the blood from the extremities, and relieving the heart from part at least of its oppression *a tergo*, but both experience and reason have warned us against attempting this after the heart has been too long subjected to excitement. What then is our resource in this condition? This is exactly the point which the long history of disease that I have submitted to you is intended to illustrate,—viz., that we actually possess medicines which have the power of stimulating and fortifying the capillary circulation without first exciting the heart's action. Many of the preceding remarks have been directed to show that the action of antiperiodic medicines is of this nature, only that as the morbid effects evinced in periodical disease of different types are not identical, neither can the antidotal effect required from medicine be identical. I have endeavoured to point out that, although quinine alone does no good in these diseases, the combination of quinine with iron has proved in my own experience to possess this power in quotidian ague and in cholera, in a very remarkable degree. I have found it check the vomiting and purging often in a few minutes, and gradually restore the circulation and warmth, and the secretions, without the assistance of any other applications, not, be it remarked, by exerting an astringent effect in moderating the diarrhœa, for it proved equally useful whether this symptom existed or not, but by removing the cause in the disorder of the capillary circulation.

But it is not enough to consider a question of so much importance as that of the use of heat and stimulants merely theoretically; I must, therefore, add my testimony to that of many authors against the use of diffusible stimuli where congestion is fully established. I have tried it carefully, and anxiously watched the result of each dose with my ear to the heart, and I can positively assert that each dose, in cases where congestion has reached to a dangerous degree, is attended with increase of all the symptoms, dangers, and sufferings attending congestion.

The first time I was myself attacked with cholera, the symptoms were at once arrested by a glass of brandy taken on the first occurrence of the blueness, purging, and cramps, because congestion, being at once relieved by the diarrhœa, had not reached the point of oppressing the heart's action, and the stimulant aided the action of the heart to excite the capillaries; but on my second attack, the effect of this stimulant was very different, and excessively painful and suffocating, because not being relieved by diarrhœa, the congestion at once attacked the vital functions, and I was obliged to have recourse to quinine and iron, which soon relieved the suffocation.

The case in which I had the best opportunity of carefully studying this effect of stimulants was that of the late Chief Physician of Persia, a native of that country, who had been educated at St. George's Hospital, London, and an intense admirer of calomel. His attack was not one of pure cholera in its usual form, with purging and vomiting, for he was one of the earliest sufferers from the disease, while the digestive organs were as yet seldom affected, and when it presented many of the characteristics of ague. I attended him as an intimate friend, night and day, although no persuasions could induce him to try either the medicines I recommended, or bleeding. He felt so bilious that he was sure nothing would do but calomel. His attack lasted for several days, in each of which, the cold stage that at first was followed by return of warmth, was more prolonged, till at length intermission ceased; the relief which was denied by the bowels was here effected by the skin, and the quantity of ice-cold watery exudation with which all the body but the breast was constantly bedewed, proved the rapidity with which the iced-water he was incessantly imbibing was both absorbed and exuded. He was much colder than I have ever found cholera patients in whom the characteristic diarrhœa existed. After resisting every proposal I made for treatment, he at length consented to try stimulants, for it appeared he was determined to die a martyr to medical prejudice, accordingly, I administered to him large doses of æther and alcohol. After each dose, on

applying my ear to the heart, I heard a sudden increase of confusion in its action, a sort of indescribable churning sound, as if it would burst,—not as if it were getting rid of its contents, but rather constantly agitating the same portion of fluid,—and at each fresh effort of this sort, the icy exudation from the skin burst forth in redoubled quantity. I repeated this experiment until I had again and again proved the effects, and then, as in doing so, it was plain that more harm than good resulted, I left the case to nature, determined to watch the symptoms as they proceeded. It was not till the last day that the brain became materially affected, although, in the course of four or five days, I am certain not above half a pint of urine was secreted; he then became insensible, the pulse became imperceptible, and at night, being seized with fearful tetanic convulsions, which lasted for two or three hours, he died. The first case of cholera, with purging, occurred on the day of his death in the next house, in a child, and was fatal in two or three hours.

This effect of stimulants in a congestive disease so very nearly allied to cholera, completely confirmed what I had formerly seen of the result of their exhibition in the more common form of cholera at home, insomuch that I have not since been tempted to repeat the experiment unless conjoined with bleeding, or in the very first moments of an attack, when there can be no doubt of their efficacy, or that of any other means of inducing an impression calculated to rouse the sympathetic through any single function, to a perception of its other natural stimuli.

A diffusible stimulant can, therefore, only do good while the heart possesses more power than has yet been called into action, or before it has yet become so completely oppressed as to be unable to respond effectually to the stimulus. The same reasoning might be applied to the question of using external heat as a stimulus, for though heat and pain are as powerful excitants to local action as brandy to the stomach, they unfortunately also act directly as stimulants of the heart's action. Difficult, however, as it may be to explain their effects, I feel bound, in conjunction with many others of great practical experience, to protest against the use of both, when the case has reached the stage of confirmed congestion; for though in the preceding period, external heat may be as useful as a diffusible stimulus, it is not less injurious in the second. On this subject I cannot do better than quote from one of our most recent authorities:—Mr. Parkes says, "Warm baths, vapour baths, and warmth applied in any way to the surface, never appeared to me to be of the slightest service in true cholera; the spasms were sometimes relieved, but the algide symptoms were almost invariably increased. The depressing effects of the warm bath were sometimes marked and unmistakeable; I have seen a man walk firmly to the bath, with a pulse of tolerable volume, and a cool, but not cold surface, and in five or ten minutes, have seen the same man carried from the bath with a pulse almost imperceptible, and a cold and clammy skin."

These remarks perfectly coincide with my own experience of external heat. I have used the hot-air bath, so much recommended in this country, to such an extent as even to scorch the skin, without producing the slightest reaction, but apparently the worst effect, and have searched in vain for an excuse for the torture to which so many patients have been subjected by such attempts to restore warmth. These would not have been cruelty, whatever the sufferings, if really beneficial; but I am now convinced of the contrary, and that they are not only useless, but injurious. Without knowing more of the actions which take place in the systemic capillaries in health, and their changed operation in this disease, it is impossible to account for these injurious effects, unless by excitement of the heart, or on the principle which prevents us applying heat to a frozen limb, to which the condition of the circulation is somewhat analogous; practically I have come to the conclusion that external heat is always injurious when congestion is extreme. In my opinion, *medio tutissimus ibis* in this respect, and that it is better to be content with a moderate temperature in the room, sufficient to promote any tendency to reaction, but not to force it.

The question, however, is one of no mean importance,—whether if we are not to yield to our natural impressions regarding the necessity of restoring warmth, we may not cede to the adjurations of the patient to indulge him with cold? This is a question which I am not bold enough to decide. There is I think much more evidence in favour of cold than of heat, yet both may be wrong, and according to my own experience both extremes are unnecessary. One friend writes to me from Tehran, that his practice of immersing the patient to the neck in cold water, till reaction took place, was very successful; another that he cured his patient with frictions with snow, in Erzeroom, where the cholera occurred in the winter season, and where the cold is intense. In Russia, and in Hamburgh, iced drinks have been much used. I am well acquinted with two Persian gentlemen, who were laid out for dead, in the cholera of 1829, but who recovered on being washed in the open court-yard in a winter's night, as a preparation for interment, with water, to obtain which the ice had to be broken, and I was once called to the public burial ground of the city to see a dead man whose veins had begun to bleed while they were washing his body. The man, it appeared, had been attacked with one of those forms of disease already alluded to—a species of cholera without purging—had dropped down as if struck with appoplexy; an attempt had been made to bleed him in both arms without success, he was left for dead and carried off for interment, when what I have related occurred on his being deluged with cold water; unfortunately no one had presence of mind to bind up his arms and protect him from the cold, and he was really dead when I arrived. These are strong arguments for the use of cold, but may perhaps be met by equally convincing arguments against it. I look upon these as instances of powerful nervous impression made at a suitable stage of the disease, and that if the remarks formerly made of the *post-mortem* return of heat in the corpse be attended to, no such accidents can arise as those fearful cases sometimes mentioned of persons

being buried alive. If one, apparently dead of cholera, become warm from the extremities upwards, no doubt of death can exist, and no chance of recovery; if this does not take place, or, on the contrary, if warmth proceed from the trunk to the extremities, there is a possibility that he may be alive.

I consider the question of the excessive external application of heat as fully determined in the negative in the congestive stage, but open to a certain degree in that which succeeds it, and that the question of cold applications is still *sub judice*, and subject to objection in the stage succeeding congestion, which, however, is so difficult to fix precisely, that both extremes are better avoided, especially as I am convinced that treatment conducted on other principles will almost always prove successful without either.

Now, with respect to the DIARRHŒA,—enough has formerly been said on this subject to show that it has been considered rather as a means of relief to congestion, than in itself a source of danger, as tending to prolong life, rather than as the cause of death in cholera, insomuch, that even if we had it in our power to check it by a word, it is a word which we should hesitate to pronounce, unless we were assured that the cause rather than the effect would be influenced. If then it is to be considered in itself as rather a good than an evil, it must, nevertheless, be always looked upon as a sign of imminent peril to life, which, as its direct restraint would endanger immediate collapse, should the more impress us with the necessity of removing its cause without delay; for when the disease is in the neighbourhood, and sudden evacuation of this kind occurs, even though not another symptom of cholera be present, the case is to be considered one of cholera. It is not a secretion from the bowels, for that is a vital action of the capillaries; this is the very reverse—an exudation, showing that the capillaries of the bowels have succumbed to the same cause of impaired action which we have throughout considered essential to the disease. The capillaries of the skin may yet perform their functions, the disorder may be almost local in the bowels, but it is essential, and were it possible by ligature, or any mechanical means, to arrest the exudation, without arresting its cause, it is scarcely possible to doubt that the effect would be congestion and oppression to the heart; that this would be attended with diminished circulation of arterial blood, and impaired powers in the whole system, which would then succumb to the anti-vital influence, and terminate in collapse. To what purpose then would we use mere astringents to check the diarrhœa? Have we not rather reason to congratulate ourselves that such means are for the most part wholly inoperative? In the perusal of cases it is impossible not to be struck with the complacency with which the authors seem to regard the effect of pills of lead and opium, chalk mixtures, catechu, &c., when administered at the very period of the disease, in which we should naturally expect to find congestion on the decline, (if the disease be really one of quotidian periodicity,) an effect which, if real, instead of apparent, would only be to be deplored. If, however, we check the diarrhœa, by removing the cause, restore their wonted action to the capillaries, and thereby prevent the effect of their disturbance, we cure, rather than restrain, the diarrhœa. Here, however, a difficulty meets us; the congested condition of the vessels, and their reverse current of blood, afford very obvious reasons for expecting but little effect from any medicine that can act only by absorption into the blood from the alimentary canal; nevertheless, experience proves that absorption does take place to a degree much greater than might have been anticipated. However great the amount of exudation of the fluid of the blood into the intestines, this occurs only at intervals, and paradoxical as it may appear, while the congestion continues unrelieved, there seems to be a great tendency to restore fluid to the blood, during these intervals. Sufficient evidence of the absorption of salts in solution, in the fluids of which the patient drinks with such avidity, is to be found in the fact, that tartar emetic produces its effects when given in this manner, and those I have so often witnessed from quinine and iron, given in weak solution, have been so immediate, as to excite my astonishment. Thirty drops of muriated tincture of iron, with a grain of quinine, in a wine-glassful of water, will often stop vomiting and purging that has resisted large doses of laudanum, and of solution of morphia. That so small a dose of this combination should ever prove effectual is singular enough, but I do not think it very wonderful that opium should rather increase than diminish these symptoms, if they are really mechanical effects of congestion, and the results of loss of irritability in the capillary vessels, (not of irritation in the viscera,) for opium will evidently tend to subdue whatever irritability may be left in the nervous system, and thereby give more scope to the anti-vital influence, instead of opposing it. Theoretically, such should be the effects of opium, and practically, I am very sure, that it more frequently tends to keep up the vomiting and purging, and the algide symptoms, than to cure them. If the symptoms proceed from partial paralysis, or loss of irritability of the sympathetic, nothing could be better calculated to augment them than opium, for in at least half the cases in which opium is prescribed in ordinary practice, its sole object is to subdue morbid irritability of the sympathetic system. If, however, our reasoning upon the etiology of cholera has had any foundation at all, it goes to prove that the great object of cure is to maintain the vital sensibilities active, and to husband the power of the heart, and neither to exhaust irritability by undue excitement, nor to lull it into insensibility by opiates, for our hopes all depend on the integrity of these qualities, when the period of capillary relaxation arrives.

With respect to most medicines given in pill, I consider them nearly inert in the congestive stage of cholera, more especially those which are not soluble in water, but require the action of the secreted juices of the stomach for their solution, for we know that such secretion does not then take place. Calomel is fortunately one of this class, and in cholera passes through the bowels almost unchanged, and I am told on good authority may often be found at the bottom of the

bed-pan in the form of a grey powder. With respect to the influence of calomel in this disease, I am fully satisfied that the most mistaken opinions prevail. We have already alluded to the effect of tartar emetic, which is said to be eminently curative, and on the principles of nervous impression, we can well conceive that it will be far from inactive, if it produce its characteristic effect, because that effect is a vital one of great influence on the whole of the sympathetic system, and were we destitute of safer and more appropriate medicines, it might be well worthy of trial. In like manner croton oil has been recommended: it may act like the diarrhœa of cholera, or venesection, in reducing the volume of the blood; but if it produce secretion, which is a vital action of the bowels in opposition to exudation, may operate as a stimulant to the vital energies of the sympathetic, and prove curative. (The danger of inducing syncope by these means is, however, too evident to require comment.) So also may any other medicine or means whatever cure, which produces a powerful impression on the nervous system, provided it do not act by injuriously stimulating the heart's action,—by impairing the force of capillary circulation, or the excitability of the nervous system,—or, in other words, if it be not calculated to produce the very effects which are caused by the exciting cause of the disease. Upon this principle CALOMEL, if it act as a purge, may prove beneficial, but if it affect the constitution, it can only be detrimental This, I think, will become evident, if we consider the action of mercury but for a moment; its chief value is in subduing inflammation, but all our observations tend to shew that the condition, both of the blood and of the capillaries in cholera, is diametrically opposed to that of inflammation. The medicines most useful in cholera and allied diseases,—viz., iron and quinine, are those most opposed to the effects of mercury, and most curative of them. All experience goes to prove that mercury, if an irritant, is at the same time a cause of positive weakness of capillary circulation, with the single exception, and that a doubtful one, of its effect upon the liver. There is no point in medicine on which I feel more entirely convinced, than that the constitutional effects of mercury are invariably injurious in cholera, and tend to produce consecutive fever. Soon after cholera appeared to have ceased, in 1843, I submitted two patients to a course of mercury for chancre at the same time,—one, a groom, died collapsed as soon as the gums became affected, though a very healthy powerful man; the other, the Persian High Treasurer, fell into the same condition, and was only saved by large and quickly-repeated doses of quinine and iron, and went through a severe attack of consecutive fever.

Mr. Parkes mentions, that two syphilitic patients, while under the influence of mercury, were attacked by cholera in his hospital, as proof that mercury is not prophylactic, I might mention several instances to prove it really a predisponent; but so many points of difference will suggest themselves in the condition of one labouring under cholera, from that in which we should be anxious to produce ptyalism, that it is unnecessary to pursue the subject farther.

There now remains I think but one material point in the treatment of cholera, viz., that connected with the use of FRICTIONS and RUBEFACIENTS. Of these, it may be sufficient to say that their efficacy will depend upon the period at which they are applied, which is always difficult to decide, and on the degree of fatigue thereby occasioned to the patient, they partake much of the nature of heat and stimulants; but if applied without disturbing the patient, may perhaps be beneficial, although I have not myself very much confidence in them. Disturbance of the patient is a question of much more importance. In a report of the Commissioners of Public Health, much evidence is adduced by the examination of several medical men practising in London during the former visitation of cholera, as to the ill effects of removing cholera patients to temporary hospitals. There is very obvious reason for desiring to remove them from the locality in which they have actually acquired the disease, because, undoubtedly the cause exists there, and will continue to operate powerfully against the effects of remedial measures, and will also endanger the health of those who are in attendance, and if any of them happen to be attacked, it is sure to give apparent countenance to the popular belief in contagion; but if the disease have been acquired elsewhere than in the dwelling, no object is to be gained by removal unless to a very decidedly more healthful locality, while on the other hand, the evidence is conclusive that danger often attends the practice. In considering the stages of cholera, it was remarked that there is a time when the patient appears rather indifferent than stupid—not asleep—for sleep never occurs in cholera, but as if resigned to fate rather than willing to make the slightest exertion. This condition marks that stage in which the tendency to *cessation of morbid inaction* exists rather than reaction of the powers which circulate the blood, that, namely, in which the influence that causes the disorder is so equally balanced against the resistance of the vital powers, that the slightest disturbance or source of exhaustion will turn the scale, and it is the merest chance whether a stimulant will now rouse the vital powers to throw off the oppression, or by disturbing the circulation then in progress to partial recovery, renew the congestion. It is at this period that the greatest danger of syncope and collapse is incurred by an attempt at removal, and even frictions or anything that tends to disturb the patient may induce syncope and collapse; but sinapisms and blisters that can be applied without disturbance, may prove beneficial.

It is almost needless now to state the practice that I should myself pursue in this disease. If asked what I should do in a case of cholera, I should answer that, that depends very much on the stage in which I found my patient, but in all cases and in all stages I should certainly give a largely-diluted solution of some salt of iron and quinine, with a view to counteract the morbid inactivity of capillary circulation, and repeat it as often as the patient would drink of it till warmth was restored. If called to one of those cases of sudden collapse, with little vomiting and purging, reported to have frequently caused death in eight hours in Scotland,

I should be satisfied that mechanical assistance was required to relieve actual congestion, and if I arrived sufficiently early would open the veins of both arms, trying to induce sneezing and coughing, or almost any powerful vital action, likely to give an impulse to the blood, and cause it to flow. If, however, I arrived too late to bleed, I should not hesitate to conjoin Epsom salts with the mixture, however heterodox such practice may appear, because such cases are generally without purging, and purging is a safer and more direct source of relief than bleeding late in such a case; and I have followed this practice largely with success. I should neither give stimulants nor apply heat, should limit external applications to a blister or tincture of capsicum to the spine, be careful of disturbing my patient unnecessarily, and endeavour thus to carry him over the first twenty hours with life; if his condition was then such as to give little hope of his being able to sustain a fresh attack of congestion, I should risk everything to obtain blood to such an amount that the colour should become florid and its motion free, and should continue the medicine till the secretions became fully re-established—till the hue of health returned to the complexion and the lips and tongue had lost their pallor.

In all cases of consecutive fever my experience points to the use of the same remedies conjoined with salts and diminished quantity of qninine, which in excess, or even if not in very small quantity, tends to produce dryness of the tongue, but which I think necessary, nevertheless, for a time. Perseverance in this treatment long after the secretions are restored, no doubt sometimes tends to produce a red, furred, and bilious tongue, very different from the clean, glazed, and dry red surface, or pale-edged darkly-coated appearance that preceded it, but then the fever has become bilious, and may safely be treated with a smart dose of calomel, or what I find still better, sweating in the wet sheet of the hydropaths. The same treatment is appropriate to the prevailing form of remittent, commonly called low fever unpreceded by cholera or noteable collapse, and unaccompanied with maculæ or typhoid erruption, but characterized by the appearance of the tongue. If the spleen be tender on pressure, a short trial of sulphate of iron with sulphate of magnesia, without, or with not more than half a grain of quinine to each dose, with occasional application of leeches to the epigastrium, (in the forenoon,) will, I think, show that there is something in the treatment recommended, if nothing in the theory. *Post-mortem* examination in this type of fever constantly exhibits more or less softening of the spleen, a characteristic of tropical remittents, and in my opinion a positive indication for the exhibition of iron.

I must now conclude, but I confess I leave the subject with much reluctance, for there are many points of much practical importance left untouched; among others, the influence of the epidemic constitution while cholera prevails upon other diseases apparently unconnected with it, is full of interest.

Of these I cannot refrain from mentioning one example before concluding. While cholera prevailed I had two patients with pannus oculi, in which I had tried every possible local application in vain; one of them, however, had on one occasion a slight shivering fit when he visited me, and I gave him a mixture of quinine and iron, the pannus immediately began to diminish, and I tried the same medicine on the other, omitting local applications, and in both a cure was effected in the course of ten days. Similar effects were observed in a great variety of other diseases. I am very well aware, that in this laudation of a particular combination of drugs, I have subjected myself to the charge of empiricism, and in a certain degree I must acknowledge the charge to be just, for nothing could be more purely empirical than the grounds upon which I was first induced to make trial of it, whatever my subsequent endeavours to explain its operation; but my object now has been only to recommend the combination of iron with quinine to your consideration, as a means well fitted to attain the end in view,—viz., to promote the oxygenation of the blood, to fortify capillary action and nervous irritability, to confirm the tendency to remission (whether apparent or too obscure to be noteable but presumable,) and to prevent periodical return of venous congestion. I have endeavoured to shew that these are the primary objects requiring attention; relief of congestion by mechanical means the secondary one.

If I have over-rated the effect of the medicines recommended, I must be allowed to say that I have not been induced to do so by theory alone, for that which I have offered to you is solely the result of reflection after I had used it in many thousand cases effectually, but purely empirically. While the epidemic prevailed in Tehran, my court-yard was daily crowded with hundreds of poor wretches, praying for the love of God for a supply of the bitter water, or water of life as they called it. It was served out to them in pint-and-half mixtures of water, containing twelve grains ef quinine, nine of sulphate of iron, and thirty drops of dilute sulphuric acid, with directions to take a coffee-cupful for a dose; these orders, however, were not always attended to, and in some of the most remarkably rapid cures I witnessed, the whole was swallowed at a draught. One of these I particularly remember.

In visiting one of the princesses, the wife of the Chief Astrologer, I observed a wretched object, who had dragged himself to the tank in the outer court of the house; with difficulty I recognized him as the tutor of the family. He had been vomiting and purging, and agonized by cramps, and his thirst had impelled him to the position in which I found him. I immediately sent him a quart bottle of the mixture described, and I was never so much surprised as to see him in the afternoon at my house with his bottle, whither he had walked nearly a mile, to beg a fresh supply, having swallowed the whole at once, and felt immediately revived. I had previously known him as, both from religious prejudice and as an epicurean, an abhorrer of medicine; and this certainly was not nectar. Villainous though the compound may seem, it appears to be peculiarly grateful to the patient, by appeasing the thirst and sense of heat in

the stomach, which even ice fails to allay, and I have seldom seen it vomited after the first dose or two. I have met with one or two instances in which it was found impossible to obtain blood from the veins, but where, shortly after a few doses of the medicine had been taken, bleeding was practised with success.

In the cases of simple diarrhœa without tenesmus now prevailing, I find the most immediate effect produced by a grain or two of quinine given with half a drachm of the muriated tincture of iron, in a wine glassful of water. With respect to the cramps and spasms, I have been in the habit of looking upon them as mere symptoms, only to be obviated by removing the cause; it would, however, appear from the observation of others, that, apart from the more fatal symptoms of suppressed arterial circulation evinced in convulsions; the cramps in the legs, &c., are closely connected with the contracted condition of the colon, and I should therefore feel inclined to try the effect of assafœtida injections.

I have now, gentlemen, only to thank you for the attention with which you have listened to my remarks. The treatment which I chanced to adopt on purely empirical grounds appeared to me more than usually successful, and I was led to enquire whether there was anything in the nature of the disease, or the remedies, that was explicable on known and acknowledged principles of physiology and therapeutics; the result was, that there existed a deficiency of facts by which to determine the question, and, till these were settled, it was impossible that all should agree on the treatment or deductions, at the same time it was evident that there were facts which, if generally admitted, would necessitate universal concurrence in a broad principle of treatment, to the exclusion of a vast amount of erratic practice, that might be termed a blind groping for facts on which to reason.

In my endeavour to ascertain what were the established facts, it appeared that beyond a rehearsal of symptoms there was not one universally admitted, save the constant existence of venous congestion,—contagion, the effect on the blood, the cause of death, the influence of particular treatment, were all subjects of hot contention, and the medical profession was divided into as many parties, and more, than there were sections in the materia medica. Under such circumstances it appeared that the weight of any single evidence could not possibly turn the scale of opinion, and that the only chance of arriving at a useful conclusion was to examine the disease in all its forms, as they relate to its cause, its course, its terminations, and its connection with other diseases. The result of this I have endeavoured to lay before you, in the reduction of the essential facts to six, not one of which is generally admitted, but if they be proved to be facts, the deductions from them are too evident to require comment. These which have previously been stated at length are shortly as follow:—

1st. That cholera is the effect of impression on the sympathetic system,—that its cause does not primarily affect the blood, is incapable of reproduction in the body, and, therefore, incommunicable.

2nd. That its effects begin by impaired vitality and disordered function of the capillary circulation.

3rd. That congestion of the thoracic and abdominal veins is the consequence of the above condition, and the cause of other symptoms.

4th. That exudation of the watery particles of the blood, whether through the mucous, or into the serous tissues, constitutes the natural mode of relief to this congestion.

5th. That cholera goes through certain diurnal stages, of which capillary disturbance is the first, venous congestion the second, more or less intermission or cessation of capillary disturbance the third.

6th. That the natural tendency of cholera is to go through these successive changes for three days, and then cease, or to run into consecutive or remittent congestive fever.

It appears to me that if these are facts (the establishment of which will depend on the observation and reading of every practical man,) a principle of treatment is inevitably established along with them, because they are facts on which the whole pathology of the disease may rest, and the whole course of treatment depend. If they prove otherwise, I have wasted your time and my own, in a feeble attempt to recommend a combination of quinine with iron, as only one of the numerous medicines said to be beneficial in cholera, but the action of which will then be totally inexplicable; and I shall owe you all much apology for inviting you to listen to the arguments by which I have attempted to substantiate as facts, what another process of reasoning may, perhaps, demonstrate as fallacies.

[At the conclusion of the lecture the thanks of the meeting were voted to Dr. Bell, on the motion of Dr. Bardsley, senior, seconded by Dr. Lyon.—Ed.]

BRONCHITIS AND DEATH

IN CONSEQUENCE OF TWO TEETH BEING DRIVEN DOWN THE LARYNX.

By S. B. Denton, M.D., Hornsea.

I was called to a Miss Fawcit, from Sheffield, September 14th, 1848, who had been ill three days. The history she gave me was this:—Feeling tolerably well she went to the sea-side; while there she had an accidental fall, and found on getting-up that two front teeth had disappeared, (they were false, tied together in a gold socket,) they were not to be found about her person, or amongst the shingle. A cough almost immediately came on, which had continued to harrass her much up to the time I saw her.

I found the poor sufferer labouring under an acute attack of bronchitis, and although her attenuated frame could ill spare one drop of blood, I durst not omit the application of a few leeches, with two or three emetic draughts of Antimonii Potassæ Tartras.

It was rather late at night when I saw her, and contrary to my request, she left at eight o'clock the next morning for her home, at Sheffield, I did not, therefore, see her again, but was told that she was much relieved.

I wrote to Dr. Corden Thompson, of Sheffield, (Miss Fawcit's physician,) giving him the above account, and at the same time stating that I had no doubt in my own mind that the teeth went down the windpipe, which was the *mechanical* cause of the inflammation and suffering, and I feared would, (if it had not already done so,) terminate in death, and on a *post-mortem* being obtained, doubted not but the teeth would be found in some of the air-passages. I had not an opportunity of exploring the chest by auscultation, and therefore could not decide upon the exact spot where the teeth were lodged.

Dr. Thompson very kindly sent me the dissection report of this interesting case, which is as follows :— "From the previous history of the case, and the existing symptoms, I was led to conclude that the teeth lay in the right bronchus, near its issue from the trachea. The patient gradually sank. I do not dwell on the symptoms particularly; they continued of the same character as you witnessed; there were also evidences of hepatic disease, and she had a heart affection, of some standing. The teeth were found precisely where it was anticipated: they lay firmly impacted near the mouth of the right bronchus. I need hardly say there were marks of severe inflammation in the tube; some also in the left bronchus, but not extending in the trachea to the larynx; the left lung pretty natural in appearance; the pleura costalis recently inflamed, but without effusion; on the right side the lower portion of the lung was somewhat consolidated; there was inflammation, too, both of the pleura pulmonalis and costalis, with slight adhesions posteriorly, and a little effusion; the upper portion of the lung had a pretty natural aspect without, but did not collapse; it appeared to have kept distended by the impeded egress of the air having, no doubt, been fully dilated by the inspiratory act which forcibly drew in the teeth. The parietes of the left ventricle of the heart were thick and firm; the mitral valve was also much thickened and indurated. The liver at its fine edge was verging to scirrhus, with traces of recent peritonitis of its surface. The other viscera were sound. The head was not allowed to be opened."

I believe Mr. Wood attended the patient with Dr. Thompson, and took the same pathological view of the case.

POISONING BY THE BERRIES OF THE TAXUS BACCATA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

There are very few cases recorded of poisoning by the berries of the Taxus baccata; indeed, many persons disbelieve in its poisonous nature altogether. Gray, in his treatise on "Pharmacology," says, "the berries have been thought to be poisonous, but they may be eaten." I believe they are not mentioned by Dr. Christison, in his valuable work on "Poisons." Drs. Copland, Guy, and Taylor, in their respective works, bear testimony to the extremely poisonous nature of the Taxus baccata. Mr. Lloyd's experiments and case, recorded in the last Journal, afford additional proof of the poisonous nature of the tree and its fruit; like him, during many years practice, I have only met with one case, which I subjoin for insertion, if you deem it worthy, in the Journal.

I am, Sir, yours faithfully,

JAMES TAYLOR, M.D.

Castle Cary, Dec. 12, 1848.

Sunday, October 28th, 1838. Mary Baker, a fine healthy child, between five and six years of age, ate freely of yew berries just before going into church. About an hour after, during divine service, she fell from her seat and was instantly removed, in an insensible state, to her home. I saw her immediately; the surface of the body was cold; the countenance pale; breathing laborious and frequent; pupils very dilated; pulse feeble; convulsions, and vomiting. Having carefully examined the head, and finding it was not injured by the fall, I gave an emetic, and from what was ejected, it was evident she had eaten a considerable quantity of the berries; not the mucous part only, but the seeds, wherein I believe is the most active principle of the berry, for the mucous or fleshy part of the berry has been frequently eaten with impunity. As soon as it appeared the stomach had been freed of its contents, a purgative was given, and had the desired effect, but the child never rallied from the first. She continued in a comatose state, and died in *four hours* after eating the berries. An inquest was held, but no *post-mortem* examination allowed. I stated, in my evidence, I considered yew berries poisonous, and that the child's death had been occasioned by them, but I remember several on the jury were very sceptical on the point.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, DECEMBER 27, 1848.

As the present number forms the concluding one of the volume for the year, and a considerable portion of its columns is necessarily occupied with the Index, we feel ourselves obliged to confine our observations within a very limited compass. Perhaps we cannot do better on this occasion than congratulate the members of the Association on the value and importance of the many original communications which have been published during the twelve months now approaching to a termination.

We have no wish to take merit to ourselves for this manifest improvement, but we cannot but consider it as a mark of confidence and approbation on the part of the members, and a testimony of the favour with which they are disposed to regard the Journal. At the same time we have the gratification of knowing, from many quarters, that while the communications

of our valued correspondents are extensively appreciated, the general tone of the Journal also meets with approval.

It would be invidious to particularize, but we cannot but refer to the valuable facts elicited by the "Inquiry into the Treatment of Burns and Scalds," carried on under the sanction of the Council, by Mr. Crompton, of Manchester, as a proof of what the Association has in its power to effect. We anticipate that when these facts shall have been classified and arranged, and the legitimate conclusions deduced from them, a most valuable report will be the result. The "Inquiry into the Medicinal action of Arsenic," simultaneously carried on by Mr. Hunt, of Herne Bay, will, we expect, be also productive of important information, but as the facts of that inquiry have not yet appeared in the pages of the Journal, it is unnecessary for us to allude to it farther in this place.

We may also, perhaps, be permitted to distinguish the elaborate series of papers "On Turning, as an Alternative for Craniotomy and the Long Forceps," by Professor Simpson; and the valuable "Notes on the Opinions and Practice of the late John Pearson," by Dr. Oke. We have referred especially to these papers on account of their completeness and extent, as well as their general importance; but we must add, that there are many other papers not inferior in value and importance, which in our opinion render the volume now concluded fully equal to any of its predecessors.

We have to apologize to some of our correspondents for a delay, unavoidable under the circumstances, which has taken place in the publication of their communications. We shall endeavour to make arrangements for the early insertion of these in the new volume. In conclusion, we trust we may expect a continuance of the support hitherto received, and that the Journal of the Provincial Association will be recognized, not only as the organ of the Members of the Association, but also of provincial practitioners in general.

Reviews.

A Treatise on the Diseases of the Heart and Great Vessels, and on the Affections which may be mistaken for them; &c. By J. Hope, M.D., F.R.S., &c., &c. Fourth Edition. London. 1849. 8vo, pp. 611.

This is a new edition of the late Dr. Hope's well-known "Treatise," reduced in size, and consequently in price, by the adoption of a smaller type, and the omission of the plates, and of some controversial matter, now of little importance. To those who are desirous of possessing this truly standard work, and have not been able to avail themselves of the last edition as published by the author, we would strongly recommend the present one. Mr. Churchill, in making these arrangements, while he has judiciously reduced the price, and brought the work more immediately within the means of all, has at the same time had due regard to the eyes of the reader, the type being still sufficiently large to be agreeable.

Medical Jurisprudence. By Alfred S. Taylor, F.R.S., Licentiate of the Royal College of Physicians, &c., &c. Third Edition. London. 1849. Fcp. 8vo, pp. 859.

It is merely necessary to announce the appearance of another edition of Dr. Taylor's well-known and equally well-appreciated work. We ought, however, to observe, that this edition is not merely a reprint, that it contains nearly more than one-sixth part of additional matter, on various subjects, and that a considerable portion of it has been entirely re-written. We need scarcely observe, that what has been added is in the same style of excellence as distinguishes the preceding editions, and has rendered them of such high standard authority.

Lectures on the Parts concerned in the Operations on the Globe, and on the Structure of the Retina. Delivered at the Royal London Ophthalmic Hospital, Moorfields, June, 1847. By William Bowman, F.R.S., Fellow of the Royal College of Surgeons of England. 8vo, pp. 45.

These Lectures, delivered by the author at the Royal London Ophthalmic Hospital, have been re-published in a collected form from the *Medical Gazette*, in which periodical they originally appeared. They fully maintain the high reputation which Mr. Bowman has already attained as a physiological writer, and are calculated to convey to those who peruse them, a minute and intricate knowledge of the anatomy and physiology of the part of which they treat—a knowledge which is the only true foundation of the correct treatment of ophthalmic, as of all other diseases.

We understand that Mr. Bowman is prosecuting his researches into the morbid anatomy of the eye, and is anxious for as many opportunities as possible of inspecting rare or remarkable specimens. In an enquiry of this sort, where great difficulty is usually met with in obtaining from the body after death the parts which have been the seat of the morbid change,

it is desirable that every assistance should be rendered by the profession, and we would beg to recommend any of our readers who may have it in their power, to contribute to the furtherance of this enquiry, by transmitting any specimens of rare cases they may chance to meet with, to the author of these valuable Lectures.

Proceedings of Societies.

BIRMINGHAM PATHOLOGICAL SOCIETY.

September 7th, 1848.

JOSEPH WICKENDEN, Esq., in the Chair.

RECTUM TERMINATING IN A CUL-DE-SAC.

Mr. Wickenden gave the following history of the case:—A female child, large, well nourished, and apparently well formed, born August 23rd, 1848, 10, a.m. Within three hours after birth the infant took the breast voraciously, when she fell asleep, and slept many hours. When she awoke she refused the nipple, and never sucked again.

On the following day the nurse reported that the child had often made water, but had had no motion. A dose of castor-oil was then given; this induced vomiting; oil, mucus, and a yellow sticky matter, were thrown up. The child now strained violently to stool. On carefully examining the anus, which was unusually open, and of triangular shape, it was found of a red aspect, somewhat like a sprout of fungoid growth. A cylinder of soap could be introduced about half a barley-corn in length, a blunt probe not farther, and the little finger passed as far. The abdomen had become tense. Thirty-five hours after birth a director was introduced as far as possible, and with a phymosis-knife an incision was made in the direction of the usual track of the rectum, the point and concave of the bistoury being directed upwards and backwards, to avoid, if possible, the vagina. The instrument was seemingly plunged into an elastic swelling; a few drops of blood only followed. Into the opening thus made, the canula of a trocar was introduced; this, at about an inch and a half, pressed against the elastic swelling before felt. Through the canula a trocar was thrust; this was not, however, followed by meconium, but by a few drops of blood, and a drop only appeared at the orifice of the vagina, which was unusually large. A poultice was applied, and the child passed a quiet night, though she vomited occasionally. On the third day the child seemed little altered in appearance. Seventeen hours after the operation hæmorrhage came on from the vagina, and occurred at intervals for many hours. At ten o'clock, p.m., the infant was tranquil, and died before midnight.

Examination twenty-three hours after death.—External appearances: A fine well-nourished child; abdomen much distended; funis flattened, dried and transparent; a small clot of blood in the orifice of the vagina; the anus apparently patent. Opening the cavity of the abdomen, the first incision disclosed much fat and very distended intestine, the colon especially; there was no air in the cavity of the abdomen. The symphysis pubis was divided, and the bladder, uterus, and vagina removed, the posterior wall of the vagina being much infiltrated with blood, having been necessarily wounded in the operation. The rectum was entirely wanting. The colon terminated in the median line of the body in a cul-de-sac; it was much distended with meconium, which was slightly thinner, and not quite so dark coloured as usual; the appendix vermiformis cæci was unusually long. The uterus bi-angular rather than pyriform.

PISTOL-SHOT WOUND.

Mr. Bindley presented a portion of the skull pierced by a pistol ball.

This preparation is a part of the left parietal bone of Mr. Davenport, shot (as most of you may probably remember,) some ten years ago, on Snow Hill, in this town, by a man named Devey, who was executed at Warwick, for the murder.

The ball penetrated the parietal bone a little above its anterior inferior angle, passed in an oblique direction through the brain above the corpus callosum, lacerating the lower border of the falx cerebri, and struck the parietal bone on the opposite side, anterior to the mastoid process of the temporal bone. At this point the scalp was raised and puffy, and on coming down to the skull, a portion of detached bone was found knocked out by the bullet; the bullet, which was cut into two parts, was lying within the cranium near to the opening, where were also a number of small osseous fragments; some fragments were also found along the course the ball had taken. The preparation shows the action of the ball on the tables of the skull. The aperture is ovoid in figure, and in the dense tough outer table smaller, being three quarters by half an inch in its dimensions, while in the inner and brittle table it measures one inch by three quarters. The reverse of this, however, is observed in the detached portion of bone struck from within.

LARGE BILIARY CONCRETION.

Mr. W. H. Partridge gave the following particulars:—An old gentleman, aged 78, tall and thin, and of good general health, was attacked by jaundice and frequent vomiting, and had severe fixed pain in the region of the gall-bladder. The attack lasted three weeks, after which some amendment took place, and ultimately bile was passed by the bowels. Two months afterwards obstinate and insuperable constipation came on, accompanied by vomiting of stercoraceous matter, followed in a few days by exhaustion and death.

On making a *post-mortem* examination, all the parts in the neighbourhood of the gall-bladder, the pyloric end of the stomach, duodenum, pancreas, and colon, were closely and firmly adherent to each other, and to the concave surface of the liver. No trace of a gall-bladder could be discovered. A large biliary concretion was found in the lower part of the ileum, a little above the cæcal valve, and though but loosely embraced by the gut, was manifestly sufficient to account for the fatal obstruction. In figure it was somewhat pyriform, exactly resembling the gall-bladder, having also a curved tapering process, corresponding to the cystic duct; in length it measured three and a half inches; in the circumference of its large portion, four inches. The texture was light; weight, seven drachms and one scruple.

ROYAL SOCIETY.

THE BAKERIAN LECTURE: MR. FARADAY'S NEW DISCOVERY.

It will be remembered that about two years ago, Mr. Faraday discovered the diamagnetic property of all non-magnetic bodies. It was believed previously, that iron, nickel, and cobalt, were the only bodies in nature acted on by magnetism. Mr. Faraday then shewed that all bodies were influenced by magnetism, but in a different manner to iron. Whereas, iron placed itself between the two poles of a horse-shoe magnet, and in the axis of the current, all non-magnetic bodies placed themselves *across* the magnetic current, and midway between the two poles. He called these diamagnetics.

In the Bakerian Lecture, read at the Royal Society, on the 7th of December, (see *Athenæum*, Dec. 16,) Mr. Faraday has made known the discovery of a new fact. He finds that bismuth when in regular crystals is *magnetic*. A crystal of bismuth, when suspended between the poles of an electro-magnet, places itself in the axis of the magnetic force as a magnetic needle would do. If the crystals are broken up and fused, then the bismuth places itself *across* the axis of the magnetic force. The new position depends, therefore, on the state of crystallization, and is in a line perpendicular to the most perfect of the four cleavage planes of the crystal. This line, in which the crystal is as magnetic as iron is called the magne-crystalline axis. Although the crystal of bismuth is magnetic in one direction, it is still dia-magnetic so far as to take up a position between the two poles. Mr. Faraday, in his conclusion, alludes to the progress recently made in the knowledge of molecular forces, encouraging him to pursue his labours "in the hope of bringing magnetism into a bond of union with gravity itself,"

As physiologists, we cannot but look at this extension of our knowledge of these forces with sanguine anticipations. To know that all organic matter is influenced by magnetism, is a very important physiological fact, taken in connection with modern discoveries of the existence of electrical currents in the body, and with the co-existence of the magnetic and the electric forces. Nor can we forget that Faraday has been carrying on his quiet labours so fruitful in new discovery, at a period when Continental philosophers have been embroiled in revolutions; and that science has pursued her steady and useful course in this island, whilst she has been distracted, and for the time obscured, in France, Germany, and Italy.

NOTES FROM A PRACTITIONER'S DAY BOOK.*

THE MODE IN WHICH THE NITRATE OF SILVER CHECKS THE EXTENSION OF ERYSIPELAS.

When an irritant poison is introduced into a living part, the actions of the protective function are excited to prevent the extension of its operation. All the phenomena which are usually denominated "inflammation," immediately commence; fibrin is effused, and a barrier is quickly formed to circumscribe the poison, and to limit its mischief. These effects are noticed in the small lump which is raised by a gnat-bite, and the larger swelling which is produced by the sting of a wasp or bee. If, however, the operation of the poison is more powerful, the actions of "inflammation," though excited, are not sufficient to check its progress. The poison, as it were, runs a race with the protective function, and constantly getting before it, allows the inflammation no time to establish the protective barrier. This is the case in the wound inflicted by the poisoned tooth of the serpent; we also witness a similar instance in the extension of erysipelas. In that form of this affection in which the inflammation is confined to the cutaneous surface, and gradually extends from one part to another, the actions of the poison are in advance of the protective function. If, according to Mr. Higginbottom's plan, we apply the nitrate of silver to a part of the skin where the actions of the poison have not yet reached, the erysipelas, when it arrives at this place, ceases to extend. The irritation of the caustic has established a barrier of effused fibrin, which arrests the progress of the poison.

CASE OF HEREDITARY SYPHILIS.

A little, puny, emaciated infant, was brought into my surgery by an old woman, who had come on the part of the mother. The child was about three weeks of age. Its lips were covered with incrustations, which cracked and bled every time that it cried; the whole body, but more especially the skin round the anus and nates, was spotted with a copper-coloured papular eruption; it constantly snuffled, and its nostrils were obstructed with sanio-purulent incrustations. The mother had an abundant supply of milk, which was taken eagerly by the infant; nevertheless, it had never thrived since birth, but had always been the miserable object it now appeared, and even daily became worse. Finding that the old woman was not likely to make a malicious use of the information, I freely told her what was the matter. A few days after, a very smartly dressed and pretty young woman came bouncing into my room, and said that I had been injuring her character. Ascertaining that she was the mother of this infant, I told her that she would never bear healthy children, that more probably she would bear no more alive, and that more probably still, all her conceptions would end in miscarriage. The woman's tone was immediately changed; she had had several miscarriages she said; one child was born dead and black, and the only living offspring was the miserable object I had seen. She now confessed that a few weeks after marriage she had suffered from sores, as her husband had also done. When she mentioned his name, I recognized an old patient, who had long suffered from chronic rheumatism; with this exception, however, neither parent seemed out of health, and on examination of both, I could find no induration in the seat of the former chancres. I placed both upon a long course of mercury, intending to keep the gums slightly tender all the while. To the husband I gave, in addition, the iodide of potassium, which soon removed his rheumatic

* Continued from page 641.

pains. I cannot state the result of this treatment, for after two months I lost sight of my patient. For the infant I prescribed two grains of grey powder, and ten of the compound chalk powder, to be taken twice daily, but so wretched was its condition at the time, that I anticipated nothing but a fatal result. In the course of a few days, however, some improvement began to be visible, for the labial incrustations were separating at the edges, and there was now no longer any bleeding. This improvement continued progressing; in the course of three weeks there were no remains of the eruption, and at the end of two months the infant, though small, seemed well.

ACTION AGAINST A RAILWAY COMPANY FOR PROFESSIONAL SERVICES.

SANDS COX *v.* THE MIDLAND RAILWAY COMPANY.

In the Court of Exchequer this day, (Dec. 9, 1848,) the case of *Sands Cox* v. *The Midland Railway Company* came on for argument. This was an action of assumpsit brought to recover £27, the amount of fees for an operation and attendance performed and rendered by the plaintiff, an eminent surgeon at Birmingham, at a place called Whitacre, on the Midland Railway line, under the following circumstances:—It appeared that an accident had occurred at the station to a man named Higgins, in attempting to get into the train while it was in motion. On being taken up he was removed by the guard to a public-house near the station, where the station-master directed every care to be taken of him, and sent for Mr. Davis, a medical man living at Coleshill, who had been employed and paid by the Company on similar occasions before. On the arrival of that gentleman, the patient was discovered to be in a most critical condition, and Mr. Davis hesitated to amputate the injured leg. He then spoke to the station-master, suggesting the propriety of telegraphing to Birmingham for Mr. Hodgson or Mr. Sands Cox. Owing to some impediment the signals could not be conveyed, and the mail train was stopped, and Mr. Davis went by it to Birmingham to consult Mr. Needham, the superintendent of the Company, to whom the station-master referred him. That gentleman expressed his readiness to do everything in his power to alleviate the sufferings of Higgins, and Mr. Davis went with his consent to Mr. Sands Cox, who proceeded to the station, where a carriage was attached by Mr. Needham's directions to the luggage train to convey him and Mr. Davis to Whitacre. On arriving there Mr. Sands Cox took off the limb, and then returned to Birmingham, whence he paid some other visits to the patient, who ultimately recovered, and gave his evidence in Court on the trial of the cause. On his recovery he brought an action against the Company, who settled it by paying him £150. After this Mr. Sands Cox, Mr. Davis, and Mr. Silk, the landlord of the inn, brought their actions against the Company to recover the amount of their respective demands for services rendered to Higgins under the above circumstances, At the trial, which took place before Mr. Justice Maule, at Warwick, a verdict passed for the plaintiff in the present action, for £27, with leave to enter a nonsuit, if the Court should think there was no evidence to go to a Jury of any authority from the Company to their officers to bind them by any such contract, *Mr. Justice Maule observing, in the course of the discussion,* that "*if the defendants were in earnest in their defence, they had much better put up a notice at their stations, that if any accident should happen to the passengers, they would not give any medical attendance; and that if any of their officers employed a surgeon, they would not pay for the doctor.*" After this intimation the defendants' counsel did not "go to the Jury," but consented to a verdict in all three cases, relying on this point of law in the Court above. Rules having been subsequently obtained in each case, the same now came on for argument, and Mr. Whitehurst and Mr. Hayes showed cause. The question was, first, whether the defendants, being a corporation, could be bound by any parole contract under the circumstances; and 2ndly, whether, if a contract under seal was not required in such a case, there was any evidence of any implied authority to their officers to enter into any such contract on their behalf. As to the first point it was submitted that it would be impossible to conduct a railway if such contracts could not be entered into by parole. An accident required prompt attention, and before the corporation seal could be attached to any written contract of hire for labourers to clear the line, or for any other purpose, the passengers might all die. This was too great an absurdity to be sanctioned for a moment. The contract to carry this passenger was not under seal, and the liability here arising out of the breach of that contract was one which attached without any formal instrument under seal. It had been held that Corporations could enter into certain contracts of a minor character, and the principle must be carried out according to the altered state of society. Then, as to the second point, there was enough to show that Mr. Needham had authority from the Railway to employ Mr. Sands Cox, and to bind the Company. Their negligence had occasioned the accident—at least it was not questioned at the trial; and it was for their advantage that medical aid should be obtained, and there was evidence that on a former occasion they had paid the bill of Mr. Davis, who had been employed by the station-master at Whitacre.—Mr. Macaulay, with whom was Mr Humfrey, for the defendants, contended that the Company could not be held liable under the circumstances, as the employment of Mr. Sands Cox was not an act within the scope of Mr. Needham's authority as their servant, reference being had to the nature of the business carried on by the Company as carriers on a railway.—At the conclusion of the arguments, Mr. Baron Parke said the Court would consider. The case was of great importance, for it would not be confined in its operation to railway companies, but would extend to the servants of private individuals.—Jndgment deferred.—*Daily News*

PROFESSOR OWEN AND THE SANITARY COMMISSION: REPLY TO MR. POYSER'S LETTER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In your last Journal Mr. Poyser has, in a short letter, thought proper to notice an article of mine, published in the Journal of November 15th. He

labours under the hallucination that I have assailed the reputation of Professor Owen,—deludes himself with the idea that I think the Government unwise in selecting such a man as Dr. Southwood Smith as a Sanitary Commissioner, and a member of the Board of Health,—avers that I have made a gratuitous charge of venality against the medical profession, and very charitably attributes to me, as the motive by which I have been actuated, "a prurient desire to attack the reputations of others." Never, in so short an epistle, were so many "men of straw" raised up. The charge of scurrility brought by this gentleman against the other weekly Journals I do not feel called upon to notice, but the doubtful compliment to yourself, in the wish expressed by him "to deprecate the insertion of these attacks," contains a rebuke altogether uncalled for. Allow me to examine briefly his imaginative accusations *seriatim*.

First, then, as to the charge of assailing the European reputation of Mr. Owen. The error of attributing to Mr. Owen any of the responsibility of the Irish Potato Commission I have explained very candidly in my letter in your last Journal; such an inadvertency must occasionally escape the most diligent editorial scrutiny; I suppose, however, one may venture to criticize very good humouredly the "moot" points of a public document like the Sanitary Commissioners' Report, without being actuated by any "prurient desire to attack the reputations of others." Any one who has read through the two volumes will, I think, be at a loss to find any connection between "pure surgery" and this Commission, and would be equally puzzled to discover how the most profound anatomy, human or comparative, living or fossil, could have afforded the slightest collateral light on the subjects therein discussed. Had Sir John Herschel been called away from the stars, or Lord Rosse from his telescope, to assist Mr. Chadwick and Dr. Smith, I imagine the line of enquiry would have been equally "*ultra crepidam*." Would a candid question of the infallibility of such a misplaced authority be deemed assailing their reputations? The medical doctrines of these astronomers, though their reputations may be European, would, I think, be fair matter of free enquiry; and without the slightest disparagement of their "originality and comprehensiveness of mind," I think we might quote to them the lines of the poet—

> "One science only will one genius fit,
> So vast is art—so narrow human wit."

With respect to Dr. Southwood Smith, so far am I from thinking the Government unwise in such a selection, that I really consider his benevolent exertions in the sanitary question pointed him out as a very fit person for the Sanitary Commission, as well as the Board of Health. The appointment of such a man was a very judicious one. I must, however, at the same time, be allowed in this free country, to question some of his medical doctrines, for we have no Pope in physic. Dr. Davies, in his able "Address on Fever," lately published in our "Transactions," Vol. xvi., Part I., has been equally free in his strictures on some of Dr. Smith's published medical speculations. I do not think it would be any proof of "correctness or good taste," to call him the assailant of Dr. Smith, or to accuse him of a "prurient desire to attack the reputations of others." Dr. Davies has, I believe, pretty clearly proved the fallacy of Dr. Smith's doctrine of the non-contagious nature of typhus fever. I had not read this able address when I wrote my article, but I am happy to fortify my own position by such a valuable and judicious document. Although, then, I may approve of the selection of Dr. Southwood Smith, as an individual member of a Sanitary Commission or a Board of Health, I am not singular in my opinion that a *larger number of eminent professional men* should have been associated with him in such a position, and that the directions of this Board of Health would have had greater weight with the profession, had the sanction of other names been obtained by the Government. It seems that the Colleges of Physicians, both of London and Edinburgh, have taken somewhat similar views, and have, in fact, published directions in some points diametrically opposed to those of the Board of Health. Will Mr. Poyser call this, too, "a prurient desire to attack the reputations of others?"

And now for "the gratuitous charge of venality against the medical profession," which Mr. Poyser says I have been guilty of, because I stated in my article a fact very generally known, and upon which, no doubt, Dr. Bowring could give some information, that medical talent has been employed to write down the quarantine laws, and to upset the doctrines of contagion. The Doctor may have started for Canton, however, and I must, therefore, supply an extract from the "Parliamentary Review" of so early a date as 1825.

"The attention of the medical world," says the Editor, "and of the public at large, has been lately drawn to a renewed attempt to overthrow the received doctrine of contagion, as it applies to the plague, typhus fever, and scarlatina. This opinion seems to have taken its rise in America during the discussions on the subject of yellow fever, more particularly those respecting its contagious nature. Dr. Bayley, of New York, in his account of the yellow fever prevalent in that city, in 1795, maintained that it was not contagious, and extended the same theory to other epidemics. The same doctrine was afterwards adopted and illustrated by Dr. Millar and other American physicians. In this country its chief advocates have been Dr. Adams and Dr. Maclean."

Dr. Townshend, one of the most eminent authorities among American physicians, whose experience of yellow fever in various countries and climates, was of the most extensive character, writes on this subject: "The true characteristics of the pestilential yellow fever have been entirely lost sight of to give place to the more congenial and crude speculations and misrepresentations of empirical adventurers, many of whom, with mercenary motives, (designed to flatter the authorities of different governments, with the delusive hope that commerce might be disburthened of every such restriction as a relic of barbarism,) have not hesitated to assert and disseminate on the subject of yellow fever, a tissue of heresies and errors." I beg to hand over Dr. Townshend to the tender mercies of Mr. Poyser, as an aider and abettor of this "charge of venality."

A celebrated barrister, I believe, attempted to prove that a few apple-pips contained prussic acid enough to account for the quantity found in the stomach of the victim of the murderer Tawell. I do not imagine such

a statement would be construed by any *fair reasoner* into a charge of venality against the legal profession; and although some medical men were actually employed by Madame Lafarge to disprove the fact of arsenical poisoning, attested by Orfila, I do not believe such a perversion of medical talent would be deemed a charge against the whole medical faculty of Paris. The effort to turn the force of my arguments into a "gratuitous charge of venality" is clumsy and unfair in the extreme. The tone and spirit of the article in question is in clear contradiction to such a distorted assumption. But "error," says Curran, "is in its nature flippant and compendious—it hops with airy and fastidious levity over proofs and arguments, and perches upon assertions which it calls conclusions."

I will, now, however, leave Mr. Poyser, having touched his perversions of my humble criticisms merely in self defence, hoping, with your permission, in a future paper to recur to the subject of the contagion of pestilential cholera—a doctrine not quite so extinct as your Wirksworth correspondent imagines.

I am, Sir,

Your obedient Servant,

EDWARD OKE SPOONER.

Blandford, Dec. 16, 1848.

Medical Intelligence.

TESTIMONIAL TO DR. COOKWORTHY.

A testimonial to the services of Dr. Cookworthy, of Plymouth, as Physician to the Plymouth Public Dispensary, was presented on Tuesday, December the 14th. It consisted of a portrait of Dr. Cookworthy, presented by a deputation of the Governors to the Dispensary, to commemorate the fiftieth year of the Institution, and a silver tea-service, presented to Dr. Cookworthy himself, as a token of the regard of the subscribers to the Institution, for his long services. The Mayor of Plymouth was in the chair, and the proceedings of the meeting were of a highly gratifying character.

APPOINTMENTS.

Edward Cock, Esq., Surgeon, to Guy's Hospital, has been appointed Consulting Surgeon to the Deaf and Dumb Asylum, in the room of Mr. Callaway, deceased.

Dr. Fergus, House-Surgeon to the Stafford Infirmary, has been elected Resident Medical Officer at Marlborough College, Wilts.

Toogood Downing, M.D., has been appointed one of the Physicians to the Blenheim-Street Infirmary and Free Dispensary.

UNIVERSITY OF CAMBRIDGE.

On Wednesday, December the 6th, the degree of Doctor of Medicine was conferred on John Abercrombie, Caius College, and that of Bachelor of Medicine on Thomas Denne Hilton, Caius College.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, December 7th, 1848:—Warren Fincham; S. Wallace, Carshalton; Robert Woodman, Weymouth; Walter Robert Crouch, Bruton; Matthew Gosling, Liverpool.

On Thursday, December 14th:—Joseph Stewart Burton; Frederick Dicker Fletcher, Canterbury; Thos. Ward Boswood; Joseph Harvey, Milford, Derbyshire; Henry Sanders Grant, Northampton.

OBITUARY.

Died, December 6th, at Gateshead, aged 62, George Scott, Esq., Surgeon.

December 10th, at Dumfries, James M'Lauchlan, Esq., Surgeon.

December 15th, in Albemarle Street, John Harris, M.D., Fellow of the Royal College of Physicians.

December 17th, at St. Albans, T. Lewis, Esq., Surgeon.

TO CORRESPONDENTS.

Communications have been received from Dr. Oke; Mr. T. Hunt; Dr. J. Taylor; Dr. Denton; Mr. E. O. Spooner; the Birmingham Pathological Society; Mr. J. Allan.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels and books for review may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Soho.